

出國報告（出國類別：開會）

2024 年新加坡亞太風濕病學會聯盟醫學會 議心得報告

服務機關：高雄榮民總醫院兒童醫學部

姓名職稱：翁根本/科主任

派赴國家：新加坡

出國期間：2024/08/20-2024/08/26

報告日期：2024/09/10

摘要

2024 年亞太風濕病學會聯盟醫學會議於新加坡舉行，時間是 2024 年 8 月 21 日至 2024 年 8 月 25 日，本人有幸參與此會議，發表論文『川崎氏症和兒童多系統發炎症後群與新冠肺炎感染相關性』，收穫良多。上千多位來自世界各國的醫師專家來參與這個盛會，會議內容是探討各種風濕免疫疾病、血管炎和新冠肺炎相關免疫疾病問題，非常多樣豐富，且有機會和其他國家專家交流合作，個人有吸收到相當多新知，對於照顧川崎氏症病童有相當多的幫助。本人和其他各國學者有深入討論，收穫很多，這些交流經驗有助於資料整理和論文發表。參加會議的每一天，都有滿滿收穫和豐富資料，依依不捨離開新加坡，希望很快就能再和這些學者做學術經驗上的交流。

關鍵字：川崎氏症、兒童多系統發炎症後群、新冠肺炎感染

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一、目的

2024年亞太風濕病學會聯盟醫學會議於新加坡舉行，時間是2024年8月21日至2024年8月25日，本人參與此會議，並發表論文『川崎氏症和兒童多系統發炎症後群與新冠肺炎感染相關性』。

二、過程

2024-8-20

由桃園搭機至新加坡。

2024-8-21

到會場報到，並參加會議，今天是超音波專題討論會。

2024-8-22

今天會議主題是紅斑性狼瘡疾病、免疫學、血管炎等題目，做深入教學和討論，其中血管炎專題討論會，對我的臨床照顧和研究幫助很大。

2024-8-23

今天會議主題是風溼性關節炎影像檢查和標靶藥物治療、紅斑性狼瘡疾病相關腎病處置、兒科風溼免疫疾病、血管炎新知、和精準檢測和資料分析等精彩演講；另一個重頭戲是發表下列論文『川崎氏症和兒童多系統發炎症後群與新冠肺炎感染相關性』，本人和其他各國學者有深入討論，收穫很多，這些交流經驗有助於資料整理和論文發表。

2024-8-24

今天會議主題是關節炎和紅斑性狼瘡疾病診斷治療新進展，以及如何將血管炎治療到最好的狀態，我的研究重心川崎氏症，就是一種血管發炎疾病，這方面的新知，對我照顧病人和做相關研究的幫助很大。

2024-8-25

今天會議主題是探討發炎性關節炎、兒科自體免疫疾病、和骨質疏鬆症等，聽完這些演講，收穫很多。

2024-8-26

由新加坡搭機回國。

三、心得及建議

本人參加這次會議，和其他各國學者有深入討論，收穫很多，這些交流經驗有助於資料整理和論文發表。參加會議的每一天，都有滿滿收穫和豐富資料，依依不捨離開新加坡，希望很快就能再和這些學者做學術經驗上的交流。建議大家可以整理自己研究心得，積極參與國際醫學會議，增廣自己見聞，院方也能給予適當獎勵補助。

附錄

Program at a Glance



The image displays the APLAR24 Program schedule, organized by day and time. It includes details for Thursday 22 August 2024, Friday 23 August 2024, Saturday 24 August 2024, and Sunday 25 August 2024. The schedule lists various sessions, workshops, and symposia across different rooms and halls, including topics like Rheumatoid Arthritis, Systemic Sclerosis, and Digital Health & Telemedicine. Sponsors such as Novartis, GSK, and Pfizer are also mentioned.

