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CLINICAL AND LABORATORY CHARACTERISTICS OF PAEDIATRIC INFLAMMATORY MULTISYSTEM SYNDROME (PIMS) AND ITS COMPLICATIONS IN CHILDREN Scientific advisors: Professor Bossowski A., MD, PhD Toczyłowski K., MD, PhD Department of Pediatrics, Endocrinology, Diabetology with Cardiology Divisions Department of Pediatric Infectious Diseases Medical University of Białystok, Białystok

Background. The rapid worldwide spread of the COVID-19 virus remains one of the most pressing medical problems at this stage. SARS-CoV2 is currently considered one of the most important causes of morbidity, hospitalization and serious multi-organ complications in many countries. A particulary serious complication of SARS-CoV2 infection among paediatric patients is the occurrence of PIMS (Paediatric Inflammatory Multisystem Syndrome).

Aim of the study: assessment of the most common complications of COVID-19 in children due to PIMS. Establishing a correlation between the concentration of inflammation parameters (CRP, IL-6, D-Dimer, fibrinogen concentration) and the frequency and severity of complications.

Materials and methods. Retrospective analysis of medical records of 18 patients hospitalized in the Department of Pediatric Infectious Diseases of Medical University of Bialystok Diseases between 09.2021 and 03.2021 with a diagnosis of PIMS. Data processing was performed using mathematical statistics methods using GraphPad Prism 8.0.

Results and discussion. The gender structure of the patients included 6 girls and 11 boys. Most common symptoms presented by the patients on admission were: fever, muscle soreness, skin rash, apathy and weakness. The mean concentration of CRP on admission was 139 mg/L, and the mean concentration of IL-6 was 236 pg/mL (ref. range <12.5pg/mL). 94% of patients presented significant deviations in blood coagulation parameters, of which the most pronounced were: D-dimers mean concentration 4879 μ g/L (ref. range <500 μ g/L), fibrinogen mean concentration 539 mg/dL (ref. range 200-360 mg/dL). In most cases, patients were treated with intravenous immunoglobulin - IVIG (2mg/kg) and low dose glucocorticosteroid (dexamethasone) with good therapeutic effects. Serious complications requiring transfer to the intensive care unit occured in 1 of the patients. 30% of patients required prolonged ambulatory follow-up due to abnormalities revealed by echocardiography examination during hospitalisation.

Conclusions. In the context of the persistently high number of COVID-19 cases, PIMS should be considered in the differentiatial diagnosis of inflammatory diseases in children, especially Kawasaki disease. PIMS can be a very possible cause of organ complications, especially cardiac complications. The retrospective data indicates the good effectiveness of the undertaken therapeutic measures.