MINISTERUL EDUCAȚIEI NAȚIONALE UNIVERSITATEA DE MEDICINĂ, FARMACIE, ȘTIINȚE ȘI TEHNOLOGIE "GEORGE EMIL PALADE" DIN TÅRGU MUREŞ

COVID 19 IMPACT ON PEDIATRIC ENDOCRINOLOGY CARE - A SHORT STORY FROM ROMANIA

RALUCA-MONICA POP 1- LENA PIOTRASCHKE 1

1. "George Emil Palade" University of Medicine, Pharmacy, science and Technology of Tirgu-Mure, Romania

INTRODUCTION

Worldwide, the COVID 19 pandemic has influenced pediatric endocrine care (1), with quick implementation of telemedicine services (2), but at the same time suboptimal chronic disease management and delayed presentation/diagnosis (3,4). In Romania strict measures imposed between March and May 2020 led to ensuring only outpatient care in this period with telemedicine services reimbursed, but with no specific infrastructure developed for it.

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AIM

This paper presents an audit of the pediatric endocrine care provided in a tertiary center (Targu-Mures) from Romania in 2020 compared to 2019

RESULTS

There was a reduction of 26.67% in the number of outpatient consultations in 2020 compared to 2019 (Fig1&2) with most common diagnosis short stature (41.60%), small for gestational age (13.31%), precocious puberty (9.66%) and Turner syndrome (5.74%), all of them receiving specific treatment required to be prescribed by a specialist (Fig. 3).

For inpatient care, the number of admissions decreased by 53.76% from 796 in 2019 to 428 in 2020 (Fig. 1&2), but representing the same percentage of total admissions in the clinic (18%) and with an increase of 10% in the number of day-care admissions (81.78% in 2019 and 92.05% in 2020).

Most common diagnosis were growth impairment (29.17%), thyroid disorders (14.95%), obesity/overweight (11.11%) and puberty disorders (8.82%) (Fig. 4).

In 2020 there were 117 new diagnosed patients and 83 (17.81%) lost to follow-up.

Gender distribution favored girls (1.3:1 ratio) and mean age at diagnosis was 11 years

