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
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- (9) **Abstract**

Kawasaki disease (KD), an enigmatic medium vessel vasculitis, presents as an acute febrile illness predominantly affecting young children. KD appears to be a hyper-inflammatory response elicited by environmental or infectious agents (including respiratory viruses) in genetically predisposed individuals. Numerous reports from the current era of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic have described the occurrence of KD/KD-like illness in close temporal proximity to SARS-CoV-2 infection or exposure. Notably, KD has been reported in association with H₁N₁-pdm09 virus that caused the previous pandemic a decade ago. Non-H₁N₁ influenza infections as well as influenza vaccination have also been reported to trigger KD. Herein, we report a case of H₁N₁-pdm09 influenza who developed KD. We review the published literature on influenza infection or vaccination triggering KD. This may help in a better understanding of the KD/KD-like illness associated with SARS-CoV-2. Besides, we also evaluate the safety of aspirin in influenza-triggered KD as aspirin administration in children with influenza is associated with the risk of development of Reye syndrome.
- (13) **Introduction**

Kawasaki disease (KD) is an acute febrile vasculitic disorder of childhood predominantly affecting medium size arteries with a predilection for coronary arteries. KD is now the leading cause of acquired heart disease in children worldwide [1]. The illness was first reported by Dr. Tomisaku Kawasaki, a Japanese pediatrician, in 1967 when he reported a series of 50 patients [2]. Classic or 'complete' KD clinically presents with fever for at least 5 days with four of the following clinical manifestations: edema of hands and feet in the acute stage and/or subacute periungual skin peeling of fingers and toes, polymorphous



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<p>2. Kawasaki T (1967) Acute febrile mucocutaneous syndrome with lymphoid involvement with specific desquamation of the fingers and toes in children. Arerugi 16(3):178–222 [Article in Japanese]</p> <p>CAS PubMed Google Scholar</p>			<p>2. Kawasaki T (1967) Acute febrile mucocutaneous syndrome with lymphoid involvement with specific desquamation of the fingers and toes in children. Arerugi 16(3):178–222 [Article in Japanese]</p> <p>CAS PubMed Google Scholar</p>
<p>3. McCrindle BW, Rowley AH, Newburger JW, Burns JC, Bolger AF, Gewitz M et al (2017) Diagnosis, treatment, and long-term management of Kawasaki disease: a scientific statement for health professionals from the American Heart Association. Circulation 135(17):e927–e999. https://doi.org/10.1161/CIR.0000000000000484</p> <p>Article PubMed Google Scholar</p>			<p>3. McCrindle BW, Rowley AH, Newburger JW, Burns JC, Bolger AF, Gewitz M et al (2017) Diagnosis, treatment, and long-term management of Kawasaki disease: a scientific statement for health professionals from the American Heart Association. Circulation 135(17):e927–e999. https://doi.org/10.1161/CIR.0000000000000484</p> <p>Article PubMed Google Scholar</p>
<p>4. Liang YC, Chang CH, Lin MT, Kao FY, Huang SK, Wu MH (2020) Shock and unresponsiveness to repeated courses of intravenous immunoglobulin in Kawasaki disease: a nationwide database study. Pediatr Res 87(5):961–966. https://doi.org/10.1038/s41390-019-0668-1</p> <p>CAS Article PubMed Google Scholar</p>			<p>4. Liang YC, Chang CH, Lin MT, Kao FY, Huang SK, Wu MH (2020) Shock and unresponsiveness to repeated courses of intravenous immunoglobulin in Kawasaki disease: a nationwide database study. Pediatr Res 87(5):961–966. https://doi.org/10.1038/s41390-019-0668-1</p> <p>CAS Article PubMed Google Scholar</p>
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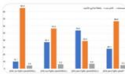
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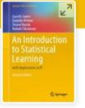
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1 Bowel Preparation (9)

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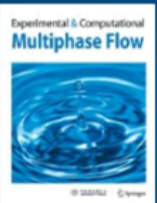
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