

JCK Oral

JCK Oral 7 (III-JCKO7)

Kawasaki Disease/General Cardiology 2

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Sun. Jul 9, 2017 10:15 AM - 11:05 AM ROOM 3 (Exhibition and Event Hall Room 3)

10:15 AM - 11:05 AM

[III-JCKO7-05] Risk factors and implications of progressive coronary dilatation in children with Kawasaki disease

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BACKGROUND

Kawasaki disease (KD) is an acute systemic vasculitis in childhood. The risk factors and occurrence of progressive coronary dilatation in KD patients have been insufficiently explored.

METHODS

We retrospectively enrolled KD patients during 2009–2013. Echocardiography was performed during the acute KD phase and at 3–4 weeks, 6–8 weeks, 6 months, and 12 months after KD onset. Progressive coronary dilatation was defined as the progressive enlargement of coronary arteries on three consecutive echocardiograms. Logistic regression analysis was conducted to evaluate the potential risk factors for coronary aneurysms and progressive coronary dilatation.

RESULTS

Of a total of 169 patients with KD, 31 (18.3%) had maximal coronary Z-scores of $\geq +2.5$ during the acute KD phase, 16 had coronary aneurysms at 1 month after KD onset, and 5 (3.0%) satisfied the definition of progressive coronary dilatation. Multivariate logistic regression analysis revealed that an initial maximal coronary Z-score of $\geq +2.5$ [$P = 0.02$] and hypoalbuminemia ($P = 0.03$) were independent risk factors for coronary aneurysms and for progressive coronary dilatation.

CONCLUSIONS

In the present study, 3% (5/169) of patients with KD had progressive coronary dilatation, which was associated with persistent coronary aneurysms at 1 year after KD onset. Initial coronary dilatation and hypoalbuminemia were independently associated with the occurrence of progressive coronary dilatation. Therefore, such patients may require intensive cardiac monitoring and adjuvant therapies apart from immunoglobulin therapies.