

1 **Material Suplementario**

2 **Tabla Suplementaria 1. Estrategia de búsqueda por base de datos.**

Base de datos	Estrategia de búsqueda	Resultados
Pubmed/Medline	<p>#1 ((pediatric[tiab] OR "Pediatrics"[Mh]) and (multisystem[tiab] and (inflammatory[tiab] or syndrome[tiab])) or (((Kawasaki[tiab]) and (like[tiab] or disease[tiab] or mimicking[tiab])) AND ("multisystem inflammatory syndrome"[tiab] or "hyperinflammatory syndrome"[tiab] or "inflammatory multisystem syndrome"[tiab])) OR (MIS-C[tiab] OR PIMS-TS[tiab] or PMIS-TS[tiab] or "pediatric multisystem inflammatory disease, COVID-19 related" [NM])</p> <p>#2 (((("SARS-COV-2"[TIAB] OR "SARS-CoV-2"[MH] OR "SARS-CoV2"[TIAB] OR "COVID-19"[TIAB]) AND (infection[TIAB] or disease[TIAB] or pneumonia[TIAB]))) OR (("novel coronavirus infection"[TIAB] OR "2019-nCoV"[TIAB] OR "syndrome coronavirus 2019"[TIAB]))</p> <p>#3 prevalence[mh] OR incidence[mh] or prevalenc*[tiab] OR incidenc*[tiab] or risk factors[mh] or "risk factor"[tiab] OR "risk factors"[tiab] OR "population at risk"[tiab] OR "population at risks"[tiab] OR "populations at risk"[tiab]</p> <p>#4 ("outcome assessment"[tiab] or mortality[tiab] OR "intensive care units"[tiab] OR "Intensive Care Units"[Mh] or "Shock"[Mesh] or shock[tiab] or "Heart Failure"[Mh] or "Heart Failure"[tiab] or "Renal Insufficiency"[Mh] or "Renal Insufficiency"[tiab] or "Seizures"[Mh] or seizure*[tiab] or "Epilepsy"[Mh] or epilepsy[tiab])</p> <p>#5 #1 AND #2</p> <p>#6 #5 AND #3</p> <p>#7 #1 AND #4</p> <p>#8 #6 OR #7</p>	1312
Scopus	<p>#1 ((TITLE-ABS-KEY(pediatric w/3 multisystem) AND TITLE-ABS-KEY(inflammatory w/3 syndrome))) or (((TITLE-ABS-KEY(Kawasaki OR childhood or paediatric)) or (TITLE-ABS-KEY(kawasaki) AND TITLE-ABS-KEY(like OR disease or mimicking))) AND (TITLE-ABS-KEY("multisystem inflammatory syndrome" OR "hyperinflammatory syndrome" or "inflammatory multisystem syndrome"))) OR TITLE-ABS-KEY(MIS-C OR PIMS-TS or PMIS-TS)))</p>	1160

	<p>#2 (TITLE-ABS-KEY("SARS-COV-2" OR "SARS-CoV2" OR "COVID-19") AND TITLE-ABS-KEY(infection or disease or pneumonia)) OR TITLE-ABS-KEY("novel coronavirus infection" OR "2019-nCoV" OR "Wuhan coronavirus disease" OR "syndrome coronavirus 2019")</p> <p>#3 ((TITLE-ABS-KEY(Fatal w/3 Outcome) or TITLE-ABS-KEY("outcome assessment" or mortality) OR TITLE-ABS-KEY("intensive care unit" OR "critical care unit" OR "Medical ICU" or "intensive therapy unit" or "paediatric ICU" or PICU* OR "pediatric ICU") or (TITLE-ABS-KEY(rate*) and TITLE-ABS-KEY(death or mortality or fatal* or lethal))) OR ((TITLE-ABS-KEY(shock) and TITLE-ABS-KEY(circulat* or intensity or syndrome) OR (TITLE-ABS-KEY(aneurysm) and TITLE-ABS-KEY(coronary or arterial))) OR ((TITLE-ABS-KEY(cardia* or heart or myocardial) and TITLE-ABS-KEY(backward or incompetence or insufficienc* or descompensation or failure)) or (TITLE-ABS-KEY(arrhythmia or "heart ectopic beat" or "disrhythmia" or "ectopic rhythm"))) OR ((title-abs-key(renal or kidney) and title-abs-key(insufficiency or injury or failure))) OR (TITLE-ABS-KEY("Acute kidney injury" or "acute renal failure") or TITLE-ABS-KEY("Encephalopathy" or "brain disease*" or "cerebral seizure" or epilep* or convulsion))))</p> <p>#4 #1 AND #2</p> <p>#5 #4 AND #3</p>	
Web Of Science/Scielo	<p>#1 ((TS=(pediatric NEAR/3 multisystem) AND TS=(inflammatory NEAR/3 syndrome)) or (((TS=(kawasaki) and ts=(like OR disease or mimicking)) OR TS=(Pediatric or paediatric or childhood)) and (ts=("multisystem inflammatory syndrome" OR "hyperinflammatory syndrome" or "inflammatory multisystem syndrome") or ts=(MIS-C OR PIMS-TS or PMIS-TS))))</p> <p>#2 (ts=("SARS-COV-2" OR "SARS-CoV2" OR "COVID-19") and ts=(infection or disease or pneumonia)) or ts=("novel coronavirus infection" OR "2019-nCoV" OR "Wuhan coronavirus disease" OR "syndrome coronavirus 2019")</p> <p>#1 AND #2 (WoS) / #1 (Scielo)</p>	1185 / 33
Cochrane (OvidSP)	<p>#1 (Pediatric or paediatric or childhood).ab,hw,kw,sh,ti.</p> <p>#2 multisystem.ab,hw,kw,sh,ti.</p> <p>#3 (syndrome and inflammatory).ab,hw,kw,sh,ti.</p> <p>#4 #1 AND #2 AND #3</p> <p>#5 ("inflammatory multisystem syndrome" or "hyperinflammatory syndrome").ab,hw,kw,sh,ti.</p> <p>#6 (MIS-C or PIMS-TS or "PMIS-TS").ab,hw,kw,sh,ti.</p>	221

