

Figure 3

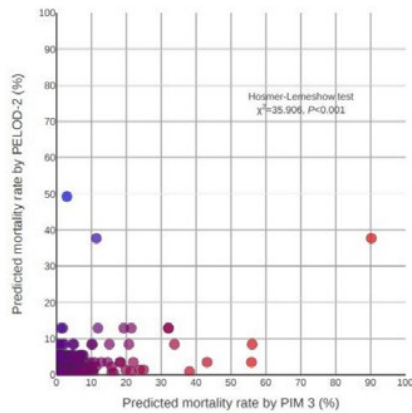


Figure 3. The scatter plot of predicted mortality rate by PIM 3 and PELOD-2. Red indicates a large difference in predictive power, and blue indicates a small difference in predictive power. *P*-values were derived by the Hosmer-Lemeshow goodness of fit test and result show that both predicted mortality rates were not correlated. PIM 3, pediatric index of mortality 3; PELOD-2, pediatric logistic organ dysfunction-2

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Fulminant myocarditis a serious complication of coronavirus: A case report

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Introduction: Coronavirus cause a multisystem disease and can effect the heart and cause myocarditis. The symptoms are hypotension, altered mental status and eventually death.

Case Presentation: The case was 2 years old girl with the symptoms of fever, malaise that has began 2 days ago and the symptoms aggravated at the night before admission. She had unconsciousness, mottling, hypotension, tachypnea, cyanosis and huge hepatomegaly (Figure1). Arterial blood gas analysis demonstrated "PH=7.24, PCO₂=25 .2, PO₂=55.8, HCO₃=11". Inflammatory biomarkers was at low level. Echocardiography showed cardiomegaly, biventricular dysfunction. The patient deteriorated rapidly, so she was intubated,

volume expander and inotropic agent was commenced, but in spite of these management and finally resuscitation she died. COVID-19 RT-PCR was reported positive next day.

Conclusion: COVID-19 can cause fulminant myocarditis that can lead to rapidly progressive cardiogenic shock, biventricular dysfunction and death soon after beginning of symptoms.

Figure 1



Figure 1: Plain radiograph demonstrating

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Acute generalized exanthematous pustulosis (AGEP): A case report

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Introduction: Acute generalized exanthematous pustulosis (AGEP) is an uncommon drug eruption characterized by superficial pustules. Predisposing factors include medications, biting and viral

illness.

Case Presentation: A 10 year old boy admitted with severe pruritic papulopustular lesions. The lesions were appeared firstly on neck and face, then were spread across the body especially trunk and extremities (Figures 1 and 2). The pustular stage was more brief and subsequently erythematous papular rash appeared that suggesting AGEP. He had not got fever, mucosal and internal organs involvement. Treatment was commenced with topical mometasone, but the response was not good, so systemic prednisolone was commenced as 1 mg/kg/day. The lesions became less coloured in the few days and subsequently desquamation was appeared.

Conclusion: AGEP is a rare condition and the skin conditions such as toxic epidermal necrosis, drug hypersensitivity syndrome and generalized pustular psoriasis may be mistaken with AGEP.

Figure 1



Figure 1: Non folliculitis pustules on the neck

Figure 2



Figure 2: Papulopustular rash on the trunk

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The diagnostic accuracy of multi-organ point-of-care ultrasonography for a life-threatening condition with cancer patients who visit the emergency department

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Background: The number of cancer patients visiting the emergency department (ED) is increasing, and it is important to diagnose and cope with the related life-threatening complications early. However, there has been no study on the usefulness of multi-organ point-of-care ultrasonography (M-PoCUS) for cancer patients only. The aim of study was to evaluate the diagnostic accuracy of M-PoCUS for a life-threatening disease in cancer patients who visited the ED.

Methods: A retrospective observational study