

Author	Clinical presentation	ECHO	SARS-CoV-2 test	Organ support	Treatment	Outcome / Died
<b>Whittaker et al [3]</b>	Fever 100%, Headache 26% Vomiting 45% Diarrhea 52%, Abdominal pain 53%, Rash 52% Conjunctivitis 45% Lymphadenopathy 16% Mucus membrane, changes/red cracked lips 29% Swollen hands and feet 16%, Respiratory symptoms 21%. <b>Fever + elevated inflammatory markers – 40%, Shock - 50%</b>	Left ventricular dysfunction 62% (18/29) Abnormally dilated coronary arteries (z score >2) 8/55 Giant coronary artery aneurysms 2 Coronary artery aneurism 14% (n=8)	RT-PCR SARS-CoV-2 + 26% IgG antibody SARS-CoV-2 + 87%  78% had evidence of current or prior SARS-CoV-2 infection	PICU 50% Acute kidney injury 22% Shock + inotropic support 47% MV 43% ECMO 5%	Inotropic support 47% IVIg 71% Corticosteroids 64% Anakinra 5% Infliximab 14%	Death 2%
<b>Riphagen et al [6]</b>	Fever 8/8 Diarrhoea 7/8 Abdominal pain 6/8 Vomiting 4/8 Conjunctivitis 5/8 Rash 4/8 Vasoplegic shock 8/8	7/8 ventricular dysfunction Echobright coronary vessels 1/8 giant coronary aneurysm	SARS-CoV-2 negative 5/8 SARS-CoV-2 positive 2/8 Family exposure 4/8	Inotropic/vasopressor support 8/8, MV 5/8, HFNC 1/8, NIV 3/8, RRT 1/8, VA-ECMO 1/8 (arrhythmia with refractory shock, died)	IVIg 8/8, Corticoids 5/8 Aspirin 3/8, Heparin 1/8, Antibiotics 8/8, Infliximab 1/8	1 died 6/8 alive PICU length of stay 3 – 7 days
<b>Verdoni et al [7]</b>	Classic form of Kawasaki 50%, Incomplete form of Kawasaki disease 50% Kdss and MAS 50% Diarrhoea 60% Meningeal signs 40% Drowsiness 10%	<b>Anormal ECHO 60%</b> <b>Aneurism 10%</b> <b>FEVE &lt; 50% – 50%</b> Mitral valve regurgitation 10% Pericardial effusion 40%	RT-PCR SARS-CoV-2 + 20% Serology for SARS-CoV-2 antibodies – 80% were IgG +, and 3 were also IgM +		Inotropic support 20% Adjunctive steroid treatment 80% IVIg 100% Aspirin 20%	None
<b>Belhadjer et al [8]</b>	Asthenia 100% Fever 100% GI symptoms 83% (2 children underwent emergency operation for suspected appendicitis) Respiratory distress 65%	Coronary artery dilatation (z score > 2) 17% Aneurysm 0 LVEF < 30% - 28% LVEF 30-50% - 72%	SARS-CoV-2 was confirmed 88.5% RT-PCR-SARS-CoV-2 + 34% Fecal PCR 6% Antibodies + 86%	Respiratory support 94% (IMV 62%; NIV 32%) VA-ECMO 28%	Inotropic support 80% IVIg 71% Corticosteroids 34% Anakinra 8% Anticoagulation with heparin 65%	None

