

Methylprednisolone added to IVIG may cut fever in MIS-C

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(HealthDay)—Initial combination therapy of intravenous

immunoglobulins (IVIG) plus methylprednisolone is associated with a better fever course than IVIG alone among patients hospitalized for multisystem inflammatory syndrome in children (MIS-C) associated with severe acute respiratory syndrome coronavirus 2 infection, according to a study published online Feb. 1 in the *Journal of the American Medical Association*.

Naïm Ouldali, M.D., Ph.D., from the Université de Paris, and colleagues compared the outcomes for IVIG plus methylprednisolone versus IVIG alone as initial therapy in 111 [children](#) with suspected MIS-C. Five children did not receive either treatment.

The researchers found that three of 34 children in the IVIG and methylprednisolone group (9 percent) and 37 of 72 in the IVIG-alone group (51 percent) did not respond to treatment. The risk for treatment failure (persistence of fever two days after the introduction of initial therapy or recrudescence of fever within seven days) was lower in the IVIG and methylprednisolone group (absolute risk difference, -0.28 ; odds ratio [OR], 0.25). The investigators also observed a significantly lower risk for use of second-line therapy in the IVIG and methylprednisolone group (absolute risk difference, -0.22 ; OR, 0.19), along with a lower risk for hemodynamic support (absolute risk difference, -0.17 ; OR, 0.21), [lower risk](#) for acute left ventricular dysfunction occurring after initial [therapy](#) (absolute risk difference, -0.18 ; OR, 0.20), and shorter duration of stay in the pediatric intensive care unit (difference in days, -2.4).

"Combined treatment with [methylprednisolone](#) versus IVIG alone was associated with a better course of [fever](#) in MIS-C," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text](#)

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