	<p>#7 #4 OR #5 #8 #6 OR #7 #9 kawasaki #10 #5 AND #9 #11 #8 OR #10</p>	
Embase	<p>#1 'pediatric multisystem inflammatory syndrome'/exp OR ("pediatric multisystem" AND "inflammatory syndrome"):ti,ab,kw #2 'pediatric'/exp OR kawasaki OR pediatric OR paediatric OR childhood:ti,ab,kw #3 ("multisystem inflammatory syndrome" OR "hyperinflammatory syndrome" OR "inflammatory multisystem syndrome"):ti,ab,kw #4 (MIS-C OR PIMS-TS OR PMIS-TS):ti,ab,kw #5 #2 AND #3 #6 #5 OR #4 #7 #1 OR #6 #8 ('coronavirus disease 2019'/exp OR 'coronavirus disease 2019') #9 'sars-cov-2' OR 'sars-cov2' OR 'covid-19':ti,ab,kw #10 #8 OR #9 #11 #7 AND #10 #12 (prevalence or incidence or "risk factors" or "population at risk" or mortality or "Intensive Care Units" or "Heart Failure" or "Renal Insufficiency" or Seizures or Epilepsy or shock):ti,ab,kw #13 ('prevalence'/exp or 'incidence'/exp or 'mortality'/exp or 'risk factor'/exp or 'pediatric intensive care unit'/exp or 'heart failure'/exp or 'kidney failure'/exp or 'seizure'/exp or 'epilepsy'/exp or 'shock'/exp) #14 #12 or #13 #15 #11 and #14</p>	1689
Preprints.org	<p>"MIS-C" OR "inflammatory multisystem syndrome" Link: https://www.preprints.org/search/scilit?search1="MIS-C"+OR+"inflammatory+multisystem+syndrome"&field1=article_title&date_from=2020-12-31&date_to=&search_scilit=</p>	143(01/01/2021 – 15/12/2022)

medrxiv/bioRxiv	"MIS-C" Link: https://www.medrxiv.org/search/%2522MIS-C%2522%20jcode%3Amedrxiv%20limit_from%3A2021-01-01%20limit_to%3A2022-12-15%20numresults%3A10%20sort%3Arelevance-rank%20format_result%3Astandard	211 (01/01/2021 – 15/12/2022)
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Tabla Suplementaria 2. Estudios excluidos en fase de selección a texto completo y motivos de exclusión.

No.	Autor, año.	Motivo de exclusión	Referencia.
1	Aragón-Nogales, 2022	Wrong population	Aragón-Nogales R, Zurita-Cruz J, Vázquez-Rosales G, Arias-Flores R, Gómez-González C, Montaño-Luna V, Sámano-Aviña M, Pacheco-Rosas D, Flores-Ruiz E, Villasis-Keever M, Miranda-Novales G. Clinical presentation of pediatric patients with symptomatic SARS-CoV-2 infection during the first months of the COVID-19 pandemic in a single center in Mexico City. <i>Front Pediatr.</i> 2022 Jul 28; 10:912784.
2	Elias, 2022	Wrong population	Elias C, Feteira-Santos R, Camarinha C, de Araújo Nobre M, Costa AS, Bacelar-Nicolau L, Furtado C, Nogueira PJ. COVID-19 in Portugal: a retrospective review of paediatric cases, hospital and PICU admissions in the first pandemic year. <i>BMJ Paediatr Open.</i> 2022 Aug;6(1): e001499.
3	Krishnamurthy, 2022	Wrong population	Krishnamurthy S, Kar SS, Dhodapkar R, Parameswaran N. Comparison of COVID-19 Infection in Children During the First and Second Wave. <i>Indian Journal of Pediatrics.</i> 2022; 89:1016-1018.
4	Naseri,2022	Wrong population	Naseri M, Khademi G, Rezaeian MK, Sorouri S, Sezavar M. COVID-19 Infection in Pediatric Patients: An Epidemiological Study in Iran. <i>Journal of Pediatrics Review.</i> 2022; 10:445-453.
5	Sarkar,2022	Wrong population	Sarkar M, Ghosh A, Konar MC, Roy O, Mahapatra MK, i M. Clinical Characteristics of Children With SARS-CoV-2 Infection During the Third Wave of the Pandemic: Single Center Experience. <i>Indian Pediatrics.</i> 2022; 59:531-534.
6	Al Yazidi,2021	Wrong population	Al Yazidi LS, Al Hinai Z, Al Waili B, Al Hashami H, Al Reesi M, Al Othmani F, Al Noobi B, Al Tahir N, Elsidig N, Al Barwani L, Al Busaidi I, Al Jabri B, Al Qayoudhi A, Al Maani A, Al-Maskari N. Epidemiology, characteristics and outcome of children hospitalized with COVID-19 in Oman: A multicenter cohort study. <i>Int J Infect Dis.</i> 2021 Mar; 104:655-660.
