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Cardiac pathology and outcomes vary between Kawasaki Disease and PIMS-TS

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Overlappingclinical features promoted the discussion of whether Kawasaki disease (KD) and PIMS-TS share pathophysiological features and disease outcomes.
Medical records from English patients with KD (2015-02/20, N=27) and PIMS-TS (02/2020-21, N=34) were accessed to extract information. Children with PIMS-TS were older and more frequently of minority ethnicity background. PIMS-TS patients more commonly exhibited cytopenias and hyperferritinemia, which associated with diffuse cardiac involvement and functional impairment. In some PIMS-TS cases, cardiac pathology developed late, but outcomes were more favorable. In both, KD and PIMS-TS, baseline coronary diameter was a predictor of outcomes. PIMS-TS treatment more frequently included respiratory and cardiovascular support, and corticosteroids with IVIG.
Cardiac involvement in PIMS-TS may be the result of a cytokine storm. Though more severe and diffuse when compared to KD, cardiac involvement of PIMS-TS has a more favorable prognosis, which may, after recovery, mitigate the need for long-term follow up.