triglycerides=172 mg/dl) and indications of treatment with Medrol 2 mg/kg with gradual reduction of dosage and Aspirin 4mg/kg.

After about 1 month he returns for revaluation, showing good general condition, upward weight curve, biological samples within normal limits.

Ultrasound cardiological reassessment and CT angiography further reveal significant aneurysmal dilatation of the left coronary artery. Anticoagulant treatment was completed with enoxaparin.

Conclusions KAWASAKI disease associated with COVID 19, may present an unfavorable outcome with lack of response to the initial immunoglobulin treatment and evolution to coronary aneurysm.

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CARDIAC INVOLVEMENT AND SHORT-TERM OUTCOMES OF SARS COV 2 INFECTED PATIENTS WITH PEDIATRIC MULTI-SYSTEMIC INFLAMMATORY SYNDROME AT AN EMERGENCY CLINICAL SETTING IN BUCHAREST

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Pediatric multi-systemic inflammatory syndrome (PIMS) has gained attention throughout the medical world due to the ongoing SARS COV 2 pandemic. Being a systemic inflammatory response, cardiovascular complications are no exception, thus awareness of such conditions must be raised, as well as of prompt and accurate diagnosis and treatment. Attention is particularly brought to PIMS due to the fact that symptoms of it overlap with Kawasaki disease and toxic shock syndrome. The aim of this paper is to present cardiac findings and short-term outcomes in children with PIMS admitted to one of the main pediatric emergency health care units in Romania.

This current paper draws data from a single center, and is an observational, prospective study. The number of patients that were included in this study is 26, with age range between 1 month and 17 years, hospitalized between December 2020 and April 2021 in the 'Grigore Alexandrescu' Emergency Hospital for Children, Bucharest. The main criterion for inclusion was PIMS as defined by CDC/WHO case definition. Out of all symptoms, persistent fever and gastrointestinal conditions were the most frequent ones (88% and 69%, respectively).

Cardiac involvement was found in 11 patients (42%), being represented by: left ventricular dysfunction (26%), coronary artery abnormalities (15%), atrioventricular valve regurgitation (30%), with only one patient showing pericardial effusion and one an ECG anomaly. Improvement of initial clinical symptoms was paralleled by alleviation of cardiac symptomatology, as well as normalization of cardiac and inflammatory laboratory findings.

Our study shows that cardiac involvement is frequent in pediatric population with systemic inflammatory syndrome and we believe that PIMS in SARS COV 2 infected patients should be thoroughly screened and treated by a multi-disciplinary team. 24 out of 26 patients were fully recovered and discharged without sequelae, but two patients with persistent coronary artery aneurysmal findings.

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KAWASAKI DISEASE TREATMENT EXPERIENCE IN UHC SESTRE MILOSRDNICE

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Introduction Kawasaki disease (KD) is one of the most common systemic vasculitis predominantly involving coronary arteries with unknown etiology. It is generally assumed as inflammation of blood vessels predominantly affecting the cardiovascular system and possibility of developing long-term complications (primarily aneurysms and coronary artery thrombosis). It most often occurs in infants and preschool children, especially boys with much higher incidence of complications in younger children, notably if the disease remains unrecognized and untreated. In the period from 2012 to 2019, we hospitalized and treated five children with Kawasaki disease, three girls and two boys aged four to seven years. The disease was diagnosed in all patients based on clinical criteria. Echocardiographical changes in the heart and coronary arteries were registered (primarily pericardial effusion, mitral regurgitation and perivascular hyperechogenicity in the coronary arteries of varying intensity, in one child ectasia of the initial part of the LCA was noted). After IVIG therapy, all patients became afebrile within 24 hours, with no long-term cardiovascular complications.

Case Report S.K., a 4-year-old girl was treated as an outpatient with peroral penicillin for suspected scarlet fever. On the fourth day of the disease abnormal urine testing was noted and cephalosporin antibiotic introduced into the therapy. On the fifth day of the illness, she was admitted to the Gastroenterology Section of our Department due to suspected pancreatitis with hepatic lesion and acholic stools. Abdominal ultrasound revealed gallbladder hydrops. The day after that conjunctival hyperemia was noted. Because of the suspected KD echocardiography was performed with mild mitral regurgitation, enlargement of the ostium LCA (+3 SD for body surface) and mild pericardial effusion registered.

A.S., a 5-years-old boy was admitted to the Respiratory Section due to generalized urticaria with periobital edema and bloated hands. Initially treated with antihistamines, he received a single dose of parenteral corticosteroid. With the appearance of scarlatiniform rash and raspberry tongue, scarlet fever was suspected and peroral penicillin introduced. While being unresponsive to antimicrobial therapy, and with the appearance of conjunctival hyperemia, swelling of the feet and elevated liver enzymes, Kawasaki's disease was suspected. Echocardiographically pericardial effusion and negative T waves in the ECG were found.

D.M., a 5-year-old boy. His disease began with high fever, sore throat, dysphagia, neck pain and neck stiffness. On the third day of the disease visible swelling on the right side of the neck (3x5cm) was noted with erythema of the feet, palms and axillae. He was hospitalized with aim to treat parapharyngeal abscess as a complication after unsuccessful penicillin therapy for Streptococcal pharyngitis and scarlet fever. After the initial work-up (ENT examination, MSCT of the neck), surgical removal of the lymph node was performed and ceftriaxone introduced. On the fourth day of the disease, edema

of the palms develops with conjunctival hyperemia and cracking of the lips. Perivascular hyperechogenicity in the coronary arteries and mild mitral regurgitation was registered on the echo.