7	Ang,2020	Wrong population	Ang JY, Kannikeswaran N, Asmar B. Clinical presenting characteristics of pediatric COVID-19 infection in a tertiary care Children's Hospital in Detroit. <i>Open Forum Infectious Diseases.</i> 2020;7: S330.
8	Asseri,2021	Wrong population	Asseri AA, Alzaydani I, Al-Jarie A, Albishri A, Alsabaani A, Almaghribi MK, Ali AS. Clinical Characteristics and Laboratory Abnormalities of Hospitalized and Critically Ill Children with Coronavirus Disease 2019: A Retrospective Study from Saudi Arabia. <i>International Journal of General Medicine.</i> 2021; 14:1949-1958.
9	Bailey,2021	Wrong population	Bailey LC, Razzaghi H, Burrows EK, Bunnell HT, Camacho PEF, Christakis DA, Eckrich D, Kitzmiller M, Lin SM, Magnusen BC, Newland J, Pajor NM, Ranade D, Rao S, Sofela O, Zahner J, Bruno C, Forrest CB. Assessment of 135 794 Pediatric Patients Tested for Severe Acute Respiratory Syndrome Coronavirus 2 Across the United States. <i>JAMA Pediatr.</i> 2021 Feb 1;175(2):176-184.
10	Bartoszek,2022	Wrong population	Bartoszek M, Malek ŁA, Barczuk-Fałęcka M, Brzewski M. Cardiac Magnetic Resonance Follow-Up of Children After Pediatric Inflammatory Multisystem Syndrome Temporally Associated With SARS-CoV-2 With Initial Cardiac Involvement. <i>J Magn Reson Imaging.</i> 2022 Mar;55(3):883-891.
11	Basalely,2021	Wrong population	Basalely A, Brathwaite K, Duong MD, Liu D, Mazo A, Xie Y, Del Rio M, Goulay B, Hayde N, Kaskel FJ, et al. COVID-19 in Children With Kidney Disease: A Report of 2 Cases. <i>Kidney Medicine.</i> 2021; 3:120-123.
12	Basu,2022	Wrong population	Basu S, Kim EJ, Sharron MP, Austin A, Pollack MM, Harashsheh AS, Dham N. Strain Echocardiography and Myocardial Dysfunction in Critically Ill Children With Multisystem Inflammatory Syndrome Unrecognized by Conventional Echocardiography: A Retrospective Cohort Analysis. <i>Pediatr Crit Care Med.</i> 2022 Mar 1;23(3): e145-e152.
13	Belhadjer,2020	Wrong population	Belhadjer Z, Méot M, Bajolle F, Khraiche D, Legendre A, Abakka S, Auriou J, Grimaud M, Oualha M, Beghetti M, Wacker J, Ovaert C, Hascoet S, Selegny M, Malekzadeh-Milani S, Maltret A, Bosser G, Giroux N, Bonnemains L, Bordet J, Di Filippo S, Mauran P, Falcon-Eicher S, Thambo JB, Lefort B, Moceri P, Houyel L, Renolleau S, Bonnet D. Acute Heart Failure in Multisystem Inflammatory Syndrome in Children in the Context of Global SARS-CoV-2 Pandemic. <i>Circulation.</i> 2020 Aug 4;142(5):429-436.
14	Belot,2020	Wrong population	Belot A, Antona D, Renolleau S, Javouhey E, Hentgen V, Angoulvant F, Delacourts C, Iriart X, Ovaert C, Bader-Meunier B, et al. SARS-CoV-2-related paediatric inflammatory multisystem syndrome, an epidemiological study, France, 1 March to 17 May 2020. <i>Eurosurveillance.</i> 25:2-7.
15	Binstadt,2003	Wrong population	Binstadt BA, Caldas AM, Turvey SE, Stone KD, Weinstein HJ, Jackson J, Fuhlbrigge RC, Sundel RP. Rituximab therapy for multisystem autoimmune diseases in pediatric patients. <i>J Pediatr.</i> 2003; 143:598-604.
16	Borgel,2021	Wrong population	Borgel D, Chocron R, Grimaud M, Philippe A, Chareyre J, Brakta C, Lasne D, Bonnet D, Toubiana J, Angoulvant F, Desvages M, Renolleau S, Smadja DM, Oualha M. Endothelial Dysfunction as a Component of Severe Acute Respiratory Syndrome Coronavirus 2-Related Multisystem Inflammatory Syndrome in Children With Shock. <i>Crit Care Med.</i> 2021 Nov 1;49(11): e1151-e1156.
17	Bustos-Cordova,2021	Wrong population	Bustos-Cordova E, Castillo-Garcia D, Ceron-Rodriguez M, Soler-Quinones N. Clinical Spectrum of COVID-19 in a Mexican Pediatric Population. <i>Indian Pediatrics.</i> 2021; 58:126-128.
18	Campbell,2021	Wrong population	Campbell JI, Roberts JE, Dubois M, Naureckas Li C, Sandora TJ, Lamb GS. Non-SARS-CoV-2 Infections Among Patients Evaluated for MIS-C Associated With COVID-19. <i>Pediatr Infect Dis J.</i> 2021 Feb 1;40(2): e90-e93.

