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POSTER COMMUNICATION · PEDIATRICS

SARS-COV-2 infections in children : Moroccan cohort study

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KEY MESSAGES

1. MIS-C is a severe post-COVID-19 inflammatory syndrome in children occurring weeks after infection.
2. Clinical presentation includes fever, respiratory and gastrointestinal symptoms, shock, and neurological signs.
3. Treatment with intravenous immunoglobulin and methylprednisolone leads to favorable prognosis in most cases.

ABSTRACT

Introduction. Multisystem inflammatory syndrome in children (MIS-C), initially called Pediatric Inflammatory Multisystem Syndrome (PIMS), is a postinfectious disease related to COVID-19 characterized by fever, elevated inflammatory markers, severe systemic inflammation, and shock occurring about 4 to 6 weeks after SARS-CoV-2 infection. The risk factors for MIS-C development and long-term outcomes remain unclear. This study aims to describe the epidemiological, clinical, paraclinical, and evolutionary profile of children with MIS-C during the COVID-19 pandemic in the Pediatrics infectious disease department.

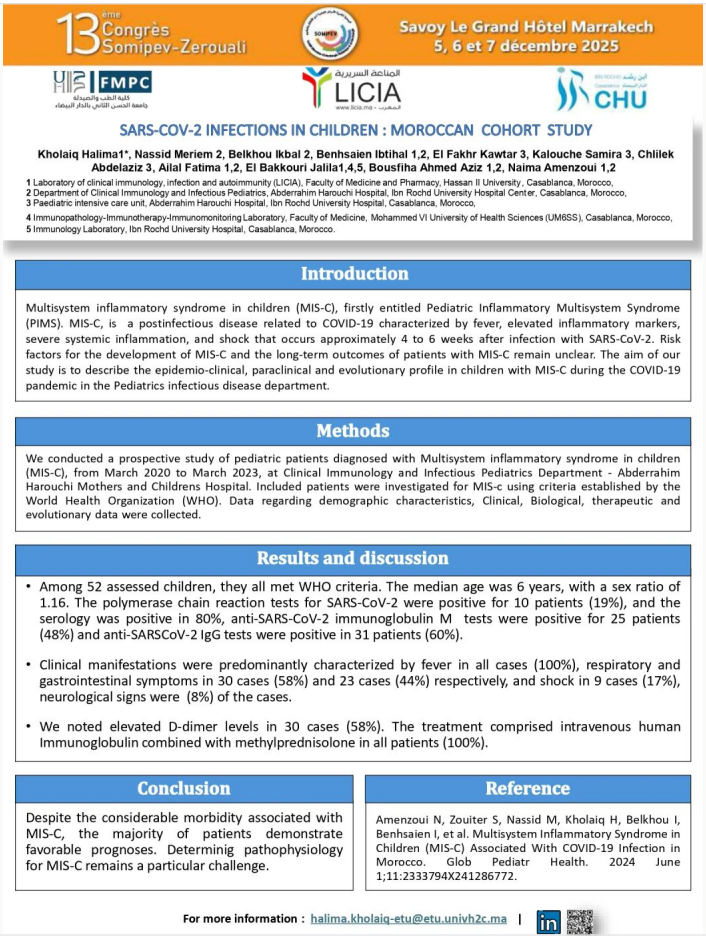
Materials and methods. A prospective study was conducted on pediatric patients diagnosed with MIS-C from March 2020 to March 2023 at the Clinical Immunology and Infectious Pediatrics Department, Abderrahim Harouchi Mothers and Children's Hospital. Patients were investigated for MIS-C using WHO criteria. Data on demographics, clinical, biological, therapeutic, and evolutionary aspects were collected.

Results. Among 52 children meeting WHO criteria, the median age was 6 years with a sex ratio of 1.16. SARS-CoV-2 PCR was positive in 19% of patients, serology positive in 80%, anti-SARS-CoV-2 IgM positive in 48%, and IgG positive in 60%. Clinical manifestations included fever in all cases, respiratory and gastrointestinal symptoms in 58% and 44% respectively, shock in 17%, and neurological signs in 8%. Elevated D-dimer levels were noted in 58%. Treatment consisted of intravenous human immunoglobulin combined with methylprednisolone in all patients.

Conclusion. Despite significant morbidity associated with MIS-C, most patients have favorable outcomes. Determining the pathophysiology of MIS-C remains a particular challenge.

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POSTER



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