ポスター

川崎病・冠動脈・血管⑧

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[III-P-118]川崎病心嚢液貯例の心血管後遺症に関する検討

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Keywords:Kawasaki disease, pericardial effusion, coronary artery lesions

Objective: To search the appropriate inflammation control of Kawasaki disease (KD), the pathophysiological basis of acute pericardial effusion (PE) in KD patients were investigated. ***Methods:*** Clinical and laboratory features of Japanese KD children with PE (PE group: n = 9) and without PE (non-PE group: n = 89) were retrospectively studied based on the medical records. Serum levels of soluble tumor necrosis factor receptor 1 (sTNFR1), interleukin (IL)-6 and vascular endothelial growth factor (VEGF) were measured by the enzyme-linked immunosorbent assays. ***Results:*** PE group patients had coronary artery lesions (CAL) more frequently than non-PE group patients during the acute phase of KD (33% vs 5.6%, $p = 0.024$). The PE patients showed lower levels of hemoglobin ($p < 0.01$) and serum albumin ($p < 0.01$), and higher platelet counts ($p = 0.013$) than non-PE patients. The proportion of neurological symptoms, but not other manifestations, in the PE group was higher than that in the non-PE group ($p = 0.022$). All patients survived with no coronary artery aneurisms. Serum levels of sTNFR1, but not the other cytokines, in the PE group were higher than those in the non-PE group ($p < 0.001$). The sTNFR1 levels correlated positively with CRP ($r = 0.30$, $p = 0.019$) or total bilirubin ($r = 0.40$, $p < 0.01$) levels. ***Conclusions:*** Acute PE in KD patients indicated the severity of TNF-mediated vascular inflammation and concurrent CAL. According to the progression, they might need more targeted therapy of anti-inflammation for the better coronary outcome.