A previously healthy, 15 year old boy of Bangladeshi origin presented to the emergency department (ED) with a 10-day history of polyaena and polydipsia, 4-day history of nausea, 1-day history of dry cough, abdominal pain and 1 episode of haemoptysis. At presentation: Blood glucose 14mmol/l, pH 7.37, ketones 0.6mmol/l, lactate 5.0 mmol/l, triglycerides 4.6mmol/L, alanine aminotransferase 153, glutamic oxaloacetic transaminase 153, albumin 27g/L, haemoglobin 7.7g/L, neutrophils 132, lymphocytes 310, INR 1.7, fibrinogen 1.1g/L, D dimer 629mg/l, C reactive protein 2.25mg/l, Ceftriaxone and IV Clindamycin for sepsis.

Physical examination: He was febrile (38.5°C), tachycardic, tachypnoeic and mildly perihilar interstitial thickening. Family history: type 2 diabetes of both parents, type 2 diabetes of both parents.

The patient had symptoms of diabetes before presenting. He continued on low dose aspirin (75mg) once a day.

This is the first reported case of new onset type 2 diabetes in children presenting with PIMS.

REFERENCES