An adult presentation consistent with PIMS-TS

Following reports of paediatric inflammatory multisystem syndrome temporally associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (PIMS-TS),[1,2] a UK-born man of Somali origin, aged 21 years, was admitted to University College London Hospitals (UK) with 6 days of fever and abdominal pain associated with constipation, anorexia, and headache. He described a transient maculopapular palmar rash 4 days into illness (appendix pp 3–4). He had non-exudative conjunctivitis, cervical lymphadenopathy, cracked lips, and prominent lingual papillae (appendix pp 3–4). A CT scan showed mesenteric adenopathy and terminal ileitis. The patient had neutrophilia, eosinophilia, lymphopenia, elevated inflammatory markers, and elevated troponin T with normal electrocardiogram, transthoracic echocardiogram, and CT coronary angiogram (appendix pp 2–3).

The patient had no previous history of COVID-19 symptoms or contact with known COVID-19 cases. Nasopharyngeal and stool samples were negative for SARS-CoV-2 by PCR. Other infective and inflammatory conditions were excluded (appendix p 2). Adult and paediatric specialists conferred and concluded that the most likely diagnosis was Kawasaki-like disease on the PIMS-TS spectrum. The patient was treated with intravenous immunoglobulin and methylprednisolone, which resulted in rapid resolution of symptoms and normalisation of blood parameters (appendix p 3); he was discharged on low-dose aspirin 8 days after admission to hospital.

SARS-CoV-2 serology[3] (checked before treatment with intravenous immunoglobulin) was strongly positive, suggesting recent exposure to SARS-CoV-2 (appendix p 2). Kawasaki disease has been described in adults in association with viral infection.[4,5] To the best of our knowledge, this is the first reported case of adult Kawasaki-like disease related to SARS-CoV-2 infection. There is an urgent need to recognise and fully characterise PIMS-TS in young adults to improve our understanding of pathogenesis, guide treatment decisions, and prevent sequelae in these patients.

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