



## Paralytic Ileus Mimicking Subacute Intestinal Obstruction as a Presentation of MIS-C

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**To the Editor:** Multisystemic inflammatory syndrome in children (MIS-C) is a known serious complication of COVID-19 infection [1]. A 9-y-old female child was referred to us with a history of nonremitting fever for 5 d. She had abdominal pain and nonbilious vomiting for 3 d. There was no abdominal tenderness. Peristalsis was sluggish. She was hemodynamically stable. Ultrasonography, done previously, had diagnosed her as having acute appendicitis.

Total leucocyte count (TLC) was 15,000/cumm and CRP - 97 mg/L on admission. Blood culture, COVID-19 RT-PCR, malaria, dengue, typhi IgM, and scrub typhus serology were negative. Abdominal radiography showed multiple air-fluid levels, usually seen in small intestinal obstruction. Contrast-enhanced computed tomography (CECT) of the abdomen was suggestive of paralytic ileus. There was no evidence suggestive of appendicitis or intestinal obstruction. The child was managed conservatively with intravenous fluids, pantoprazole, and ondansetron. She continued to have nonremitting fever for further 5 d despite being on antibiotics. Her TLC and CRP was in a rising trend (16,700/cumm and 99 mg/L).

Further investigations revealed elevated procalcitonin - 28.43 ng/mL, ferritin - 554 mcg/L, D-dimer - 4671 ng/mL, and total COVID antibodies - 1360. Liver enzymes previously normal were now deranged. Echocardiography was normal. Radiography of the chest now showed bilateral minimal pleural effusion. With a provisional diagnosis of MIS-C, she was administered methylprednisolone 2 mg/kg/d for 5 d followed by tapering dose of oral prednisolone for 4

wk. The child became afebrile within 24 h, started accepting feed, and was discharged home.

Gastrointestinal manifestation has been documented in 50%–70% children with MIS-C [2]. Children with MIS-C have presented with acute abdomen mimicking acute appendicitis [3, 4]. Children have rapidly deteriorated following appendectomy, only to be diagnosed as MIS-C later [4]. Clinical suspicion for acute appendicitis should be confirmed with radiological investigations. If in doubt, other differential diagnosis should be considered before progressing for surgery.

### Declarations

**Ethical Approval** Ethical clearance was obtained from the institutional ethics committee.

**Conflict of Interest** None.

### References

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