Patients with multisystem inflammatory syndrome in adults (MIS-A) after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection have a heterogeneous clinical presentation, according to a research letter published online May 19 in *JAMA Network Open*.

Giovanni E. Davogustto, M.D., from Vanderbilt University Medical Center in Nashville, Tennessee, and colleagues conducted a single-center study to describe the spectrum of MIS-A presentation after SARS-CoV-2 infection. Of 839 patients admitted with a positive SARS-CoV-2 test result, 156 were classified as being at risk for MIS-A, and of these patients, 15 met the criteria for MIS-A.

The researchers found that patients with MIS-A were younger than those admitted for acute COVID-19 symptoms (median age, 45.1 versus 56.5 years) and were more likely to have evidence of SARS-CoV-2 infection documented by serological testing (60.0 percent versus no patients). Nine of the 15 patients (60.0 percent) with MIS-A had acute COVID-19 symptoms and 20.0 percent required admission for acute COVID-19 before MIS-A admission. During MIS-A admission, 33.3 percent of patients required intensive care treatment for hemodynamic monitoring, vasopressor support, or noninvasive ventilator support (three, one, and one patients, respectively). Three patients (20.0 percent) had MIS-A as a clinical diagnosis during MIS-A admission; 26.7 and 46.6 percent received immunosuppressive therapy and antibiotic therapy, respectively. There were no deaths. A median of four organ systems were involved, with the most commonly affected being the gastrointestinal, hematologic, and renal systems.

"These data suggest that, although uncommon, MIS-A has a more heterogeneous clinical presentation than previously appreciated and is commonly underdiagnosed," the authors write.

One author disclosed ties to the pharmaceutical industry.


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