In terms of pathophysiology, a diagnosis of PE as a complication of sickle cell is not surprising; however, in clinical practice it is rarely seen. This points towards PIMS-TS being the cause of this presentation, for which WHO definition requires evidence of SARSCOV2 infection or exposure. Indeed our patient is likely to have been exposed to Covid 19, given that he presented in the peak of the first wave, however PCR swabs were negative during admission. Three months after presentation, his anti Sars Cov 2 IgG was negative.

The key take home message from this case is to consider other diagnoses in sickle cell patients during the time of Covid 19. There is a need for increased research into how to differentiate the two disorders. This is important because if the primary cause of illness is PIMS-TS rather than sickle cell disease, careful consideration needs to go into treatments as immunomodulation with IV Ig may increase viscosity and steroids can contribute to hypertension, thus worsening the progression of underlying sickle cell disease. Diagnosing PIMS-TS as the primary cause in those with sickle cell is particularly important as patients from a minority ethnic suffer worse outcomes.