19	Carducci,2020	Wrong population	Calò Carducci FI, De Ioris MA, Agrati C, Carsetti R, Perrotta D, D'Argenio P, De Benedetti F, Notari S, Rossi P, Campana A. Hyperinflammation in Two Severe Acute Respiratory Syndrome Coronavirus 2-Infected Adolescents Successfully Treated With the Interleukin-1 Inhibitor Anakinra and Glucocorticoids. <i>Front Pediatr.</i> 2020 nov 30; 8:576912.
20	Caro-Paton,2021	Wrong population	Caro-Patón GL, de Azagra-Garde AM, García-Salido A, Cabrero-Hernández M, Tamariz A, Nieto-Moro M. Shock and Myocardial Injury in Children With Multisystem Inflammatory Syndrome Associated With SARS-CoV-2 Infection: What We Know. Case Series and Review of the Literature. <i>J Intensive Care Med.</i> 2021 Apr;36(4):392-403.
21	Castano-Jaramillo,2021	Wrong population	Castano-Jaramillo LM, Yamazaki-Nakashimada MA, O'Farrill-Romanillos PM, Muzquiz Zermeño D, Scheffler Mendoza SC, Venegas Montoya E, García Campos JA, Sánchez-Sánchez LM, Gámez González LB, Ramírez López JM, Bustamante Ogando JC, Vásquez-Echeverri E, Medina Torres EA, Lopez-Herrera G, Blancas Galicia L, Berrón Ruiz L, Staines-Boone AT, Espinosa-Padilla SE, Segura Mendez NH, Lugo Reyes SO. COVID-19 in the Context of Inborn Errors of Immunity: a Case Series of 31 Patients from Mexico. <i>J Clin Immunol.</i> 2021 oct;41(7):1463-1478.
22	Chua,2020	Wrong population	Chua GT, Xiong X, Choi EH, Han MS, Chang SH, Jin BL, et al. COVID-19 in children across three Asian cosmopolitan regions. <i>Emerg Microbes Infect.</i> 2020 Dec;9(1):2588-2596.
23	Clark,2020	Wrong population	Clark BC, Sanchez-de-Toledo J, Bautista-Rodriguez C, Choueiter N, Lara D, Kang H, Mohsin S, Fraise A, Cesar S, Sattar Shaikh A, Escobar-Diaz MC, Hsu DT, Randanne PC, Aslam N, Kleinmahon J, Lamour JM, Johnson JN, Sarquella-Brugada G, Chowdhury D. Cardiac Abnormalities Seen in Pediatric Patients During the SARS-CoV2 Pandemic: An International Experience. <i>J Am Heart Assoc.</i> 2020 nov 3;9(21): e018007.
24	Corwin,2020	Wrong population	Corwin DJ, Sartori LF, Chiotos K, Odom John AR, Cohn K, Bassiri H, Behrens EM, Teachey DT, Henrickson SE, Diorio CJ, Zorc JJ, Balamuth F. Distinguishing Multisystem Inflammatory Syndrome in Children From Kawasaki Disease and Benign Inflammatory Illnesses in the SARS-CoV-2 Pandemic. <i>Pediatr Emerg Care.</i> 2020 nov;36(11):554-558.
25	Demir,2021	Wrong population	Demir F, Ulu K, Çağlayan Ş, Coşkun T, Sözeri B. Clinical course of COVID-19 in children with rheumatic disease under biologic therapy. <i>Annals of the Rheumatic Diseases.</i> 2021; 80:871-872.
26	Dowell,2018	Wrong population	Dowell JC, Parvathaneni K, Thomas NJ, Khemani RG, Yehya N. Epidemiology of Cause of Death in Pediatric Acute Respiratory Distress Syndrome. <i>Crit Care Med.</i> 2018 nov;46(11):1811-1819.
27	Pande,2021	Wrong population	Pande N, Save S, Kondekar A, Sawant V, Rathi S, Mali S. Clinical profile of children with sars-cov-2 infection from a dedicated covid-19 hospital in india. <i>Current Pediatric Research.</i> 2021; 25:697-703.
28	Landewé,2021	Wrong population	Landewé RBM, Ramiro S, Mostard RLM. COVID-19-induced hyperinflammation, immunosuppression, recovery and survival: how causal inference may help draw robust conclusions. <i>RMD Open.</i> 2021 Mar;7(1): e001638.
29	Pandey,2020	Wrong population	Pandey M, Sisodia S, Bandi S, Roland D. Incidence of spread of clinically relevant SARS-CoV2 infection between children in a tertiary emergency department: An evaluation. <i>J Infect.</i> 2020 Dec;81(6):979-997.
30	Falah,2020	Wrong population	Falah NU, Hashmi S, Ahmed Z, Jaan A, Akhtar A, Khalid F, Farooque U, Shera MT, Ali S, Javed A. Kawasaki Disease-Like Features in 10 Pediatric COVID-19 Cases: A Retrospective Study. <i>Cureus.</i> 2020 oct 19;12(10): e11035.
31	Ferdosian,2021	Wrong population	Ferdosian F, Samadzadeh G, Nafei Z. Kawasaki-Like Disease in Children during COVID-19 Pandemic: Two Case Reports. <i>International Journal of Pediatrics-Mashhad.</i> 2021; 9:14624-14629.
32	Fernández-Cooke,2020	Wrong population	Fernández-Cooke E, Grasa CD, Domínguez-Rodríguez S, Barrios Tascón A, Sánchez-Manubens J, Anton J, Mercader B, Villalobos E, Camacho M, Navarro Gómez ML, et al. Prevalence and Clinical Characteristics of SARS-CoV-2 Confirmed and Negative Kawasaki Disease Patients During the Pandemic in Spain. <i>Front Pediatr.</i> 2020; 8:617039.
33	Göktuğ,2021	Wrong population	Göktuğ A, Güngör A, Öz FN, Akelma Z, Güneylüoğlu MM, Yaradılmış RM, Bodur I, Öztürk B, Tekeli A, Karacan CD, et al. Evaluation of epidemiological, demographic, clinical characteristics and laboratory findings of COVID-19 in the pediatric emergency department. <i>Journal of Tropical Pediatrics.</i> 2021; 67:1-9.
34	González Cortés,2020	Wrong population	González Cortés R, García-Salido A, Roca Pascual D, Slöcker Barrio M, de Carlos Vicente JC, Bustinza Arriortua A, López-Herce Cid J, Cuervas-Mons Tejedor M, Oyágüez Ugidos PP, Jordan I, et al. A multicenter national survey of children with SARS-CoV-2 infection admitted to Spanish Pediatric Intensive Care Units. <i>Intensive Care Medicine.</i> 2020; 46:1774-1776.
35	Grimaud,2020	Wrong population	Grimaud M, Starck J, Levy M, Marais C, Chareyre J, Khraiche D, Lueruez-Ville M, Quartier P, Léger PL, Geslain G, Semaan N, Moulin F, Bendavid M, Jean S, Poncelet G, Renolleau S, Oualha M. Acute myocarditis and multisystem inflammatory emerging disease following SARS-CoV-2 infection in critically ill children. <i>Ann Intensive Care.</i> 2020 jun 1;10(1):69.
36	Howard,2021	Wrong population	Howard LM, Garguilo K, Gillon J, LeBlanc K, Seegmiller AC, Schmitz JE, Byrne DW, Domenico HJ, Moore RP, Webber SA, Halasa NB, Banerjee R. The first 1000 symptomatic pediatric SARS-CoV-2 infections in an integrated health care system: a prospective cohort study. <i>BMC Pediatr.</i> 2021 Sep 13;21(1):403.
37	Ibrahim,2021	Wrong population	Ibrahim LF, Tham D, Chong V, Corden M, Craig S, Buntine P, Jani S, Zhang M, George S, Kochar A, O'Brien S, Robins-Browne K, Tosif S, Daley A, McNab S, Crawford NW, Wilson C, Babl FE. The characteristics of SARS-CoV-2-positive children who presented to Australian hospitals during 2020: a PREDICT network study. <i>Med J Aust.</i> 2021 Sep 6;215(5):217-221.
38	Issitt,2020	Wrong population	Issitt RW, Booth J, Bryant WA, Spiridou A, Taylor AM, du Pré P, Ramnarayan P, Hartley J, Cortina-Borja M, Moshal K, Dunn H, Hemingway H, Sebire NJ. Children with COVID-19 at a specialist centre: initial experience and outcome. <i>Lancet Child Adolesc Health.</i> 2020 Aug;4(8): e30-e31.

