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Decreases in pediatric fractures during the COVID-19 pandemic – a nationwide epidemiological cohort study

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Background: The COVID-19 pandemic led to fundamental changes in daily routines of children. Our aim was to evaluate the incidence and characteristics of fractures among Israeli children during 2020 compared with 2015-2019.

Methods: Demographic, clinical data, and incidence rates of fractures in individuals aged <18 years were derived from the electronic database of Meuhedet Health Services, which provides healthcare services to 1.2 million people in Israel. We further subdivided the year into five periods according to government regulations of lockdown and isolation at each period. Fracture sites were determined according to ICD9 definitions.

Results: During 2020, 10,701 fractures occurred compared with 12,574±599 fractures per year during 2015-2019 (p-value <0.001). Fracture rates were lower during all periods in 2020. The largest decline was observed during the first lockdown for both boys (56% decline, 95% confidence interval [CI] 52% - 60%) and girls (47% decline CI 41% - 53%). While the fracture rate declined for most age groups, the largest decline was recorded for the age group 11-14 years, with significant reduction rates of 66% (CI 59% - 71%) for boys and 65% (CI 54% - 73%) for girls. The most prominent declines were of fractures of the hand bones of both boys and girls (64% and 59%, respectively). Between the lockdown periods, we found partial reversal in the trend of decreased incidence of fractures. Since pediatric fractures are considered an indicator of children’s regular daily physical activity, our data may indicate that during 2020, Israeli children did not return to their regular activities, even when restrictions were removed.

Conclusions: Our data showed a significant decrease in fracture rate in 2020 compared to the previous five years, as well as differences between periods within that year.

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Osteomalacia as a complication of intravenous iron infusion: a systematic review of case-reports

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Background: Randomised control trials (RCTs) have shown that intravenous iron therapy can induce high levels of FGF-23 and persistent hypophosphatemia. Repeated iron infusions may lead to prolonged hypophosphatemia with consequences not captured by RCTs.

Purpose: To characterise skeletal adverse effects following repeated iron intravenous infusions.