



## Myriad of Mucocutaneous Manifestations in Multisystem Inflammatory Syndrome Associated with COVID-19

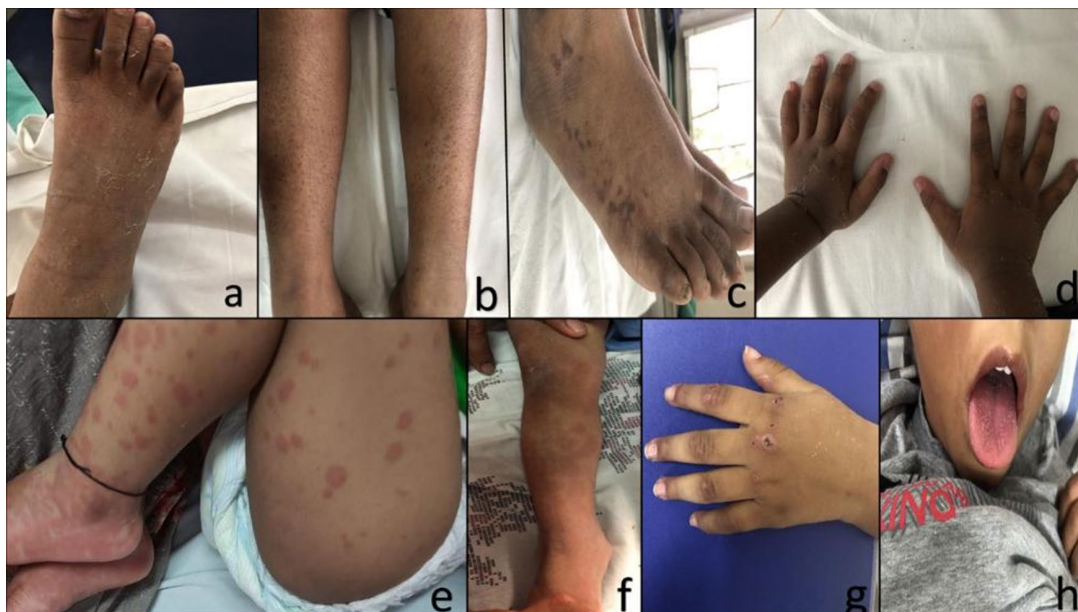
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Received: 8 March 2023 / Accepted: 5 April 2023 / Published online: 29 May 2023  
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Multisystem inflammatory syndrome in children (MIS-C) is a novel disease which has been increasingly recognised in recent times. Children present with varied morphological rashes such as non-specific eruptions, polymorphic, maculopapular, morbilliform, diffuse erythroderma, urticaria, reticular, petechial, purpuric, vasculitis lesions, hyperemia of lips, strawberry tongue, periorbital and malar erythema [1, 2].

At the authors' tertiary care centre, there were 84 children who were diagnosed with MIS-C; among whom 44 (52.4%) had mucocutaneous manifestations. The varied mucocutaneous manifestations have been presented here.

An adolescent girl with Kawasaki phenotype of MIS-C had periungual desquamation in the subacute phase and presented on follow up with livedoid vasculitic rashes distributed over bilateral lower limbs and foot (Fig. 1a-c). A 5-y-old girl presented with desquamation over periungual and extensor aspect of hand on follow up (Fig. 1d). A 1 y 7 mo old girl presented with diffuse urticarial rashes at the time of initial presentation (Fig. 1e, f). A 1 y 3 mo old girl presented with non-specific eruptions over extensor aspects of both hands (Fig. 1g). A 5-y-old boy presented with features of incomplete Kawasaki disease like illness, had



**Fig. 1** (a-c) An adolescent girl with periungual desquamation and livedoid vasculitis. (d) Desquamation of skin from periungual and external aspect of hand in a 5-y-old girl. (e, f) Diffuse urticarial rashes over

bilateral lower limbs in a 1 y 7 mo old girl. (g) Non-specific eruptions over hand in a 1 y 3 mo old girl. (h) Strawberry tongue with lip erythema in a 5-y-old boy

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strawberry tongue appearance with non-purulent conjunctival congestion (Fig. 1h).

All children were treated with intravenous immunoglobulins and steroids, and rashes resolved over time. An in-depth knowledge regarding varied mucocutaneous manifestations of MIS-C is important for both pediatricians and dermatologists to suspect and treat MIS-C, especially in the acute phase for a better outcome.

## Declarations

**Consent for Publication** The identity of the children have not been revealed and to the best of the authors' knowledge the anonymity of the subject of interest has been ensured. Informed written consent was obtained for publication by the parent of one of the children and verbal consent for the others.

**Conflict of Interest** None

## References

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