39	Ji,2021	Wrong population	Ji SQ, Zhang M, Zhang Y, Xia K, Chen Y, Chu Q, Wei YC, Zhou FL, Bu BT, Tu HL, Cao YY, Hu LY. Characteristics of immune and inflammatory responses among different age groups of pediatric patients with COVID-19 in China. <i>World J Pediatr.</i> 2021 Aug;17(4):375-384.
40	Kanthimathinathan, 2021	Wrong population	Kanthimathinathan HK, Buckley H, Davis PJ, Feltbower RG, Lamming C, Norman L, Palmer L, Peters MJ, Plunkett A, Ramnarayan P, Scholefield BR, Draper ES. In the eye of the storm: impact of COVID-19 pandemic on admission patterns to paediatric intensive care units in the UK and Eire. <i>Crit Care.</i> 2021 nov 17;25(1):399.
41	Kari,2021	Wrong population	Kari JA, Shalaby MA, Albanna AS, Alahmadi TS, Sukkar SA, MohamedNur HAH, AIGHamdi MS, Basri AH, Shagal RA, Alnajar A, Badawi M, Safdar OY, Zaher ZF, Temsah MH, Alhasan KA. Coronavirus disease in children: A multicentre study from the Kingdom of Saudi Arabia. <i>J Infect Public Health.</i> 2021 Apr;14(4):543-549.
42	Kline,2022	Wrong population	Kline JN, Isbey SC, McCollum NL, Falk MJ, Gutierrez CE, Guse SE, Harahsheh AS, Brown KM, Chamberlain JM, Breslin KA. Identifying pediatric patients with multisystem inflammatory syndrome in children presenting to a pediatric emergency department. <i>Am J Emerg Med.</i> 2022 Jan; 51:69-75.
43	Lang,2020	Wrong population	Lang P, Eichholz T, Bakchoul T, Streiter M, Petrasch M, Bösmüller H, Klein R, Rabsteyn A, Lang AM, Adams C, Klingel K, Gessner M, Rosenberger P, Ruef P, Handgretinger R. Defibrotide for the Treatment of Pediatric Inflammatory Multisystem Syndrome Temporally Associated With Severe Acute Respiratory Syndrome Coronavirus 2 Infection in 2 Pediatric Patients. <i>J Pediatric Infect Dis Soc.</i> 2020 Nov 10;9(5):622-625.
44	Lanyon,2021	Wrong population	Lanyon N, du Pré P, Thiruchelvam T, Ray S, Johnson M, Peters MJ. Critical paediatric COVID-19: varied presentations but good outcomes. <i>Arch Dis Child.</i> 2021 Mar;106(3): e10.
45	Loffredo,2021	Wrong population	Loffredo L, Campana A, Olivini N, Cotugno N, Palma P, Oliva A, Salvatori G, Zicari AM, Violi F. Hypoalbuminemia and clinical adverse events in children with COVID-19. <i>Journal of Medical Virology.</i> 2021; 93:2611-2613.
46	Martínez,2021	Wrong population	Martínez MU, Moreno Galarraga L, Castilla J, García Howard M, Belza Mendikute A, Herranz Aguirre M. Epidemiology of sars-cov-2 infection in navarre (Spain). <i>Pediatría de Atención Primaria.</i> 2021; 23:53-61.
47	Mazur-Melewska,2020	Wrong population	Mazur-Melewska K, Mania A, Malecki P, Klimecka I, Bartkowska-Sniatkowska A, Bobkowski W, Niedziela M, Sluzewski W, Figlerowicz M. Kawasaki-like syndrome in children from Greater Poland during the first wave of COVID-19 pandemic. <i>Pediatría i Medycyna Rodzinna-Paediatrics and Family Medicine.</i> 2020; 16:396-403.
48	Nathan,2020	Wrong population	Nathan N, Prevost B, Sileo C, Richard N, Berdah L, Thouvenin G, Aubertin G, Lecarpentier T, Schnuriger A, Jegard J, Guellec I, Taytard J, Corvol H. The Wide Spectrum of COVID-19 Clinical Presentation in Children. <i>J Clin Med.</i> 2020 Sep 12;9(9):2950.
49	Vergis,2021	Wrong population	Vergis N, Phillips R, Cornelius V, Katsarou A, Youngstein T, Cook L, Willicombe M, Pilay C, Shturova T, Almonte M, Charania A, Turner R, Kon OM, Cooke G, Thursz M, Cherlin S, Wason J, Milojkovic D, Innes AJ, Cooper N. Multi-arm Trial of Inflammatory Signal Inhibitors (MATIS) for hospitalised patients with mild or moderate COVID-19 pneumonia: a structured summary of a study protocol for a randomised controlled trial. <i>Trials.</i> 2021 Apr 12;22(1):270.
50	Önal,2021	Wrong population	Önal P, Kiliç AA, Aygün F, Durak C, Çokuğraş H. COVID-19 in Turkey: A tertiary center experience. <i>Pediatr Int.</i> 2021 jul;63(7):797-805.
51	Pawar,2021	Wrong population	Pawar R, Gavade V, Patil N, Mali V, Girwalkar A, Tarkasband V, Loya S, Chavan A, Nanivadekar N, Shinde R, Patil U, Lakshminrusimha S. Neonatal Multisystem Inflammatory Syndrome (MIS-N) Associated with Prenatal Maternal SARS-CoV-2: A Case Series. <i>Children (Basel).</i> 2021 jul 2;8(7):572.
52	Pick,2021	Wrong population	Pick J, Rao MY, Dern K, Wang S, Szmuszkowicz J, Wagner-Lees S, Badran S, Wong PC, Votava-Smith JK. Coronary Artery Changes in Patients with Multisystem Inflammatory Syndrome in Children: Los Angeles Experience. <i>Journal of Pediatrics.</i> 2021.
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98	Mathew,2021	Case series <30	Mathew A, et al. Paediatric Multisystem Inflammatory Syndrome Associated with COVID-19 Infection: A Case Series. <i>Journal of Clinical & Diagnostic Research.</i> 2021;15 (9).
99	Tannoury,2022	Case series <30	Tannoury TE, Bulbul ZR, Bitar FF. Cardiac manifestations and short-term outcomes of multisystem inflammatory syndrome in Middle Eastern children during the COVID-19 pandemic: a case series. <i>Cardiol Young.</i> 2022 Jan;32(1):165-168.
100	Remppis,2021	Case series <30	Remppis J, Ganzenmueller T, Kohns Vasconcelos M, Heinzel O, Handgretinger R, Renk H. A case series of children and young people admitted to a tertiary care hospital in Germany with COVID-19. <i>BMC Infect Dis.</i> 2021 feb 1;21(1):133.
101	Torres,2021	Case series <30	Torres EP; Uray EPR. Multisystemic inflammatory syndrome in children associated with COVID-19. <i>Revista Cubana de Pediatría.</i> 2021;93 (4):1-10.
102	Patnaik,2021	Case series <30	Patnaik S, Jain MK, Ahmed S, Dash AK, P RK, Sahoo B, Mishra R, Behera MR. Short-term outcomes in children recovered from multisystem inflammatory syndrome associated with SARS-CoV-2 infection. <i>Rheumatol Int.</i> 2021 nov;41(11):1957-1962.
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1	Boeckelmann,2022	Foreing language	Boeckelmann M, Glaser N, Dejas F, Ostreicher I, Gruner J, Hoche A, Akanbi S, Thiernig D, Rossi R. "Pediatric inflammatory multisystem syndrome"-Experiences from a Berlin Children's Hospital. <i>Monatsschrift Kinderheilkunde.</i> 2022; 170:139-145.
2	Bregel,2022	Foreing language	Bregel LV, Efremova OS, Kostik MM, Rudenko NY, Korinets TS, Drantusova NS, Barakin AO, Kozlov YA, Albot VV, Pak KO. Monitoring of children with kawasaki-like (multisystem inflammatory) syndrome in the east siberian area of Russia. <i>Pediatrics - Zhurnal im GN Speranskogo.</i> 2022; 101:50-62.
3	Dmitrieva,2021	Foreing language	Dmitrieva TG, Togulaeva MA, Moskvina AN, Kozhukhova ZV, Krichko GA, Fedorova DF, Mikhailova EV, Munkhalov AA. Multisystem inflammatory syndrome in children and adolescents in Yakutia. <i>Yakut Medical Journal.</i> 2021:105-107.

