

The included studies in this review [1] were small and retrospective, with lot of heterogeneity and publication bias, the overall evidence generated is very low quality. Meta-analysis should be conducted with a group of homogeneous studies in terms of interventions involved and outcomes so as, to provide a meaningful summary [5].

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AUTHORS' REPLY

We appreciate the interest of the reader in our article [1]. The search of literature was performed till May 10, 2020, till when there were no published studies with ten or more patients describing the pediatric multisystem inflammatory syndrome (PMIS). It might be possible that there were a few case reports, but as mentioned in the methods, we did not include case reports and case series with less than ten cases. Therefore, this syndrome did not appear in our review.

We do not agree with the author's suggestion of including PMIS in the screening strategy for COVID-19 in children. As of now, PMIS is a rare and poorly understood presentation of COVID-19 in children [2]. The preliminary case definition itself is too complex to assess in the screening area [3]. Therefore, it might not be feasible to use it for the screening of COVID-19.

Living systematic review (LSR) is an emerging approach in which the review is updated frequently (classically at monthly intervals) and usually published online-only. Though LSR seems a reasonable approach in COVID-19, it is very time consuming, requires lots of funding, and a dedicated team with long-term commitment. Moreover, agreement on methods to manage the data synthesis in LSR is still lacking, and the frequent statistical analyses can lead to an inflated false-positive rate. Moreover, such a review can be published online only, therefore requiring a major change in the existing publication norms [4]. Therefore, at present, rather than considering it as a replacement, LSR should be considered as supplementary to the conventional review.

Ideally, meta-analysis should not have significant heterogeneity and the confidence interval should be very narrow. However, both of these conditions are extremely difficult to meet in observational studies, that too in the early stages of a pandemic. We explored heterogeneity using subgroup and sensitivity analysis using standard methods, but did not find any significant difference in the pooled estimates of any of the clinical or laboratory parameters. For a clinician, the knowledge of the pooled estimates for various clinical and laboratory conditions is indispensable, and it did not involve any intervention, therefore the meta-analysis was warranted. The limitations pointed out were already mentioned in our review [1].

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