**Short and midterm outcomes of children diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) - Report from single center**

Supplementary Digital Content

**Supplementary Table 1: Study Definitions**

|  |  |
| --- | --- |
| Child  | Age 0-18 years |
| Multisystem inflammatory syndrome in children (MIS-C)  | 1. Children and adolescents 0–18 years of age with measured or self-reported fever ≥ 3 days AND 2. Two or more of the following:- i. Rash or bilateral non-purulent conjunctivitis or mucocutaneous inflammation signs (oral, hands or feet) -ii. Hypotension or shock-iii. Features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (clinical features, ECG, ECHO findings or laboratory markers such as elevated Troponin/NT-proBNP) -iv Evidence of coagulopathy (clinical features or laboratory markers such as abnormal PT, PTT, INR, d-Dimers, fibrinogen)-v. Acute gastrointestinal problems (such as diarrhea, vomiting or abdominal pain)AND3. Elevated markers of inflammation such as ESR, C-reactive protein or procalcitonin AND4. No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromesAND5. Evidence of SARS-CoV-2 infection (RT-PCR, antigen test or serology positive) or likely contact with SARS-CoV2 positive persons |
| Mild clinical severity | * Minimal organ involvement
* No need for respiratory or inotropic support
 |
| Moderate clinical severity | * Mild to moderate organ involvement
* Oxygen requirement (through nasal prongs or face mask, <10 Liters/min)
* Need for inotropes (VIS <10)
 |
| Severe clinical severity | * Moderate to severe organ injury including moderate to severe ventricular dysfunction.
* Need for non-invasive or invasive ventilator support
* VIS >10
 |

**Supplementary Table 2: Echocardiographic Definitions and Values**

|  |  |
| --- | --- |
| Coronary arteries  |  |
| Types of abnormalities  | Normal  | <2 SD |
|  | Dilation | >2- <2.5 SD |
|  | Aneurysm  |  ≥2.5 |
|  | Echo brightness  | Yes/No |
| LVEF |  |
| Types of abnormalities | Mild Dysfunction | >55% but less than 60% |
|  | Moderate Dysfunction | 31-54% |
|  | Severe Dysfunction | <30% |
| GLS |  |
| Types of abnormalities | Normal | ≥ -17 % |
|  | Reduced  | < -17 % |

LVEF: left ventricular ejection fraction, GLS: global longitudinal strain

**Supplementary Table 3: Normal ranges for laboratory tests**

|  |  |
| --- | --- |
| **Laboratory tests** | **Normal range** |
| Hemoglobin (g/dL) | 10-14 |
| Total Leukocyte count (10^9/L) | 5-15 |
| Neutrophils (%) | 45-50% |
| Lymphocytes (%) | 40-45% |
| Platelets (x10^9/L) | 200-451 |
| Ferritin (ng/ml) | 22-322 |
| CRP (mg/L) | 0-10 |
| D-dimer (mg/L) | <0.5 |
| Procalcitonin | <0.5 |
| LDH (I.U/L) | 120-246 |
| Pro-BNP (pg/ml) | <125 |
| Troponin (ng/mL) | <0.006 |

**Supplementary Figure S1:**

Treatment algorithm based on clinical severity of MISC



**Supplementary Figure S2**