	Rhinorrhea 43% Adenopathy 60% Rash 57% Meningism 31% At admission to the ICU, 80% were in cardiogenic shock					
<b>Grimaud et al [9]</b>	Fever 100%, Abdominal pain 100%, Rash 50%, Conjunctivitis 30%, Adenitis 20%, Tachycardia 100% Hypotension 100% (75% clinical signs of vasoplegia)	LVEF 35% (IQR 25-55)	SARS-CoV-nasopharyngeal swabs + 50% SARS-CoV-2 antibodies + 100% (15/15), <b>95% had identified SARS-CoV-2 infection on PCR and/or by serology</b>	NIV 55%,IMV 40%, HFNO 5%,Respiratory support in all patient was indicated for hemodynamic support	IVIg100%,Corticosteroids 10%, Anakinra 5%, Tocilizumab 5%, Inotropic/vasopressor support 95%	None
<b>Cheung et al [33]</b>	Fever 100% GI symptoms 88% Shock at presentation 76% Rash 71%, Conjunctivitis 65% Lip redness/swelling 65% Neurologic symptoms 47%, Respiratory symptoms 41%, Myalgia 35%, Lymphadenopathy 35%, Hypoxia 18% Criteria for KD 47% Incomplete Kawasaki 29%	FEVE mildly decreased 29% FEVE mild-moderately decreased 24% FEVE moderate-severely decreased 12% Pericardial effusion 47%	RT-PCR SARS-CoV-2 + 47% Serology for SARS-CoV-2 antibodies → 53%	PICU 88%	IVIg 76% Methylprednisolone 71% Hydrocortisone 21% Enoxaparin prophylaxis 59% Enoxaparin treatment 6% Aspirin 24%	None
<b>Golfred-Cato S et al [13]</b>	Fever 100% Bilateral conjunctival injection 48.4% Oral mucose changes 23% Rash 55.3%	Abnormal ECHO with coronary-artery aneurysms 18.6%	RT-PCR 25.8% Serology positive 46.1% RT-PCR and serology positive 27.2%	PICU 63.9% MV 13.1% Vasoactives 44.9%	IVIg 80.5% Steroids 62.8% Antiplatelet medication 58.6% Anticoagulation 44.2%	Died 1.8% Organs systems involved 4-5 61.6%
<b>Kaushik et al [38]</b>	Fever 93%, Abdominal pain 63%, Nausea/emesis 69%, Diarrhea 48%	Pericardial effusion 46%	SARS-CoV-2 antibody + 81%	NIV 36% IMV 15% ECMO 3%	IVIg 54%, Corticosteroids 51%, Tocilizumab 36%	Death 3%

	Hypotension 63%, Mucocutaneous, involvement 21% Conjunctivitis 36% Rash 42%, Shortness of breath 33% Neurologic involvement 12%	LVEF median 46.6 (IQR 39.5, 52.8) LVEF < 30%: 12% LVEF 30-50%: 53% Recovered LV function prior to discharge 95%	RT-PCR SARS-CoV-2 + 33% 18% tested + for both	Intra-aortic balloon pump support 3%	Remdesivir 21%, Anakinra 12%, Convalescent plasma therapy 3%, Aspirin 24% Anticoagulation, prophylaxis 15%, Anticoagulation, therapeutic 81% Antibiotics > 48h 45% Vasopressor/inotropes 51%	
<b>Ramcharan et al [40]</b>	Fever 100% GI symptoms 87% Incomplete KD 53%	93% coronary artery abnormalities LVEF median on admission 51%	13% described typical COVID-19 symptoms in the previous two months 20% related contact with family member with COVID-19	Respiratory support 53% Inotrope or vasopressor 67%	IVIg 67% (10/15), of whom 2 received a second dose Methylprednisolone 33% 73% were discharged on low dose aspirin Antibiotic 100%	None
<b>Toubiana et al [45]</b>	Recent history of viral-like symptoms was reported in 43% Median duration between these symptoms and the onset of signs and symptoms of Kawasaki disease was 45 days. Complete presentation of KD 52%, Abdominal symptoms 95%, Lips and oral cavity changes 76% Conjunctivitis 81% Rash 76%, Changes to extremities 48% Lymphadenopathy 57%	Myocarditis 76% (LVEF range between 10 and 57%) 38% coronary artery abnormalities: 24% which consisted of dilations (z score between 2.0 and 2.5); 14% with increased coronary visibility No coronary aneurysms were identified	History of recent contact with people with viral-like symptoms was + in 48% Median interval between reported contact and KD was 36 days RT-PCR-SARS-CoV-2 + 38% IgG antibodies SARS-CoV-2 + 90% 9.5% negative Serology and PCR)	PICU 81% Vasoactive agents 71% MV 52%	IVIg 100% (24% needed a second dose) Low dose aspirin (3-5mg/kg/day) 100% Corticosteroids (2-10mg/kg/day) 48% Antibiotic 86%	None
<b>Pouletty et al [46]</b>	Fever 100% Respiratory signs 12% GI signs 81% Anosmia 6%	Abnormal ECHO 69% Coronary dilatation 19% (median z score 2.6)	Family c/s COVID-19 infection 75% First infectious exposure-		IVIg 93% (Second infusion 335) Steroids 25% Anakinra 6%	None