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Tabla Suplementaria 3. Riesgo de sesgo de cohortes*.

Autor (año)	Selección				Comparabilidad	Desenlace			Puntuación total
	Representatividad de la cohorte expuesta	Selección de la cohorte no expuesta	Medida de la exposición	El desenlace de interés no estaba presente inicialmente	Comparabilidad entre cohortes	Medición del desenlace	¿Fue el seguimiento lo suficientemente largo para que el desenlace ocurra?	Seguimiento adecuado de cohortes	
1. Acevedo (2021)	1	0	1	1	1	1	1	1	7
2. Al-Harbi (2021)	1	0	1	1	1	1	1	1	7
3. Haslak (2021)	1	0	1	1	1	1	1	1	7
4. Mehra (2021)	1	0	1	1	2	1	1	1	8

5. Suguna n (2021)	0	0	1	1	0	1	1	1	5
6. Tagarro (2021)	1	0	1	1	1	1	1	1	7
7. Karuna kar (2022)	0	0	1	1	1	1	1	1	6
8. Angura na (2022)	0	0	1	1	0	1	1	1	5
9. Jaxyba yeva (2022)	1	0	1	1	0	1	1	1	6
10. Giannat tasio (2022)	0	0	1	1	0	1	1	1	5
11. Pérez López (2022)	1	0	1	1	1	1	1	1	7

18 *Se utilizó la herramienta Newcastle Ottawa.

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Tabla Suplementaria 4. Riesgo de sesgo de estudios transversales*.

Autor (año)	Validez de métodos						Interpretación de resultados	Aplicabilidad de resultados	Puntaje total
	Población total o muestra aleatoria	Muestreo imparcial	Tamaño de muestra adecuado	Las mediciones fueron estándar	Los desenlaces se midieron por evaluadores no sesgados	Tasa adecuada de respuestas (70%), Se describió a aquellos que se retiraron	Intervalos de confianza, análisis de subgrupo	Descripción de los sujetos de estudio	
1. Flood (2021)	0	1	1	1	0	1	0	1	5
2. Relvas-Brandt (2021)	0	1	1	1	0	1	0	1	5

3. Ciftdogan (2022)	0	1	1	1	0	1	0	1	5
4. Vieira De Melo (2022)	0	0	0	1	0	1	0	1	3
5. Miller (2022)	0	1	1	1	0	1	0	1	5
6. Savas Sen (2022)	0	0	0	1	0	1	0	1	3
7. Elilarasi (2022)	0	0	0	1	0	1	0	1	3
8. Dhaliwala (2022)	0	0	0	1	0	1	0	1	3

27 *Loney PL, Chambers LW, Bennett KJ, Roberts JG, Stratford PW. Critical appraisal of the health research literature: prevalence or
28 incidence of a health problem. Chronic Dis Can. 1998;19(4):170-6.

Tabla Suplementaria 5. Análisis de subgrupos de pacientes con SIM-C y que desarrollan lesión renal aguda.

Moderadores	Categorías	Lesión renal aguda (n=19)			Valor-p ^a
		n	% (IC 95%)	I ²	
Diseño de estudio	Transversal	8	11,3 (7,13–16,19)	95,10%	0,070
	Cohorte	11	19,16 (12,38–26,95)	83,40%	
Riesgo de sesgo ^b	Bajo	6	20,20 (13,09–28,35)	75,1%	0,234
	Alto	13	14,16 (8,61–20,72)	93,7%	
Tamaño de muestra ^c	>p75	6	14,34 (7,31–23,2)	96,90%	0,662
	>p50 a p75	6	17,5 (11,44–24,48)	72,10%	
	>p25 a p50	2	25,52 (9,79–45,29)	77,60%	
	≤p25	5	13,86 (2,25–31,48)	81,90%	
Criterio diagnóstico de SIM-C	OMS	7	18,55 (11,61–26,63)	90,10%	0,073
	CDC	7	18,68 (8,38–31,61)	83,60%	
	RCPCH	2	9,75 (6,73–13,24)	0,00%	
	Criterio mixto	3	11,08 (2,97–23,06)	90,80%	
Año de extracción de los datos ^d	2020	6	16,26 (9,88–23,81)	86,52%	0,743
	2021	12	15,50 (8,72–23,65)	90,96%	
	2022	1	18,52 (17,52–19,55)	-	
Nivel de ingreso económico del país ^e	Ingreso mediano-bajo	6	20,03 (12,25–29,08)	81,40%	0,508
	Ingreso mediano-alto	7	15,75 (8,12–25,15)	89,80%	
	Ingreso alto	6	12,66 (4,96–23,01)	88,70%	
Mortalidad en exceso debido a COVID-19 por país ^f	>75%	2	3,03 (0,00–16,81)	77,10%	0,246
	>50% a 75%	5	16,2 (10,26–23,15)	91,70%	
	>25% a 50%	8	18,74 (12,5–25,87)	84,50%	
	≤25%	4	19,3 (4,21–40,83)	93,10%	
Ingreso a UCI	>75%	1	25,00(11,46-43,40)	-	0,002
	>50% a 75%	5	16,25 (9,96-23,68)	94,32%	
	>25% a 50%	6	11,25 (6,55-16,96)	82,80%	

