

Category : **Infections + antimicrobials**

A285 - First own experience of intensive care multisystem inflammatory syndrome in children (mis-c) associated with covid-19.

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Introduction:

Timeliness of diagnosis and treatment of MIS-C has increased amid the COVID-19 pandemic.

Methods:

A child was admitted to our clinic (male, 14 years old). He was in contact with a COVID-19 patient 17 days before. Upon admission, the patient complained of a rise in body temperature to 40 ° C, abdominal pain, vomiting, and diarrhea. Hemorrhagic rash on the skin of the upper and lower extremities, hyperemia of the mucous membrane of the lips and tongue, arterial hypotension were found. Hospitalized at ICU. In laboratory tests: WBC $3.42 \times 10^9/L$, RBC $4 \times 10^{12}/L$, HB 111 g/L, HTC 31, PLT $31 \times 10^9/L$, CRP 283 mg/L, PCT 6.66, D-dimer 9.2, LDG 194 U/L, Ferritin 989 mcg/L, ALT 54 U/L, GGT 79 IU/L, Albumin 32 g/L; Proteinuria 0.75 g/L, Hematuria. Diagnosis: MIS-C associated with COVID-19.

Results:

Prescribed: Meropenem 20 mg / kg / d, Methylprednisolone 2 mg / kg / d. After 8 hours - septic shock. $0.3 \mu\text{g} / \text{kg} / \text{min}$ norepinephrine was started. ECG - a violation of repolarization with ST elevation up to 0.3 mm. Echocardiography - a decrease in the left ventricular ejection fraction to 47%, pericardial effusion. Ultrasound examination of the abdominal cavity: hepatosplenomegaly. Dobutamine $3 \mu\text{g} / \text{kg} / \text{min}$ was added to the therapy. An increase in PCT up to 19.8 was found. IV IgG 2 g / kg was added to the therapy. On the 3rd day of therapy, regression of all symptoms was obtained. On the 8th day, the child was transferred from the ICU to the pediatric department. On the 12th day he was discharged home.

Conclusion:

Thus, the timely diagnosis of MIS-C associated with COVID-19 and the appointment of intensive therapy with the inclusion of methylprednisolone and IV IgG allows achieving a positive result in the shortest possible time.