

THE LANCET

Rheumatology

Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Jones I, Bell LCK, Manson JJ, Last A, on behalf of the UCLH COVID Response Team. An adult presentation consistent with PIMS-TS. *Lancet Rheumatol* 2020; published online July 10. [https://doi.org/10.1016/S2665-9913\(20\)30234-4](https://doi.org/10.1016/S2665-9913(20)30234-4).

Supplementary appendix

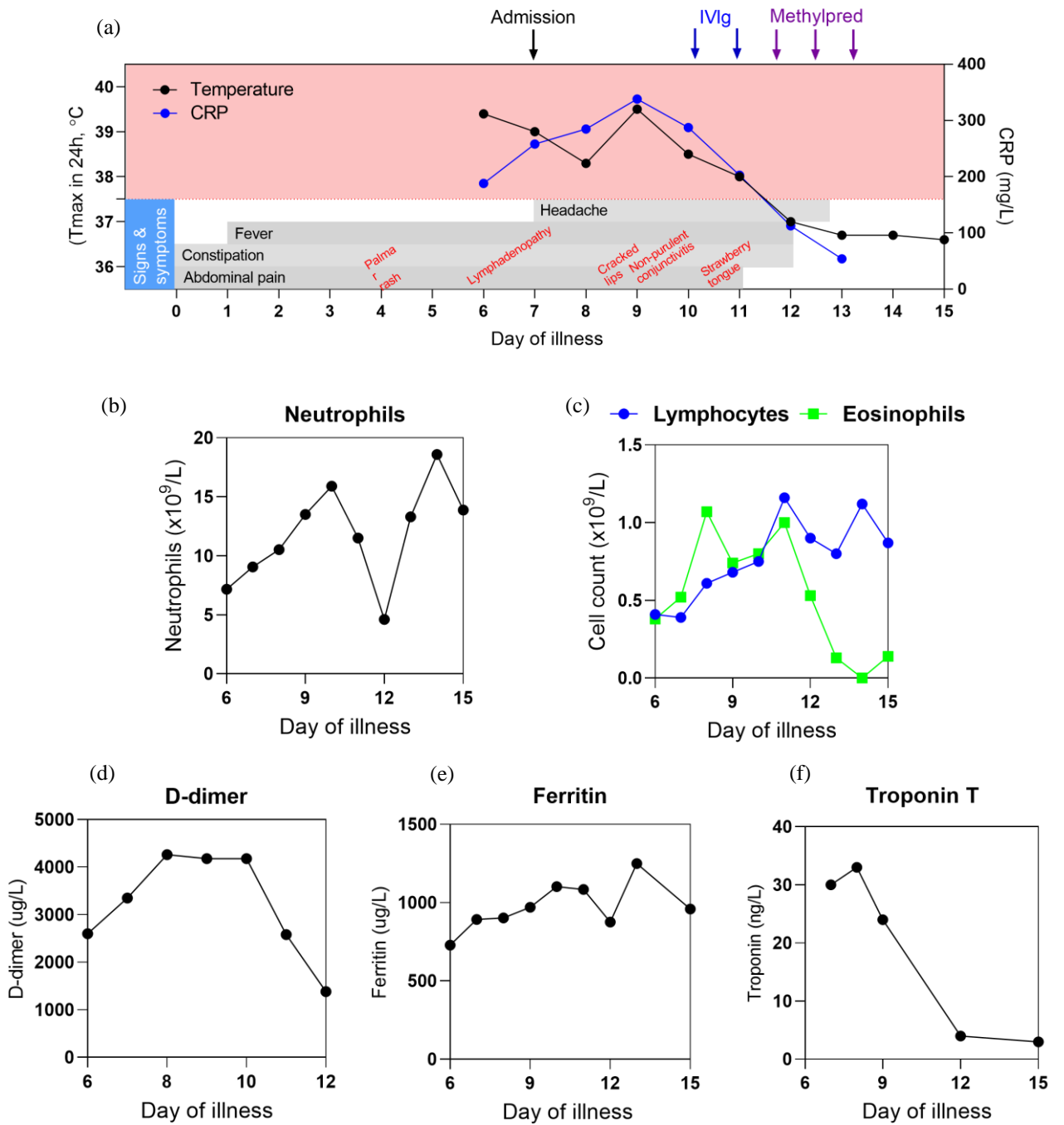
Manuscript title: An adult presentation consistent with PIMS-TS

Table S1

Test	Result
Bacterial assays	
Blood cultures (x3)	No growth at 5 days
Urine culture	No growth
Stool PCR panel (<i>Salmonella</i> , <i>Shigella</i> , <i>Campylobacter</i> , VT <i>E.coli</i> , <i>Giardia</i> , <i>Cryptosporidium</i>)	Negative
Stool <i>C.difficile</i>	Negative
Viral assays	
HIV	Antibody/antigen negative
EBV	IgM negative, IgG positive, no detectable blood DNA
CMV	IgM negative, IgG negative, no detectable blood DNA
HSV1/2	No detectable blood DNA
VZV	No detectable blood DNA
Enterovirus	No detectable blood DNA
Hepatitis B	HbSAg negative, anti-HbS negative, anti-Hbc negative
Hepatitis C	Antibody screen negative
Nose/throat swab panel (flu A/B, RSV, parainfluenza 1-4, hMPV, adenovirus, rhinovirus, seasonal coronavirus, parechovirus, enterovirus)	Negative
Stool panel (adenovirus, astrovirus, rotavirus, norovirus G1/G2, sapovirus)	Negative
SARS-CoV-2 nose/throat swab RT-PCR (x2)	Negative
SARS-CoV-2 stool RT-PCR	Negative
SARS-CoV-2 IgM, IgA and IgG serology, pre-IVIg (flow cytometry assay)	Positive
Auto-immune screening	
ANCA	Negative
ANA	Negative
ENA	Negative
Rheumatoid factor	Negative
C3 and C4 titres	Within normal range
Other tests	
Quantiferon	Negative
ASO titre	Negative
<i>Toxoplasma</i> antibodies	Negative
Chest X-ray (x2)	No abnormalities detected
CT abdomen and pelvis with contrast	Mesenteric adenitis, mild terminal ileal thickening, no evidence of acute appendicitis
12-lead electrocardiogram	Sinus tachycardia
Transthoracic echocardiogram	Normal LVEF (lowest recorded – 63%), normal valves, no evident coronary artery dilatation
CT coronary angiogram	No focal aneurysmal dilatation of the coronaries

Supplementary Table 1. Investigation results. The table lists results of tests performed during admission. The use of a serological assay based on flow cytometry (reference 3 in main text) allowed us to confirm the temporal association with SARS-CoV-2 infection where PCR-based tests were negative.

Figure S1



Supplementary Figure 1. Disease time-course and response to treatment. (a) The left-hand axis and black graph show the maximum temperature (Tmax) in °C in each 24 hour period. The right-hand axis and blue graph show the serum C-reactive protein (CRP) in mg/L. The timing of admission and treatments are shown above the graph. IVIg, total dose 2g/kg, was given as two split doses of 1g/kg at day 10 and 11. Methylprednisolone (1g) was given at days 11.5, 12.5 & 13.5. (b–f) Cell counts, D-dimer, ferritin and cardiac troponin-T over time.

Figure S2

(a)



(b)



Supplementary Figure 2. Kawasaki-like features. (a) Maculopapular palmar rash noted by the patient on day 3–4 of illness. (b) Prominent lingual papillae, or ‘strawberry tongue’, noted on day 10–11 of illness.