Day	Time	Room/Hall	Topic	Sponsor
Thursday 22 August 2024	0800 - 0915	Room 321 - 322	MSK Ultrasound Workshop Day 2	Cytosol
	0915 - 1045	Room 324	Immunology Workshop	
	1045 - 1110	Room 325	Lupus workshop	Lupus Academy
	1110 - 1215	Summit 2	GRAPPA Workshop	NOVARTIS
	1215 - 1330	Room 325 - 326	Systemic Sclerosis Workshop	
	1330 - 1415	Room 324	Immunology Workshop cont.	
	1415 - 1500	Room 325	Lupus workshop	Lupus Academy
	1500 - 1600	Room 326	GRAPPA Workshop cont.	
	1600 - 1700	Room 325	Systemic Sclerosis Workshop cont.	
	1700 - 1800	Hall NOACCK	Opening Ceremony	
	1800 - 1930	Hall NOACCK	Exhibition Hall NOA - NO5	
	Friday 23 August 2024	0800 - 0915	Hall NOACCK	Rheumatoid arthritis
0915 - 1045		Hall NOA	Rheumatology imaging	
1045 - 1110		Summit 2	Working together across APLAR	
1110 - 1215		Room 325 - 326	Digital health & telemedicine	
1215 - 1330		Hall NOACCK	Vasculitis	
1330 - 1415		Room 325	Paediatric rheumatology	
1415 - 1500		Room 326	Abstract session: Inflammatory arthritis 1	
1500 - 1600		Room 325	Abstract session: Basic science	
1600 - 1700		Room 326	Abstract session: Lab/teaching abstracts	
1700 - 1800		Hall NOACCK	Recent update in paediatric rheumatic diseases	
1800 - 1930		Hall NOA	APLAR - ACR symposium	
Saturday 24 August 2024		0800 - 0915	Hall NOACCK	Reproductive health
	0915 - 1045	Hall NOA	Crystal induced arthritis	
	1045 - 1110	Summit 2	Abstract session: SLE/Sjogren's/APS	
	1110 - 1215	Room 325 - 326	SSR/MSR special session	
	1215 - 1330	Hall NOACCK	Break and poster viewing	
	1330 - 1415	Room 325	Morning symposium 5	
	1415 - 1500	Room 326	Morning symposium 6	
	1500 - 1600	Room 325	Morning symposium 7	
	1600 - 1700	Room 326	Morning symposium 8	
	1700 - 1800	Hall NOACCK	Lunch symposium 3	
	1800 - 1930	Hall NOA	Health technologies and patient engagement	
	Sunday 25 August 2024	0800 - 0915	Hall NOACCK	Infections and malignancy
0915 - 1045		Hall NOA	Abstract session: Inflammatory arthritis 2	
1045 - 1110		Summit 2	Challenges to managing chronic musculoskeletal and rheumatic diseases	
1110 - 1215		Room 325 - 326	How to establish APLAR SS registry and CPG	
1215 - 1330		Hall NOACCK	SLE	
1330 - 1415		Room 325	Lunch symposium 5	
1415 - 1500		Room 326	Year in review	
1500 - 1600		Hall NOACCK	Abstract session: Prof. DeWitt's Special Lecture	
1600 - 1700		Hall NOA	Abstract session: Inflammatory arthritis 3	
1700 - 1800		Room 325	Abstract session: SLE	
1800 - 1930		Room 326	Abstract session: Auto-inflammatory diseases in children and adults	



26th Asia-Pacific League of Associations for Rheumatology Congress

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Risks of KD and MIS-C in Pediatric Patients with COVID-19 Infection: A TriNetX Based Cohort Study

Ken-Pen Weng, M.D.; Cheng-Chung James Wei, Ph.D.*

Department of Pediatrics, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan, ROC

*Institute of Medicine, Chung Shan Medical University, Taichung, Taiwan, ROC

Abstract

Background: The associations of COVID-19 with Kawasaki disease (KD) and multisystem inflammatory syndrome in children (MIS-C) remain unclear. Few large-scale studies have estimated the cumulative incidence of MIS-C and KD after COVID-19 in children.

Methods: Data were obtained from TriNetX. After propensity score matching was completed, data from 258,645 patients with COVID-19 (COVID-19 group) and 258,645 patients without COVID-19 (non-COVID-19 group) were analyzed using Cox regression. Hazard ratio (HR), 95% confidence interval (CI), and cumulative incidence of MIS-C and KD were calculated for both groups. Stratified analysis was performed to validate the results.

