

## ***Kawasaki disease – Challenges in diagnosis and management***

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### ***Abstract***

**K**awasaki disease (KD) is one of the most common vasculitides of childhood. It is in fact the most common cause of acquired heart disease in childhood in the developed world. The underlying pathology is infiltration of inflammatory cells into vascular tissue resulting in predominantly medium-sized artery vasculitis with a predilection for the coronaries.

There are many diagnostic challenges for KD. These include absence of confirmatory laboratory or imaging investigations, dependence on clinical criteria to diagnose and the fact that presentation is often “incomplete”, especially in infant age group. The primary goal in KD treatment is to reduce inflammatory response early in the disease course there by preventing coronary complications.

The mainstay of treatment for KD is IVIG (Intra Venous Immunoglobulin) and aspirin therapy. However, there is an increasing incidence of patients who do not respond to IVIG therapy. The incidence of coronary complications is significantly higher in the refractory KD group of children. This presentation is looking into the diagnostic challenges and management options in refractory KD cases.



### ***Biography:***

Deepu Abraham is a Consultant Pediatrician and Neonatologist working at Zulekha hospital Dubai. He did his post-graduation and MD in Pediatrics from Kerala, India. He did his further Pediatrics and Neonatology subspecialty training from Midlands and London Hospitals in UK completing his CCT in pediatrics and neonatology. He has presented papers in multiple national and international conferences. His areas of interests include long term follow up of chronic lung disease and associated cardio pulmonary complications.



### ***Speaker Publications:***

1. “A rare presentation of Malassezia fungaemia with liver abscess in preterm neonate”; Archives of Disease in Childhood - Fetal and Neonatal Edition 99(Suppl 1):A54-A55
2. “PO-0763 The Prevalence And Outcome Of Babies With Bronchopulmonary Dysplasia In A Uk Tertiary Neonatal Unit”; Archives of Disease in Childhood 99(Suppl 2):A505-A505
3. “Impact of Echocardiogram in the assessment of babies with chronic lung disease”; Archives of Disease in Childhood 99(Suppl 1):A145
4. “Stridor in an 11-year-old child”; BMJ Case Reports 2013(dec10 1)

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