Takayasu arteritis (TA) is a rare, chronic, granulomatous large vessel arteritis that affects the aorta, its main branches, and the pulmonary arteries. It is associated with irreversible vascular damage resulting in ischaemia of vital organs. It can be diagnosed with oral prednisolone, methotrexate, and etanercept.

In Case 1, the patient was given intravenous 30 mg/kg/day methylprednisolone for 3 days and continued with TA. Infection screening was negative. The patient was given graphy, localized enlargement and stenosis of the aortic arch, wide aortic arch, ascending and descending aortic walls. In MR angiography, increased FDG uptake in both common carotid, and 132/80 mmHg in the right leg. Peripheral pulses were weaker in the left arm, 103/60 mmHg in the right arm, 125/77 mmHg in the left leg, and 122/72 mmHg in the left arm, 106/67 mmHg in the right leg.

On physical examination, blood pressure was measured 94/59 mmHg in the right arm, 103/60 mmHg in the left arm, 125/77 mmHg in the left leg, and 122/72 mmHg in the left arm, 106/67 mmHg in the right leg.

His uncle had a COVID-19 infection 6 months ago and they stayed in the same house during the infection.

A thirteen-year-old female patient was admitted to the pediatric emergency department of our hospital with chest pain and syncope. He had a COVID-19 infection 5 months ago.

On physical examination, respiratory sounds were less audible in the right lung, and his blood pressure was 122/72 mmHg in the left arm, 103/60 mmHg in the right arm, 125/77 mmHg in the left leg, and 122/72 mmHg in the left leg.

He had a persistent cough with a temperature of 38°C and a heart rate of 120 bpm. The patient was found to have a systolic murmur in the aortic focus and an area of decreased breath sounds on the right side of the chest. Other system examination was normal.

In thorax and abdomen computed tomography (CT), 20 mm pericardial effusion was detected. The patient was diagnosed with TA. She was treated with intravenous 30 mg/kg/day methylprednisolone for 3 days. The patient's symptoms improved, and she was discharged.

In Case 2, a 13-year-old female patient presented with a history of back pain for 2 months, dry cough, weight loss (3 kg in 2 years), and abdominal pain. She had a COVID-19 infection 3 months ago.

On physical examination, blood pressure was measured 106/67 mmHg in the right arm, 122/72 mmHg in the left arm, 125/77 mmHg in the left leg, and 122/72 mmHg in the left leg.

His uncle had a COVID-19 infection 5 months ago and they stayed in the same house during the infection.

A thirteen-year-old female patient was admitted to the pediatric emergency department of our hospital with chest pain and syncope. She had a COVID-19 infection 5 months ago.

On physical examination, respiratory sounds were less audible in the right lung, and her blood pressure was 122/72 mmHg in the left arm, 103/60 mmHg in the right arm, 125/77 mmHg in the left leg, and 122/72 mmHg in the left leg.

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In summary, we report two patients diagnosed with TA after COVID-19 infection. This highlights the need for further research to understand the relationship between TA and COVID-19 infection.
Results
Sixty-eight children with MIS-C were recruited with a median age of 7 years and 97 healthy children were recruited with a 30% seroprevalence. The estimated incidence of MIS-C was 22/100,000 SARS-CoV-2 infections in children under 14 years old in the city at that time. Black children were over-represented in the MIS-C group (62% vs 37%, \( p = 0.002 \)). The most common clinical features in MIS-C were fever (100%), tachycardia (98.5%), rash (85.3%), conjunctivitis (77.9%), abdominal pain (60.3%) and hypotension (60.3%). Median levels of haemoglobin, sodium, CRP, ferritin, cardiac (pro-BNP, troponin-T) and coagulation markers (D-dimer and fibrinogen), neutrophil and white cell count were markedly deranged in MIS-C. Cardiac, pulmonary, central nervous and renal organ systems were involved in 71%, 29.4%, 27.9% and 27.9% respectively. Ninety-four point one per cent patient received intravenous immune globulin, 64.7% received methylprednisolone and 61.7% received both. ICU admission was required in 39.7% patient while 38.2% required inotropic support, 38.2% required oxygen therapy, 11.8% required invasive ventilation and 6% required peritoneal dialysis. The median hospital stay duration was 7 days with no deaths.

Conclusion
The lack of reports from Southern Africa does not reflect a lack of cases of MIS-C. The clinical manifestations and outcomes of MIS-C in this region highlight the need for improved surveillance, reporting and data to inform diagnosis and treatment.

Implications
To our knowledge, these are the first data on MIS-C in Africa. This shows that children in Africa are indeed presenting with MIS-C which will increase surveillance around the continent.