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MAIN MANIFESTATIONS OF POST-COVID SYNDROME AND THEIR PREVALENCE

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Relevance: Children practically do not become infected with COVID-19 - their immune system immediately reacts to the presence of the virus and neutralizes it, not giving it a chance to reproduce. However, the "British" strain of SARS-CoV-2 for minors turned out to be more infectious than its predecessor. According to a number of studies, the new strain of coronavirus is most often recorded among children under the age of 15 years. Children who have been infected with the British strain of SARS-COV-2 experience post-Covid syndrome. The total share of children in the structure of COVID-19 incidence is 1-1.7%. 90% of them suffer the new coronavirus infection asymptotically, in a mild or moderate form. At the same time, in some patients under 18 years of age, apronounced hyperinflammatory reaction and multiple organ disorders develop against the background of Covid infection .

Results: When patients were assessed an average of 60 days after the onset of the first COVID-19 symptom, only 12.6% had no complaints, while 32% had 1-2 symptoms, and 55% had 3 or more symptoms. Deterioration in quality of life was observed in 44.1% of patients [11].

The most common symptoms observed within 6 months after COVID-19 infection were: fatigue (63%), insomnia (26%), anxiety and depression (23%), hair loss (22%), less common was anosmia (11%), joint pain (9%), palpitations (9%), loss of appetite (8%), taste disturbance (7%), dizziness (6%), diarrhea and vomiting (5%), pain or tightness in chest (5%), sore throat (4%), skin rashes (3%), headache (2%), myalgia (2%).

Changes in the structure of the respiratory organs. Alveolar type II cells (AT11) of the lungs are the main target of SARS-CoV-2, which determines the development of diffuse alveolar damage (the predominant type of lung damage in patients with COVID-19), damage to the microvasculature with disturbances in the blood coagulation system. The term "viral (interstitial) pneumonia" essentially reflects the development of diffuse alveolar damage. In turn, severe diffuse alveolar damage is synonymous with the clinical concept of "acute respiratory distress syndrome" (ARDS).

The destruction of the endothelial -epithelial barrier with invasion of neutrophils, extravasation of protein-rich exudate into the alveolar space is facilitated by virus-dependent (SARS-CoV-2 invasion of alveolar epithelial and endothelial cells) and virus-independent (immunological damage) mechanisms. In a systematic analysis of lung tissue samples from 38 patients who died of COVID-19 in two hospitals in northern Italy, all cases showed evidence of exudative and proliferative phases of diffuse alveolar damage.

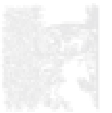
In the acute stage of COVID-19, the formation of hyaline membranes occurs in the alveoli, preceding interstitial expansion and edema, followed by the proliferation of fibroblasts at the organization stage. ARDS due to SARS-Co2 infection causes diffuse alveolar damage typical of ARDS.

Conclusions: In children who have suffered infection with the British strain of SARS-COV-2, the following clinical manifestations of post-Covid syndrome are observed: frequent acute respiratory viral infections and tonsillitis in the next 6 months, fatigue

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and weakness, sleep disturbances, prolonged loss of taste and smell. 19 clinical observation should be organized to assess and dynamically monitor the health status of patients and, if necessary, carry out treatment, preventive and rehabilitation measures.

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