

THE LANCET

Child & Adolescent Health

Supplementary appendix

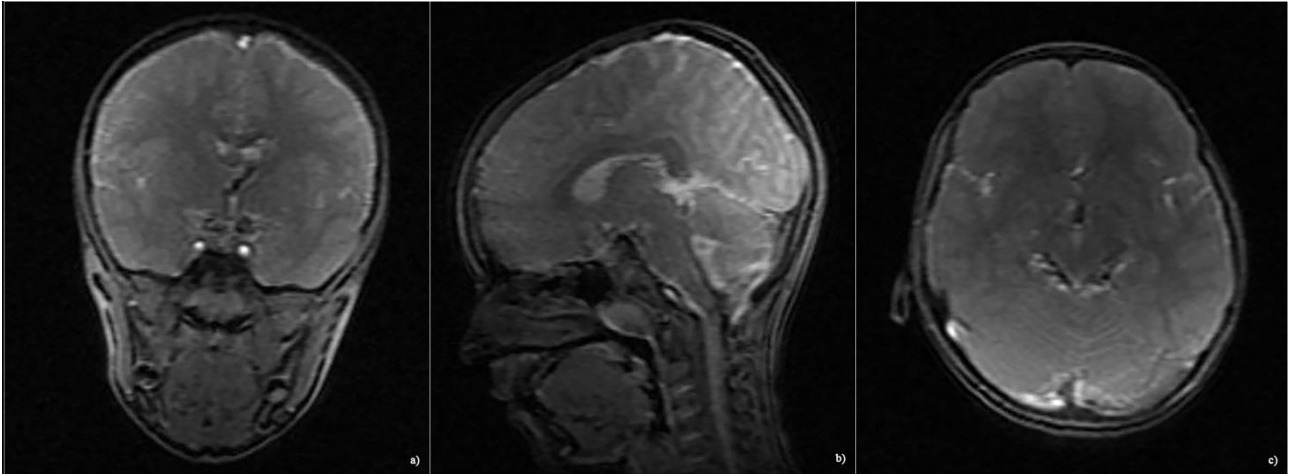
This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Pavone P, Ceccarelli M, Marino S, et al. SARS-CoV-2 related Paediatric Acute-onset Neuropsychiatric Syndrome. *Lancet Child Adolesc Health* 2021; published online May 4. [https://doi.org/10.1016/S2352-4642\(21\)00135-8](https://doi.org/10.1016/S2352-4642(21)00135-8).

Table I – Test results

| | Patient 1 | Patient 2 |
|---|------------------|------------------|
| Sex | M | M |
| Age (years) | 12.1 | 13.3 |
| WBC (cells/ μ L) | 8,320 | 7,410 |
| RBC (cells/ μ L) | 4,980,000 | 4,720,000 |
| CRP (mg/dL) | 3.6 | 4.8 |
| ASLO (IU/mL) | 198 | < 250 |
| Anti-DNAse B (IU/mL) | 101 | < 200 |
| ABGA (titer) | 1:200 | 1:100 |
| ENA (titer) | negative | negative |
| EMA (titer) | negative | negative |
| ANA (titer) | negative | negative |
| AMA (titer) | negative | negative |
| ASMA (titer) | negative | negative |
| Mycoplasma pneumoniae IgM | negative | negative |
| Mycoplasma pneumoniae IgG | negative | negative |
| Rubella virus IgM | negative | negative |
| Rubella virus IgG | negative | negative |
| EBNA-IgG | negative | negative |
| EA-IgM | negative | negative |
| VCA-IgM | negative | negative |
| VCA-IgG | negative | negative |
| CMV-IgM | negative | negative |
| CMV-IgG | negative | negative |
| Chlamydia pneumoniae IgM | negative | negative |
| Chlamydia pneumoniae IgG | negative | negative |
| Herpes simplex virus 1 and 2 IgM | negative | negative |
| Herpes simplex virus 1 and 2 IgG | negative | negative |
| Previous SARS-CoV-2 nasopharyngeal swab | positive | positive |
| SARS-CoV-2 nasopharyngeal swab during admission | positive | negative |
| EKG | normal | normal |
| EEG | normal | normal |
| Brain MRI | normal | normal |
| CY-BOCS | 22 | 28 |

Patient 1 and patient 2 underwent several tests during admission. All of them, except ABGA resulted either negative or normal. CY-BOCS was 22 for patient 1, highlighting a moderate obsessive-compulsive disorder, while it was 28 for patient 2, highlighting a severe obsessive-compulsive disorder. Abbreviations: WBC, white blood cells; RBC, red blood cells; CRP, C reactive protein; ASLO, anti-streptolysin O; ABGA, anti-basal ganglia antibodies; ENA, anti-extractable nuclear antigens antibodies; EMA, anti-endomysium antibodies; ANA, anti-nuclear antigen antibodies; AMA, anti-mitochondrial antibodies; ASMA, anti-smooth muscle antibodies; IgM, immunoglobulin M; IgG, immunoglobulin G; EBNA, Epstein-Barr Nuclear Antigen; EA, Epstein-Barr Early Antigen; VCA, Epstein Barr Viral Capsid Antigen; CMV, Cytomegalovirus; SARS-CoV-2, Severe Acute Respiratory Syndrome Coronavirus 2; EKG, electrocardiogram; EEG, electroencephalogram; MRI, magnetic resonance imaging; CY-BOCS, Children’s Yale-Brown Obsessive Compulsive Scale.



Patient 1 – Brain MRI: 3rd and 4th ventricles are eumorphic and on axis. There are no obvious signal modifications of either the brain stem or the cerebellar hemisphere. The supratentorial ventricular system is symmetric and on axis. The cerebral cortex appears with a normal volume, thickness and signal. There are no changes of the cerebral parenchima. There are no areas of increased restrictions during diffusion. Normal width of periencephalic CSF spaces of the ceiling and the basis. Abbreviations: MRI, Magnetic resonance imaging; CSF, cerebral-spinal fluid.

Patient 1 – EEG: The graphic recorded today did not show any pathologic change.

Patient 2 – EEG: Basal activity seems to be made up of a continuous rhythm included in a normal range of frequency (8-10 Hz). The intermittent light stimulation at low and high frequencies does not cause any change of the basal rhythm. Presence of artifacts caused by muscular contraction. In conclusion: the graphic recorded today did not show any pathologic change.