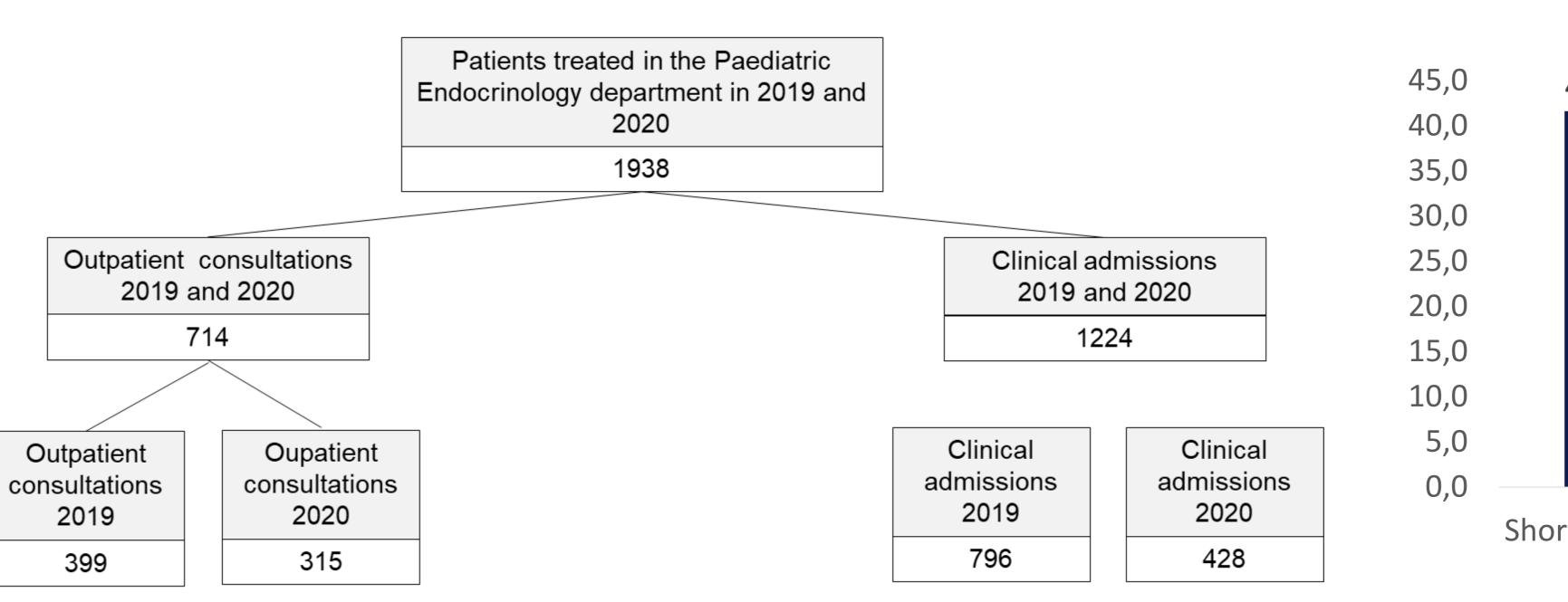


Figure 1 – Addresability in the Pedistric Endocrinology Department 2019-2020

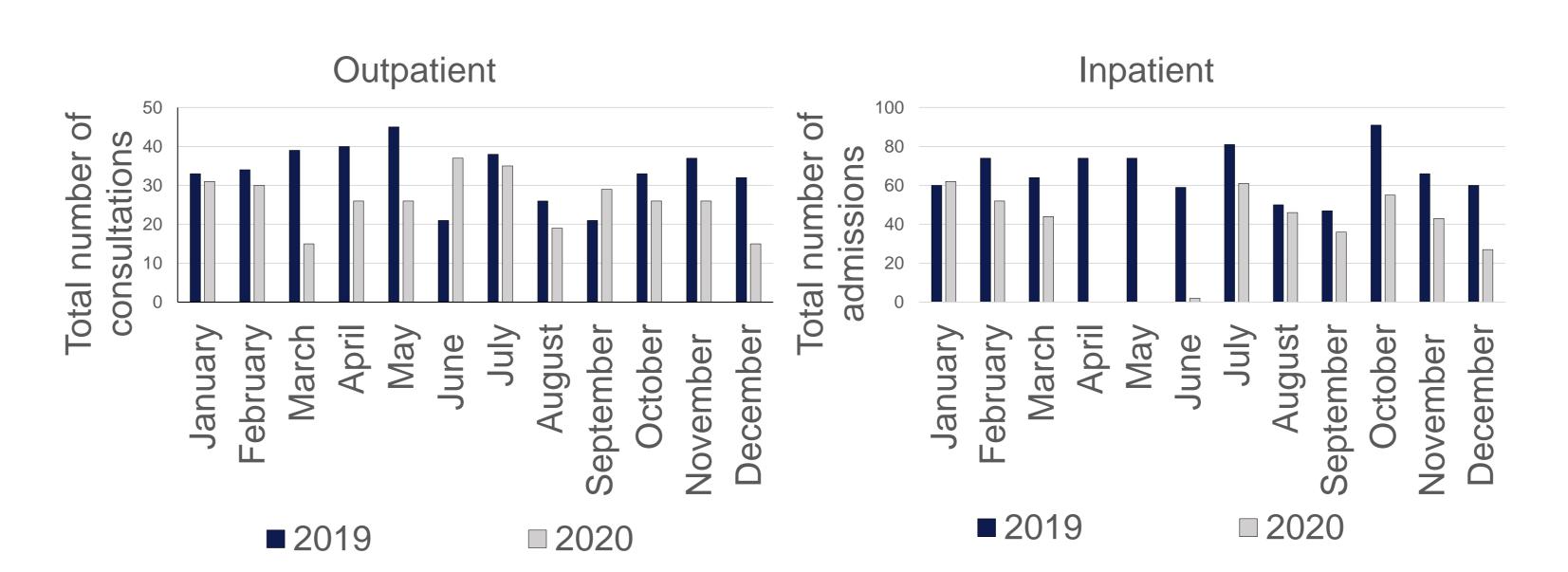
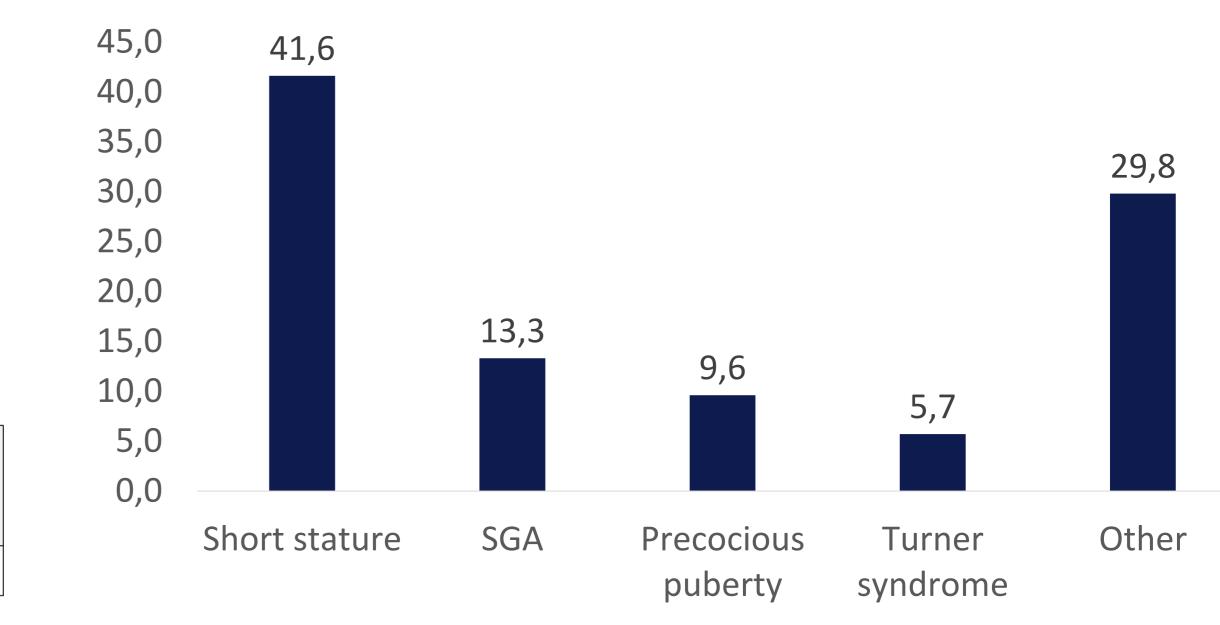