	≤25%	2	3,59 (0,00-12,31)	-	
	No se reporta	5	23,97 (17,61-30,94)	47,65%	
Continente	América del Sur	3	16,75 (6,36–30,55)	89,90%	0,067
	América del Norte	1	18,52 (17,52–19,54)	-	
	Asia	11	19,36 (12,52–27,2)	92,10%	
	Europa	4	7,73 (2,57–15,02)	69,40%	
Comorbilidad ⁹	>25% a 50%	6	21,14 (14,58–28,52)	71,40%	0,072
	≤25%	11	14,63 (8,09–22,56)	91,10%	
	No se reporta	2	11,09 (6,35–16,86)	22,20%	
Grupo etario	2 a 5 años	3	11,92 (7,15–17,61)	2,00%	0,504
	6 a 10 años	14	16,35 (10,64–22,94)	92,40%	
	No se reporta	2	20,19 (1,87–50,08)	95,20%	
Sexo masculino ⁹	>25% a 50%	1	36,89 (28,52–45,66)	-	< 0,001
	>50% a 75%	17	14,94 (10,38–20,11)	91,50%	
	No se reporta	1	13,39 (7,96–19,91)	-	
Terapia con IGIV ⁹	>50% a 75%	5	12,41 (8,06–17,51)	74,10%	0,181
	>75%	14	17,55 (11,26–24,83)	92,30%	
Terapia con corticosteroides ⁹	>75%	12	16,32 (10,13–23,58)	93,10%	0,991
	>50% a 75%	5	15,94 (6,41–28,35)	85,40%	
	>25% a 50%	1	14,71 (4,45–28,9)	-	
	≤25%	1	14,81 (7,81–23,48)	-	

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31 **n**: número de estudios; **IC**: Intervalo de confianza; **I²**: Valoración estadística de heterogeneidad; **p**: Percentil; **SIM-C**: Síndrome inflamatorio multisistémico
32 pediátrico asociado a COVID-19; **OMS**: Organización Mundial de la Salud; **CDC**: Centro para la prevención y control de enfermedades; **RCPCH**: Real
33 Colegio de Pediatría y Salud Infantil; **UCI**: Unidad de cuidados intensivos; **IGIV**: Inmunoglobulina intravenosa.

- 34 a. Prueba de heterogeneidad entre subgrupos. Prueba Chi-Cuadrado.
35 b. Se consideró que una puntuación < 7 indicaba un alto riesgo de sesgo.
36 c. Distribución según cuantiles.
37 d. Año en el que el estudio fue realizado.
38 e. De acuerdo con los criterios del Banco Mundial, 2022.

39 f. Basado en los resultados de: "COVID-19 Excess Mortality Collaborators. Estimating excess mortality due to the COVID-19 pandemic: a systematic
40 analysis of COVID-19-related mortality, 2020-21. Lancet. 2022 Apr 16;399(10334):1513-1536. doi: 10.1016/S0140-6736(21)02796-3."

41 g. Según el porcentaje reportado en cada estudio sobre comorbilidad, ser del sexo masculino, administración de IGIV y terapia con corticoides.

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66 **Tabla Suplementaria 6. Modelo de metarregresión univariada en pacientes con**
 67 **SIM-C y que desarrollan lesión renal aguda.**

Moderadores	Categorías	Lesión renal aguda (n=19)		
		β	IC 95%	Valor-p
Diseño de estudio	Cohorte	Ref.	-	-
	Transversal	-0,09	-0,19 a 0,01	0,06
Riesgo de sesgo ^a	Bajo	Ref.	-	-
	Alto	-0,06	-0,18 a 0,06	0,30
Tamaño de muestra ^b	≤p25	Ref.	-	-
	>p25 hasta el p50	0,12	-0,17 a 0,41	0,40
	>p50 hasta el p75	0,04	-0,16 a 0,25	0,67
	>p75	-0,003	-0,19 a 0,19	0,98
Criterio diagnóstico de SIM-C	CDC	Ref.	-	-
	Criterio mixto	-0,10	-0,24 a 0,04	0,14
	RCPCH	-0,01	-0,26 a 0,07	0,23
	OMS	-0,02	-0,14 a 0,01	0,71
Año de extracción de los datos ^c	2020	Ref.	-	-
	2021	0,01	-0,11 a 0,13	0,83

	2022	0,04	-0,13 a 0,20	0,63
Nivel de ingreso económico del país ^d	Ingreso alto	Ref.	-	-
	Ingreso mediano-bajo	0,06	-0,06 a 0,17	0,33
	Ingreso mediano-alto	-0,06	-0,14 a 0,03	0,17
Mortalidad en exceso debido a COVID-19 por país ^e	≤25%	Ref.	-	-
	>25% a 50%	0,08	-0,07 a 0,22	0,28
	>50% a 75%	0,04	-0,09 a 0,18	0,51
	>75%	-0,07	-0,34 a 0,21	0,61
Ingreso a UCI	≤25%	Ref.	-	-
	>25% a 50%	-0.01	-0.36 a 0.33	0.93
	>50% a 75%	0.05	-0.29 a 0.39	0.75
	>75%	0.16	-0.39 a 0.66	0.58
Continente	América del Norte	Ref.	-	-
	América del Sur	-0,04	-0,24 a 0,17	0,71
	Asia	-0,002	-0,18 a 0,17	0,98
	Europa	-0,09	-0,29 a 0,12	0,38
Comorbilidad ^f	≤25%	Ref.	-	-

