

PO120 (CR) MULTISYSTEM INFLAMMATORY SYNDROME'S RELATED ABDOMINAL SURGICAL PRESENTATIONS IN CHILDREN: CASE REPORT SERIES

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Background.

Multisystem Inflammatory syndrome in children (MIS-C) is an uncommon condition associated with previous COVID-19 infection or possible contact with COVID-19 positive person. Majority of MIS-C patients present to emergency department with fever and gastrointestinal symptoms, which may mimic acute surgical pathologies, bringing potential pitfalls in decision making.

Case presentation.

Case Nr.1. A 4-year-old female presented with 4-day fever, abdominal pain, emesis, and diarrhea. On admission serum inflammation markers were elevated, an ultrasound showed mesadenitis with no visible appendix, and abdominal X-ray suspected ileus. Due to suspicion of complicated appendicitis diagnostic laparoscopy was performed and revealed no pathology except cloudy viscous intrabdominal fluid. Later patient's condition worsened, pneumonia developed, and she was defined as MIS-C case, received treatment in intensive care unit and was discharged, with total 17 days of hospital stay.

Case Nr.2. A 17-year-old male presented with 2-day fever and abdominal pain. On admission serum inflammation markers were elevated, an ultrasound and CT-scan showed mesadenitis. Conservative treatment was started, but condition worsened and due to suspicion of complicated intraabdominal infection diagnostic laparoscopy was performed, and revealed hemorrhagic mesadenitis and greenish, cloudy fluid. Later cardiac symptoms developed, and patient was defined as MIS-C case, received treatment in intensive care unit and was discharged, with total 18 days of hospital stay.

Conclusion.

In patients presenting with acute abdominal pain, fever and high serum inflammation markers, closer attention to the epidemiological history of COVID-19, highlighting potential MIS-C diagnosis. This may lower the rate of negative laparoscopies.