

AMERICAN ACADEMY OF PEDIATRICS

Committee on Infectious Diseases

Intravenous γ -Globulin Use in Children With Kawasaki Disease

A recent controlled American trial¹ of treatment for Kawasaki disease compared the use of acetylsalicylic acid (aspirin) alone *v* aspirin at the same dose plus a single preparation of IV γ -globulin, which is not currently licensed in the United States. The dosage of IV γ -globulin was 400 mg/kg/d for four days, and the dosage of aspirin was 80 to 100 mg/kg/d for as many as 8 weeks. The results indicated that, if administered within ten days of onset of fever, the combined treatment significantly lowered the prevalence of coronary artery dilation and aneurysms detected at 2 and 7 weeks postenrollment. The IV γ -globulin-treated group showed significant and rapid reduction in fever, WBC count, and generalized inflammatory signs. Prior studies in Japan also showed benefit from IV γ -globulin.²

Because the etiology of Kawasaki disease is not known and the active component of the immune globulin has not been identified, it is not known whether all IV γ -globulin preparations currently licensed in the United States will be effective. Further studies are underway to compare different IV γ -globulin preparations and to determine the optimal dose and schedule of administration.

Pediatricians should consider using IV γ -globulin and aspirin for the treatment of patients who meet the strict criteria for this syndrome.³ If IV γ -globulin is to be used, therapy should be initiated with any one of the products licensed in the United States and administered within ten days of the onset of illness at the dosage schedule described above. The efficacy of such therapy if initiated more than ten days after onset of illness or after aneurysms have been found has not yet been demonstrated.

Resolution of symptoms subsequent to therapy does not obviate the need for thorough cardiologic

evaluation, including echocardiography. Patients should be examined by a cardiologist experienced in echocardiographic evaluation of coronary arteries in children. This examination should be given at the time of diagnosis, a few days into the illness, 3 weeks into the illness, and, finally, 8 weeks after onset of the illness. Consideration should be given to referring patients with complications to centers with considerable experience in the care of persons with Kawasaki disease.

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1987-1988

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The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate.

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