	>25% a 50%	0,07	-0,03 a 0,17	0,14
	No se reporta	-0,02	-0,20 a 0,16	0,84
Grupo etario	2 a 5 años	Ref.	-	-
	6 a 10 años	0,04	-0,14 a 0,23	0,62
	No se reporta	0,22	-0,20 a 0,24	0,84
Sexo masculino	>25% a 50%	Ref.	-	-
	>50% a 75%	-0,22	-0,44 a -0,01	0,045
	No se reporta	-0,23	-0,53 a 0,06	0,12
Terapia con IGIV ^f	>50% a 75%	Ref.	-	-
	>75%	0,05	-0,05 a 0,16	0,30
Terapia con corticosteroids ^f	≤25%	Ref.	-	-
	>25% a 50%	-0,001	-0,47 a 0,47	0,99
	>50% a 75%	-0,02	-0,30 a 0,27	0,89
	>75%	0,02	-0,25 a 0,30	0,86

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- 69 **n**: número de estudios; **β**: Coeficiente beta; **IC**: Intervalo de confianza; **p**: Percentil; **OMS**: Organización
- 70 Mundial de la Salud; **CDC**: Centro para la prevención y control de enfermedades; **RCPCH**: Real Colegio de
- 71 Pediatría y Salud Infantil; **UCI**: Unidad de cuidados intensivos **IGIV**: Inmunoglobulina intravenosa.
- 72 a. Se consideró que una puntuación < 7 indicaba un alto riesgo de sesgo.
- 73 b. Distribución según cuartiles.

- 74 c. Año en el que el estudio fue realizado.
- 75 d. Según los criterios del Banco Mundial,2022.
- 76 e. Basado en los resultados de: "COVID-19 Excess Mortality Collaborators. Estimating excess mortality
77 due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020-21. Lancet.
78 2022 Apr 16;399(10334):1513-1536. doi: 10.1016/S0140-6736(21)02796-3."
- 79 f. Según el porcentaje reportado en cada estudio sobre comorbilidad, ser de sexo masculino,
80 administración de IGIV y terapia con corticoides.

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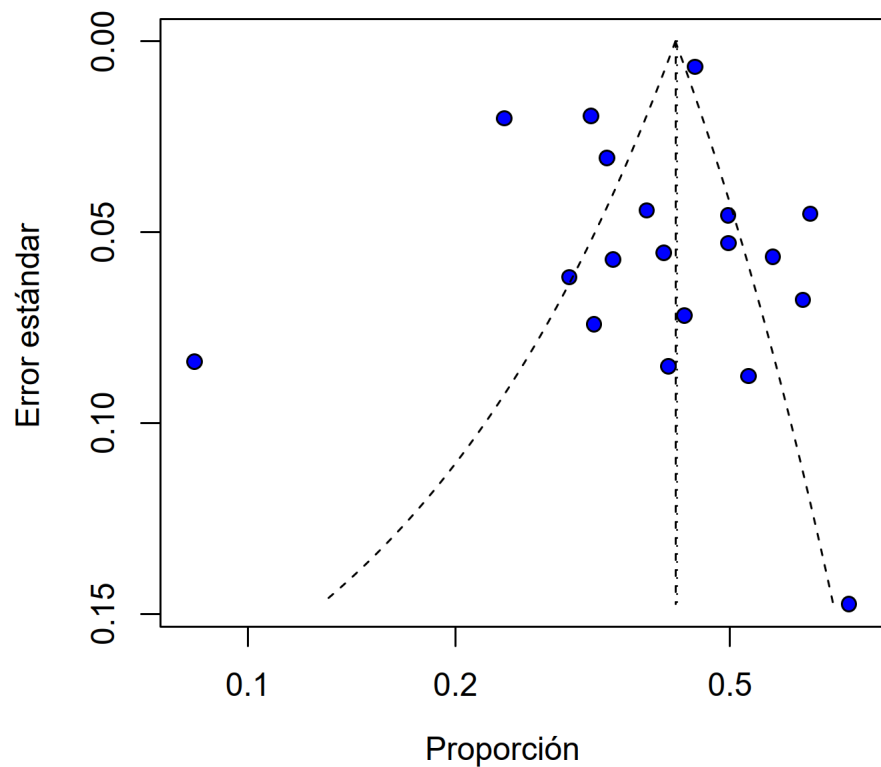
94 **Tabla Suplementaria 7. Modelo de metarregresión multivariada ^a en pacientes con**
 95 **SIM-C y que desarrollan lesión renal aguda.**

Moderadores	Categorías	Lesión renal aguda (n=19)		
		β	IC 95%	Valor p
Diseño de estudio	Transversal	Ref.	-	-
	Cohorte	-0,01	-0,17 a 0,14	0,83
Criterio diagnóstico de SIM-C	CDC	Ref.	-	-
	Criterio mixto	-0,10	-0,29 a 0,10	0,28
	RCPCH	0,08	-0,16 a 0,31	0,48
	OMS	-0,06	-0,24 a 0,13	0,50
Nivel de ingreso económico del país ^b	Ingreso alto	Ref.	-	-
	Ingreso mediano-bajo	0.18	-0.16 a 0.52	0.26
	Ingreso mediano-alto	0.12	-0.16 a 0.40	0.36
Comorbilidad ^c	≤25%	Ref.	-	-
	>25% a 50%	0.16	-0.03 a 0.34	0.09
	No se reporta	-0.21	-0.68 a 0.26	0.33
Sexo masculino ^c	>25% a 50%	Ref.	-	-
	>50% a 75%	-0,20	-0,48 a 0,07	0,13

	No se reporta	0,15	-0,65 a 0,96	0,67
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- 96 **n:** número de estudios; **β :** Coeficiente beta; **IC:** Intervalo de confianza.
- 97 a. Se implementó un modelo multivariado para aquellos moderadores con valores $p < 0.2$ en el análisis de
- 98 metarregresión univariada.
- 99 b. Según los criterios del Banco Mundial, 2022.
- 100 c. Según el porcentaje reportado en cada estudio sobre comorbilidad y de ser sexo masculino.

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Prueba de Egger

Intercepto	IC 95%	t	p
-0.411	-2.54 - 1.72	-0.378	0.710272

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Figura Suplementaria 1. Gráfico de embudo y prueba de Egger para proporción de lesión renal aguda.