

# INTRAVENOUS IMMUNOGLOBULIN RESPONSE AMONG PATIENTS WITH INCOMPLETE KAWASAKI DISEASE: A TEN-YEAR REVIEW OF CASES IN A TERTIARY CENTER FOR CHILDREN

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### INTRODUCTION

Kawasaki disease is a systemic vasculitis that can lead to coronary artery aneurysm. Patients with incomplete presentation are most at risk due to late recognition. The standard treatment is Intravenous Immunoglobulin (IVIg), but 15% of patients develop resistance. There is no local published data on the incidence of incomplete Kawasaki disease and non-response to IVIg.



# **OBJECTIVES**

This study aims to determine the demographic profile, clinical findings, and IVIg response among patients with incomplete Kawasaki disease during a ten-year period in a tertiary center for children.



#### **METHODS**

A descriptive study via chart review was done to include patients with incomplete Kawasaki disease from 2008 to 2018. Patient demographic data were recorded, including clinical criteria fulfilled, ancillary laboratory results, echocardiography findings, and treatment response to IVIg.



#### **RESULTS**

The incidence of incomplete presentation was 21% among patients with Kawasaki disease. Among these, 61% had coronary artery abnormalities, and 5% had no response to IVIg. Patients with incomplete Kawasaki disease were mostly children <5 years old (92%), presenting with oral or mucosal erythema (77%) and polymorphous rashes (62%). The profile of the IVIg non-responders were not different from IVIg responders among children with incomplete Kawasaki disease.



## **CONCLUSION & RECOMMENDATIONS**

The incidence of IVIG resistance among incomplete KD is low in spite of a high incidence of coronary abnormalities. There are no clinical and laboratory findings identified as a risk factor in IVIG resistance among patients with incomplete Kawasaki disease. A follow-up cohort study can determine the natural history of coronary artery disease in patients with incomplete Kawasaki Disease treated with IVIa.

KEYWORDS: Incomplete Kawasaki disease, Intravenous immunoglobulin, Coronary artery aneurysm