COVID-19-associated multisystem inflammatory syndrome in adults with Kawasaki disease-like cutaneous manifestations

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DEAR EDITOR, A 40-year-old Indian women, with normal vital observations, was referred to us for suspected drug rash. The rash appeared within a day of fever associated with unilateral cervical lymphadenopathy. Examination revealed strawberry tongue (a) and brightly erythematous acral skin that later peeled off (b, c). Blood investigation revealed lymphopenia, eosinophilia, abnormal liver function, raised C-reactive protein (224 mg L^{-1}) and erythrocyte sedimentation rate (39 mm h⁻¹). COVID-19 IgM was positive with negative IgG and reverse-transcription polymerase chain reaction. Radiological evaluations and echocardiograph were noncontributory. With oral steroids, she had an uneventful hospital stay. Our patient had features of Kawasaki disease along with evidence of recent COVID-19 infection, hepatic dysfunction and raised inflammatory markers fulfilling the Centers for Disease Control and Prevention criteria¹ for multisystem inflammatory syndrome in adults (MIS-A). Cutaneous findings (morbilliform, maculopapular and erythroderma) along with Kawasaki disease-like features² in adults in this pandemic scenario should prompt dermatologists to suspect MIS-A.

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References

- 1 Morris SB, Schwartz NG, Patel P et al. Case series of multisystem inflammatory syndrome in adults associated with SARS-CoV-2 infection - United Kingdom and United States, March-August 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1450–6.
- 2 Kabeerdoss J, Pilania RK, Karkhele R et al. Severe COVID-19, multisystem inflammatory syndrome in children, and Kawasaki disease: immunological mechanisms, clinical manifestations and management. Rheumatol Int 2021; 41:19–32.

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