	Neurological signs 56% Rash 81% Conjunctivitis 94% Hands and feet edema/erythema 68% Dry cracked lips 87% Lymphadenopathy 37% Haemodynamic failure 69% Complete KD 62% KDSS 44%	No aneurysm Myocarditis 44% (median LVEF 35%) Pericarditis 25%	hospitalization 21 days (IQR 21-24) RT-PCR-SARS-CoV-2 all sites + 69% Serology IgG + 87%		Tocilizumab 6% AAS (30-50mg/kg) 52% AAS anti-aggregant dose 50%	
<b>Caponi et al [47]</b>	Fever 100% GI symptoms 97% Neurocognitive symptoms 58% Respiratory symptoms 52% Shock 75% Complete KD 64% HD without shock 76%	Any coronary abnormality 48% (Z score $\geq 2.5$ – 15%; Z score 2-2.49 – 9%) Any dysfunction 58%: (LVEF 45-54% - 33%; LVEF 35-44% - 24%)	IgG + and Nucleic acid amplification + 18% IgG + and Nucleic acid amplification negative 73% Nucleic acid amplification +, serology test unavailable 9%	PICU 79% MV 18% Inotrope/vasopressor support 76%	IVIG 100% 2 <sup>nd</sup> dose IVIG 33% Methylprednisolone 70% Aspirin 88% Anakinra 12% Tocilizumab 9% Infliximab 13% Enoxaparin 42%	None
<b>Feldstein L.R et al [48]</b>	Fever 100% Bilateral conjunctival injection 55% Oral mucose changes 42% Peripheral extremity changes 37% Rash 59%	Abnormal ECHO with coronary-artery aneurysms 9%	RT-PCR or antibody testing 70%	PICU 80% MV 20% Inotrope or vasopressor support 48% ECMO 4%	IVIG 77% Secon dose 21% Systemic glucocorticoid 49% Interleukin-6 inhibitor 8% Interleukin-1Ra inhibitor 13% Anticoagulation 47%	28% were still hospitalized as of May 20, 2020, and 4 patients (2%) died, 2 of whom had previously been healthy.
<b>Dufort E et al (49)</b>	Fever 100%, abdominal pain 61%, rash 60%,conjunctivitis 56%	Abnormal ECHO with coronary-artery aneurysm 9%	RT-PCR 51%, IgG antibodies 99%	PICU 80%, MV 10%, Vasopressor support 62%, ECMO 4%	IVIG 48% Systemic glucocorticoids 64%	Death 2%, shock 10%, myocarditis 53%

*Abbreviations: MV: mechanical ventilation, HFNC: high flow nasal cannula, NIV: noninvasive ventilation, RRT: renal replacement therapy, VA-ECMO: veno-arterial extracorporeal membrane oxygenation, PCR: protein C reactive, IVIG: immunoglobulin, FEVE: fraction ejection ventricular, RT-PCR: real time polymerase chain reaction, PICU: pediatric intensive care unit, KD: Kawasaki disease*

*Supplementary File. Table S1. Clinical findings, echocardiographic and treatments instituted in the described series of PIMS-TS*