

Correspondence

To the Editors

Multisystem inflammatory syndrome in children: Danger of over-diagnosis

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Dear Editors,

COVID-19 has caused a lot of direct and indirect effects on the paediatric population. Though the virus, fortunately, is not so damaging to children unlike adults, multisystem inflammatory syndrome in children (MIS-C) is a known, uncommon but potentially lethal complication in children. The defining criteria for MIS-C include evidence of recent COVID infection, like COVID antibody or Reverse Transcription Polymerase Chain Reaction (RT-PCR) and even a clinical history of COVID, in cases presenting with fever and multiorgan (>2 organ systems) dysfunction, with no other possible explanation^{1,2}. The problem is that in developing countries, many children get complicated with multi-organ involvement due to other especially bacterial causes and often, investigations like cultures take a back seat³. Even when performed, due to various reasons, cultures are negative in clinical septicaemia cases⁴. Moreover, aetiological agents like scrub typhus, which are notorious to cause systemic involvement, also do not grow in cultures. Their specific lab diagnosis is not available widely, in an easy fashion even today⁵.

All over the developing world, many kids have already been infected with COVID-19, and demonstrate antibodies on testing. As a result, a challenge for the healthcare community is the over-diagnosis of MIS-C in sick hospitalized children, in low resource countries. Possible fallouts are 1) more expense of investigations 2) increased demand for expensive medicines e.g. immunoglobulin 3) overlooking basic morbidity in many cases, 4) unwanted psychological trauma to parents, and above all 5) wrong labeling of MISC in many affected children. It is high time, the scientific community thinks on redefining MISC in low resource situations with high COVID positivity, in a way, which is actually reflective of MIS-C, and helps in avoiding the negative impact due to over-diagnosis of the same.

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