K.A.B., a 4-year-old girl, her disease started with fever and enlarged cervical lymph nodes on the right measuring 5x3 cm, so she was hospitalized and ceftriaxone therapy was introduced. Diagnosis of KD was made after the development of polymorphic rash, conjunctival hyperemia, edema and erythema of the palms and soles, and dry, cracking lips. Echocardiography revealed mild mitral regurgitation and uniformly broad LCA with hyperechogenicity.

I.Š., a 7-year-old girl had fever and right-sided cervical lymphadenopathy four days before admission and was treated as an outpatient with peroral cephalosporin. During hospitalization antibacterial therapy was changed initially to ceftriaxone and azithromycin, then due to the absence of clinical and laboratory response to cefazolin and clindamycin. On the tenth day of the disease swelling of the hands and feet with conjunctival hyperemia and raspberry tongue were noted. Echocardiographically ectatic proximal part of LCA (3.9 mm) was registered and IVIG with ASA introduced. During the long-term follow-up no residual changes in the coronary arteries were recorded.

Conclusion The aim of this paper is showing that in an acute febrile disease one must also think about Kawasaki disease, especially when there is absence of adequate response to antibiotic therapy. Immunoglobulin therapy has been shown to prevent the development of serious cardiovascular complications and remains the first choice in the treatment of children with KD. In case of persistent fever and resistant cases, corticosteroids and other immunomodulatory and biological therapy may be considered.

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CAROTID INTIMA-MEDIA THICKNESS IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE

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Carotid intima-media thickness (cIMT) reflects early structural changes on arteries and independently predicts cardiovascular risk in asymptomatic individuals. Previous studies showed increased cIMT in adult inflammatory bowel disease (IBD) patients compared with healthy subjects.

This study aims to identify early structural changes in carotid arteries in IBD patients as early as childhood and adolescence.

Methods The study includes 161 children with the mean age of 14.08 ± 2.88 (6-18) years – 55 with newly discovered active disease; 53 in clinical remission defined with disease activity pediatric indices for Crohn disease and ulcerative colitis (PCDAI, PUCAI); and 53 healthy subjects. We used an automated edge-tracking system (Vivid E9, General Electrics, software 112 (1.7); linear probe 11L-D). In the longitudinal view, we measured cIMT on the posterior common carotid artery wall at end-diastole, 1 cm proximal to the bifurcation in a length of 1 cm. We calculated the mean value of three measurements on each side. We used the ANOVA test (SPSS 20.0) for comparisons, with the level of significance $P < 0.05$.

Results mean cIMT value in patients with the active IBD was 0.49 ± 0.05 mm. Although we observed a slight increment in cIMT depending on the disease activity, the difference did not reach statistical significance ($P = 0.373$). In patients with Crohn disease, cIMT was 0.48 ± 0.04 mm, and in children with ulcerative colitis, it was 0.49 ± 0.05 mm ($P = 0.336$).

Conclusion An increase in cIMT reflects structural changes in arterial walls, which require time. It seems that such changes induced with chronic inflammation are not visible in the pediatric population, which emphasises a potential preventive role of a prompt, adequate anti-inflammatory treatment.

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ARTERIAL STIFFNESS IN CHILDREN AND ADOLESCENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction Arterial stiffness increases with age. Various factors, including chronic inflammation, enhance this process. Adult patients with inflammatory bowel disease (IBD) have increased arterial stiffness despite the lower influence of other risk factors. It is not clear at which age these changes start.

This study aims to determine if there are visible changes in arteries of IBD patients as early as childhood and adolescence.

Methods To identify subclinical changes in the arterial walls, we measured aortic pulse wave velocity (PWVao) using Arteriograph (Colson) oscillometric device. We included in the study 70 children (7 to 18 years – mean age 14.39 ± 2.93 years), divided into three groups – patients with active IBD ($N = 15$), in clinical remission ($N = 35$), and healthy subjects ($N = 20$). We used the Student's t-test for comparisons.

Results We did not observe a significant difference comparing PWVao in children and adolescents with IBD ($PWVao = 6.15 \pm 0.90$ m/s) and healthy subjects ($P = 0.83$). We came to a similar observation comparing patients with the active disease with dose in clinical remission ($PWVao = 6.09 \pm 0.74$ m/s, 6.21 ± 0.80 m/s, respectively) ($P = 0.50$). Likewise, there was no significant difference between PWVao of patients with active disease and healthy subjects. Arterial stiffness did not differ in patients with Crohn disease ($N = 30$; $PWVao = 6.18 \pm 0.66$ m/s), ulcerative colitis ($N = 18$; $PWVao = 5.94 \pm 1.11$ m/s) and controls ($P = 0.44$). Two children had inflammatory bowel disease unclassified.

Conclusions arterial stiffness in children and adolescents with inflammatory bowel disease remains unchanged, which opens a possibility to prevent accelerated arterial vessel ageing apparent in adult IBD patients.

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LEFT VENTRICLE CARDIAC FIBROMA IN PATIENT WITH GORLIN – GOLTZ SYNDROME

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Introduction Gorlin – Goltz syndrome (basal cell nevus syndrome – NBCCS) is an autosomal dominant disorder that is clinically presented by basal cell carcinomas, odontogenic keratocysts, perforated cavities on the palms and soles, skeletal