Figure 2 – Consultation distribution in outpatient and inpatient care



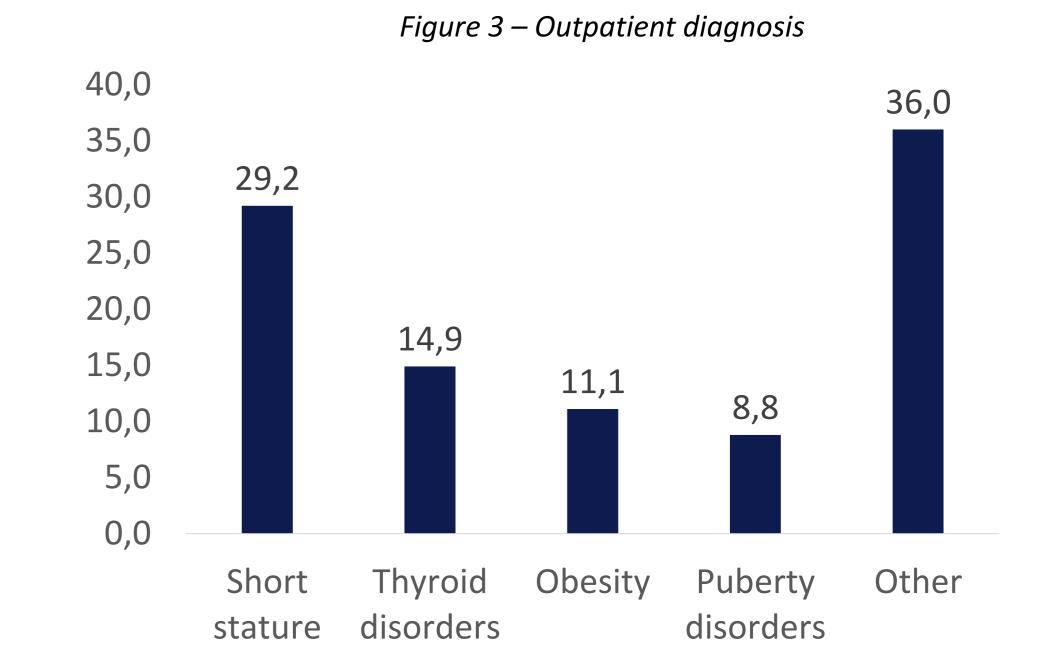


Figure 4 – Inpatient diagnosis

METHOD

An electronic database secondary analysis was performed including outpatient and inpatient consultations for the two years. Main diagnosis, gender and age were recorded.

For unspecific diagnosis, a second database search was performed to identify the specific pediatric endocrinology diagnosis.

Ethics approval was obtained from the Hospital Ethics Committee.

CONCLUSIONS

The addressability decreased both in the outpatient and inpatient care, but following the same pattern as for adult care, with hospital admissions reduced twice as much as outpatient consultations.

Short stature and thyroid disorders are the main reasons for referral and day-care admissions represent the majority of inpatient consultations, with outpatient referrals mainly for treatment prescription.

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CONTACT INFORMATION

