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ADOLESCENT WITH ENTHESITIS-RELATED ARTHRITIS AND PAEDIATRIC MULTISYSTEM INFLAMMATORY SYNDROME TEMPORALLY ASSOCIATED WITH COVID-19

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BACKGROUND

The pediatric inflammatory multisystem syndrome (PIMS) temporally associated with the coronavirus disease 2019 (COVID-19) is a recent pediatric clinical entity, which, despite having characteristics common to Kawasaki disease, may have a different clinical course, severity and therapeutic management. Data on PIMS associated with other childhood rheumatological diseases, such as enthesitis related arthritis (ERA), one of the subtypes of juvenile idiopathic arthritis, are still quite scarce.

CASE REPORT

An adolescent, male, 16 years old, diagnosed with ERA since 2012, using methotrexate and adalimumab was admitted on 07/13/2020 due to myalgia, fever and intermittent, moderate abdominal pain two days before admission. His mother had a history of flu-like symptoms, referring to contact with a coworker who had symptoms and a positive test for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The following laboratory tests were performed, which showed no changes: blood culture, dengue serology, blood count, evidence of inflammatory activities, cardiac enzymes, renal and liver function. The patient was also tested for SARS-CoV-2, showing positive RT-PCR. He was hospitalized for four days, with total improvement of symptoms. After six weeks, the patient was readmitted due to fever, headache, retro-orbital pain and back pain for two days, having had abdominal pain and an episode of vomiting in the period. A new test for SARS-CoV-2 was performed: negative. Admission laboratory tests showed only increased evidence of inflammatory activity (CRP 4.06 mg/dL and ESR 22 mm/h). After two days, the patient maintained a feverish condition, evolving with erythema on the elbows. New laboratory tests were requested, which showed an increase in ESR to 70 mm/h, altered cardiac enzyme (CKMB 40), thrombocytopenia (105,000) and an important increase in ferritin (6,952), maintaining other laboratory parameters within normal limits. Diagnosis of PIMS according to the criteria of the World Health Organization (WHO): fever for more than three days, abdominal alteration, rash in upper limbs (elbows), cardiac enzyme alteration (CKMB), elevation of evidence inflammatory activity and previous history of COVID-19. Oral corticosteroids were started 60 mg/day. Echocardiogram performed without changes. After three days of corticosteroid therapy, the patient had been afebrile, asymptomatic, and with normalization of all previously altered laboratory tests.

CONCLUSION

Despite having its criteria well defined by the WHO, PIMS is a current clinical entity that has a variable presentation both in severity and clinical manifestations, generating many questions among professionals.