

After COVID-19, kids more likely to have GI symptoms for up to 2 years



Jacob Wackerhausen / iStock

Researchers **today** in *JAMA Network Open* say children with previous COVID-19 infection have a 25% to 28% higher risk of developing new gastrointestinal (GI) tract symptoms for up to 2 years than kids who did not report SARS-CoV-2 infections.

Studies in adults have shown that the risk of developing new GI symptoms, including abdominal pain, irritable bowel syndrome (IBS), and gastroesophageal reflux disease (GERD), is increased in the year following COVID-19 infection, but it is unknown if kids are at the same increased risk.

Though long COVID, or post-acute sequelae of SARS-CoV-2 (PASC), is more common in adults than in kids, 1.3% of US children may be affected with the condition, the authors said. (But see the findings of another new study below.)

In today's cohort study, researchers compared outcomes among 1,576,933 pediatric patients, of whom 413,455 patients had documented SARS-CoV-2 infection and 1,163,478 did not. The patients were seen at 29 US healthcare centers from March 1, 2020, to September 1, 2023. Participants included patients 18 years or younger with at least 6 months of follow-up; the average age of the study population was 7.3 years, and 52% were males.

Nine GI tract symptoms within two follow-up periods were assessed, including abdominal pain, bloating, constipation, diarrhea, nausea, and vomiting, as well as functional dyspepsia (indigestion), GERD, and IBS. The investigators tracked symptoms during the post-acute phase (28 to 179 days after entering the study) and chronic phase (180 to 729 days later, or 6 months to 2 years).

GI symptoms persist after 6 months

Overall, the risk of GI symptoms 6 months to 2 years after COVID-19 was 25% higher in the post-acute phase (8.64% vs 6.85%; adjusted risk ratio [ARR], 1.25; 95% confidence interval [CI], 1.24 to 1.27) compared with non-COVID patients. In the chronic phase, it was 28% higher (12.60% vs 9.47%; ARR, 1.28; 95% CI, 1.26 to 1.30).

The risk of experiencing abdominal pain in the COVID-19–positive group was 2.54%, compared with 2.06% in the COVID-19–negative group, an ARR of 1.14 (95% CI, 1.11 to 1.17).

Diarrhea was reported 40% more frequently for kids with COVID-19 (2.30% compared to 1.57%), with an ARR of 1.40 (95% CI, 1.36 to 1.43).

The risk of IBS was not statistically significant after adjusting for confounding variables, however.

During the post-COVID chronic phase, the heightened risk persisted for abdominal pain (ARR, 1.24; 95% CI, 1.22 to 1.27). Children who were hospitalized for COVID-19 were at increased risk for GI symptoms in both the post-acute and chronic phase.

A history of COVID-19 should be considered in evaluating persistent GI tract symptoms.

"These findings underscore the potential for prolonged GI tract issues in pediatric COVID-19 cases, suggesting that a history of COVID-19 should be considered in evaluating persistent GI tract symptoms," the authors concluded.

Study suggests 4% of kids may develop long COVID

In related research, a recent study in *Clinical Infectious Diseases* suggests that the rate of long COVID among US children may be as high as 4%, and rates among US adults as high as 10% to 26%, depending on what phenotype, or definition, was used for the condition.

The study estimated long-COVID incidence among adult and pediatric populations in three nationwide research networks of electronic health records participating in the RECOVER Initiative. Each network had its own long-COVID definition for symptoms seen 30 to 180 days after infection.

-www.cidrap.umn.edu, February 8, 2025
-Stephanie Soucheray, MA