Results: After matching for age at baseline and sex, the risks of MIS-C and KD were higher in the COVID-19 group than in the non-COVID-19 group (HR: 3.023 [95% CI: 2.323 to 3.933] and 1.736 [95% CI: 1.273 to 2.369], respectively) (Figure 1. and Figure 2.). After matching for age at baseline, sex, race, ethnicity, and comorbidities, the risks of MIS-C and KD remained significantly higher in the COVID-19 group than in the non-COVID-19 group (HR: 2.899 [95% CI: 2.173 to 3.868] and 1.435 [95% CI: 1.030 to 2.000]). When stratified by age, the risk of MIS-C was higher in the COVID-19 group—for patients aged > 5 years and ≤ 5 years (HR: 2.399 [95% CI: 1.683 to 3.418] and 2.673 [95% CI: 1.737 to 4.112], respectively)—than in the non-COVID-19 group. However, the risk of KD was elevated only in patients aged ≤ 5 years (HR: 1.808; 95% CI: 1.203 to 2.716). When stratified by COVID-19 vaccination status, the risks of MIS-C and KD were elevated in unvaccinated patients with COVID-19 (HR: 2.406 and 1.835, respectively) (Table 1.).

Conclusion: Patients with COVID-19 who are aged < 18 and ≤ 5 years have increased risks of MIS-C and KD, respectively. Further studies are required to confirm the role of COVID-19 in the pathogenesis of MIS-C and KD.

Figure 1. Kaplan–Meier curves of MIS-C between COVID-19 and non-COVID-19 groups.

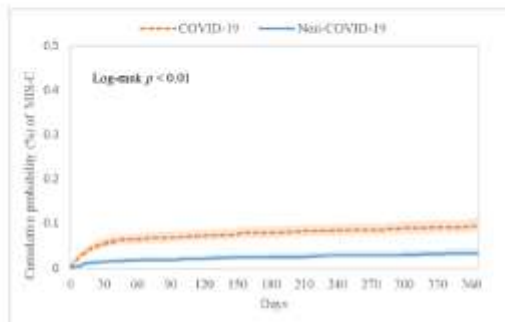


Figure 2. Kaplan–Meier curves of Kawasaki disease between COVID-19 and non-COVID-19 groups.

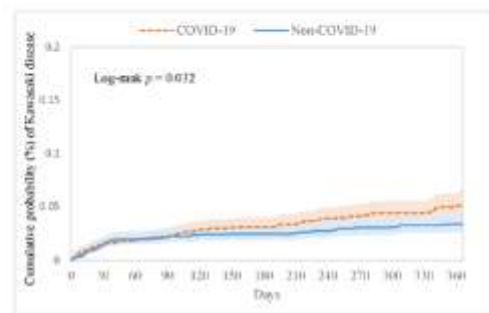


Table 1. Subgroup analysis stratified by sex, age, race, ethnicity, infection related comorbidities, and COVID-19 vaccination.

	HRs (95% CIs)	
	MIS-C	Kawasaki disease
Sex		
Male	2.421 (1.700, 3.448)	1.662 (1.057, 2.612)
Female	3.858 (2.249, 5.950)	1.159 (0.704, 1.908)
Age (years)		
≤ 5	2.673 (1.737, 4.112)	1.808 (1.203, 2.716)
> 5	2.399 (1.683, 3.418)	1.066 (0.573, 2.020)
Race		
Black	1.887 (1.078, 2.042)	0.999 (0.460, 2.120)
White	2.036 (1.892, 4.583)	2.520 (1.511, 4.204)
Asian	-	1.549 (0.258, 9.272)
Other	2.202 (1.405, 3.453)	1.931 (1.009, 3.690)
Ethnicity		
Hispanic or Latino	2.575 (1.533, 4.325)	2.166 (1.238, 3.801)
Other	2.843 (2.078, 3.898)	1.296 (0.898, 1.843)
Comorbidities		
Influenza	5.153 (1.879, 13.418)	2.306 (0.896, 6.000)
Certain infectious and parasitic diseases	1.754 (1.421, 2.178)	1.201 (0.906, 1.588)
COVID-19 vaccination		
With	-	2.063 (0.187, 22.750)
Without	2.406 (1.878, 3.083)	1.835 (1.336, 2.502)



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