

# Methylprednisolone added to IVIG may cut fever in MIS-C

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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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(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

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