

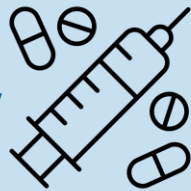
Multisystem Inflammatory Syndrome in Children (MIS-C)

Clinical Presentation

- Inflammatory illness associated with COVID-19 infection occurring up to 2-4 weeks post infection in children and young adults
- Typically presents as refractory vasodilatory shock with fevers (for at least 4 days), GI complaints, and Kawasaki/toxic shock-like signs and symptoms; respiratory symptoms uncommon
- Progression of symptoms can be rapid
- SARS-CoV-2 IgG frequently positive

Commonly Used Treatments

- Inotropic support for shock
- Anti-inflammatory medications
 - Methylprednisolone 1 mg/kg q12hours
or high-dose methylprednisolone 30 mg/kg/day
 - IVIG 1-2 g/kg
 - Biologics (eg, anakinra)
 - Prophylactic anticoagulation
 - Aspirin (low-dose at minimum, high-dose also used)
- Consultations
 - Rheumatology, hematology, cardiology, infectious disease



Diagnostic Criteria (Must Have All 6)

- Age <21 years, AND
- Fever >38°C (100.4°F) for ≥24 hours, AND
- Laboratory markers of inflammation
 - Elevated CRP, ESR, fibrinogen, procalcitonin, D-dimer ferritin, LDH, IL-6, or neutrophils, AND
- Evidence of clinically severe illness requiring hospitalization with multisystem (≥2) organ involvement including
 - Cardiac (eg, shock, elevated troponin, BNP, abnormal echocardiogram, arrhythmia)
 - Respiratory (eg, pneumonia, ARDS, pulmonary embolism)
 - Renal (eg, acute kidney injury or renal failure)
 - Hematologic (eg, disseminated intravascular coagulation)
 - Gastrointestinal (eg, elevated bilirubin or elevated liver enzymes)
 - Neurologic (eg, stroke, aseptic meningitis, encephalopathy)
 - Dermatologic (eg, rash, dry cracked lips, strawberry tongue)
- Positive for current or recent SARS-CoV-2 infection by PCR, serology or antigen testing, or COVID-19 exposure within 4 weeks prior, AND
- No alternative plausible diagnoses

