



Complications of COVID-19: What Do We Know in 2024

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Case: History taking

- **Patient profile:** A previously healthy 6-year-old male
- **CC:** vomiting and diarrhea for 1 day PTA
- **PI:**
 - **3 days PTA**, he had an abrasion wound on his right knee from falling on the concrete floor. He was not taken to the hospital. The wound was cleaned at home
 - **2 days PTA**, he had a fever with T max 39 °C. No URI symptoms
 - **1 day PTA**, he still had a fever. He then started to have watery diarrhea and vomiting 3-4 times with poor intake
 - **Today**, he continued to have a fever with watery diarrhea 5-6 times and poor intake. The last voiding was not known. No known sick contact.
- **PH:**
 - History of COVID-19 last May, AR, and ADHD
 - No history of COVID-19 immunization

Case: Physical examination

- **Vital signs:** T 37.8, PR 150/min, RR 28/min, BP 64/28 mmHg, O₂sat 98%
- **GA:** fatigue
- **HEENT:** injected conjunctivae
- **Heart:** no murmur
- **Lungs:** clear
- **Abdomen:** soft, not tender, no hepatomegaly
- **CNS:** negative stiffness of neck, no neurological deficit
- **Skin:** abrasion wound at right knee 3 cm in length, redness at trunk and extremities



Question 1

Which of the following is the most likely diagnosis?

A: Sepsis with septic shock

B: Toxic shock syndrome (TSS)

C: Hemolytic uremic syndrome (HUS)

D: Acute gastroenteritis with hypovolemic shock

E. Multisystem inflammatory syndrome in children (MIS-C)

F: I am not sure, let's call an ID team for input

Question 2

Which of the following is the appropriate empirical antibiotics ?

A: No need for antibiotics

B: Cloxacillin IV

C: Cloxacillin IV and Clindamycin IV

D: Cloxacillin IV and Ceftriaxone IV

E: Meropenem IV and Vancomycin IV

F: Piperacillin/tazobactam IV and Vancomycin IV