Method
A 12-year-old child, without a notable pathological history, who presented to the emergency, during the SARS-CoV-2 pandemic, for management of a pseudo-appendicular syndrome. Our patient was initially assessed by the surgical team due to his query acute abdomen. The pain had been evolving for 3 days associated with several episodes of bilious vomiting, in a context of fever at 38.5°C. Abdominal examination noted abdominal tenderness and defence. Extradicgestive signs were not reported, The Lab Testing objectified a CRP at 235, elevated white blood cells at 18 180, an abdominal ultrasound was requested returning without particularities. Facied with the persistence of bilious vomiting, surgical exploration was indicated objectifying a catarrhal appendix. A pediatric opinion was requested, the clinical examination shows conscious child who presents infra cervical lymphadenopathy with a fever at 38 associated with an erythematous skin rash on the back and aseptic conjunctivitis. The Lab Testing objectified an important inflammatory syndrome, a acute kidney and heart failure a Covid 19 serology was requested with positive IGG, negative IGM, PCR covid test was negative, given the unavailability of In immunoglobulins, the treatment was based on corticosteroid bolus then relay by oral corticosteroid associated with an anti-inflammatory treatment, gastric protection by proton pump inhibitors, treatment of heart and acute kidney failure. The evolution was marked by clinical and biological improvement

Discussion
Coronavirus 2 (SARS-CoV-2) infection among children and adolescents, is mainly responsible for mild respiratory symptoms, in contrast to the severe forms reported in adults [7]. A systemic inflammatory syndrome mimicking kDa, temporarily associated with infection with SARS-CoV-2 (Kawa-COVID-19) has recently been described as a serious illness sometimes requiring intensive care (44%). The median age is older (> 5 years), the frequency and severity of myocarditis are very different from classic kDa, abdominal pain and/or diarrhea were more frequently (81%) reported than in classic kDa, heart failure, pneumonia, neurological and renal impairment, associated with elevated CRP, hyperferritinemia are more common in Kawasaki-Like syndrome [10]. Some investigations must be systematically realized urgently to diagnose potentially fatal complications. These include testing for myocarditis, patients should benefit from careful monitoring and treatment with IV Ig 2g/kg should be administered rapidly and seems to be effective in the majority of cases, associated anti-inflammatory therapy, such as steroids is necessary

Conclusion
Pediatricians should be aware of these atypical presentations of COVID-19 infection for early diagnosis.

P082 APPENDICULAR SYNDROME REVEALING KAWASAKI-LIKE SYNDROME: A CASE REPORT
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Background
With the wide spread of the current SARS-CoV-2, It was found that about 2% of children was affected according to several studies, However, a small number of children with Covid-19 develop a significant systemic inflammatory response similar to Kawasaki disease, a new disease entity called multisystem inflammatory syndrome.