History of Kawasaki Disease in India

HISTORY OF KD IN INDIA

1977 FIRST PUBLICATION Dr. Arvind Taneja

Indian Pediatr. 1977 Nov;14(11):927-31.

Muco cutaneous lymph node syndrome: (case report).

Taneja A, Saxena U.

1988 SECOND PUBLICATION Dr. MY Nitsure

Indian Pediatr. 1977 Nov;14(11):927-31.

Muco cutaneous lymph node syndrome: (case report).

Taneja A, Saxena U.

1989 THIRD PUBLICATION Dr. MS Seshadri, Dr. AM Cherian

J Assoc Physicians India. 1989 Apr;37(4):287-8.

Kawasaki syndrome.

Seshadri MS, Cherian AM, Dayal AK, Thomas K.

<1997

Emergence of KD in India

< 1990	• 3 case reports
1994	• First use of IVIG for treatment of Kawasaki Disease
1997	• Two case series in Indian Pediatrics • Trivandrum and Chandigarh

1997 Narayanan SN, Krishnaveni SK, Sabarinathan K. *Kawasaki disease.* *Indian Pediatr 1997*

1997 Singh S, Kumar L, Trehan A, Marwaha RK. Kawasaki disease at Chandigarh. Indian Pediatr 1997

2002 Saji Philip, HC Lue, WH Wu. Signs & Symptoms of KD could be part of Circulating Immune complexe (First swine model study) Ped Research 2004

Kawasaki Disease Foundation India - 2010

We started our journey in 2010

INAUGURAL CEREMONY OF (KDFI)
& FIRST KD SUMMIT IN KERALA BY PROF. H.C.LUE- TAIPEI, TRAIWAN

Inauguration of Foundation website

www.kawasakidiseaseindia.org

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KD foundation web site

Kawasaki Disease Foundation India

Kawasaki Disease | KDFI | Aim | How to help | Events | Contact Us

ESTD: 2010

KAWASAKI DISEASE FOUNDATION OF INDIA

Better Care for Kawasaki Syndrome

Compassion & Care for Kids

- Kawasaki Disease
  - What is Kawasaki Disease ?
  - Causes of Kawasaki Disease ?
  - Signs & Symptoms of KD
  - Guidelines of KD
  - Delayed Diagnosis
  - Risk Factors for KD

KDFI secretary general & web site co-ordinator

Dr. SAJI PHILIP (PEDIATRIC CARDIOLOGIST)
KAWASAKI DISEASE FOUNDATION
ST GREGORIOS CARDIO-VASCULAR CENTRE
PARUMALA, KERALA, INDIA 689626
EMAIL:drsaji@kawasakidiseaseindia.org
tfcsaji@hotmail.com
Phone : +91 8590897008 (Call Time 9-10pm)

2nd Conference of Kawasaki Disease society of India Date: 2nd Nove

3rd Conference of West Bengal Pediatric Rheumatology Society Date

Type here to search

ENG 18:20 01-11-2019

First health education info cube

KD INFOCUBE

To keep high index of suspicion to diagnose KD

www.kawasakidiseaseindia.org

2nd KD Summit was in Chennai 2012

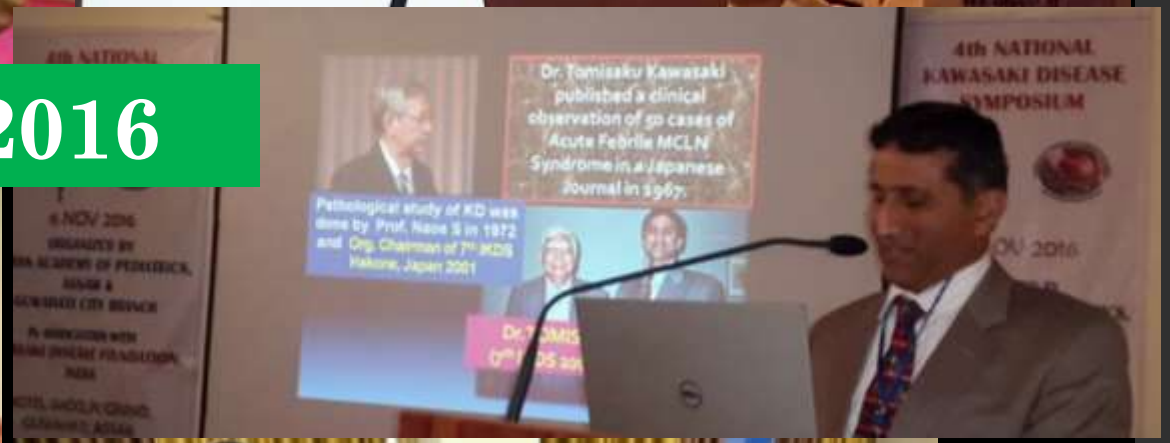
3rd KDS 2014 at PGI Chandigarh

Organised by Prof. Surjith Singh

KAWASAKI DISEASE FOUNDATION INDIA
2010
www.kawasakidiseaseindia.org

4th KD SUMMIT 2016 AT GUWHATI.
ORG CHAIRMAN DR.RASHNA DASS AND THE TEAM

4th KD Summit Guwahati 2016



Dr. Rashna dass with Dr Surjit in the afternoon session of KD family meet

5TH KD SUMMIT 2017 AT NIMHANS BANGALORE

DR. SAGAR, RHEUMATOLOGIST
ORGANISING SEC

5TH KD SUMMIT BANGALORE 2017
WITH THE ORGANISING TEAM

1st KD SOCIETY MEET AND 6TH KD SUMMIT

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REPORTING NEW KD CASES

Website of Indian society of Kawasaki disease

Indian Society of Kawasaki Disease

12TH IKDS YOKOHOMA, JAPAN 2018

2 nd ANNUAL CONFERENCE on KD SOCIETY & 7TH KD SUMMIT HELD AT KOLKOTTA 2019

ISKD registered at Kolkata in 2019 ; This was a real Hard work of Prof. Priyankar Pal, Prof Tapas Kumar Sabui. , Prof. Rakesh Mondal

3RD & 4TH ANNUAL CONFERENCE on KD SOCIETY

DIGITAL FLATFORM

2020 & 2021 FLATFORM

5TH ANNUAL CONFERENCE AT HYDERABAD BY DR NAGESWARA RAO

5TH ANNUAL CONFERENCE AT HYDERABAD ORGANISED BY

6th ANNUAL CONFERENCE AT CHANDIGARH

Invited speakers with International Faculties - Dr Hiromichi Hamada, Japan, Dr. ADRIANA TREMOULET USA, Ms.Tsubura Kawasaki, japan

DR MAMORU AYUSAWA & TSUBURA KAWASAKI

7TH NATIONAL CONFERENCE

DECEMBER 7TH, 8TH

Guest Speakers

DR.MAMORU AYUSAWA

TSUBURA KAWASAKI

INDIAN SOCIETY OF KAWASAKI DISEASE

ESTD 2018

7TH NATIONAL CONFERENCE

DECEMBER 7TH, 8TH

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Dr. Swarnim

Dr. Manoj Kumar

Dr. Puneet Kumar Chaudhary

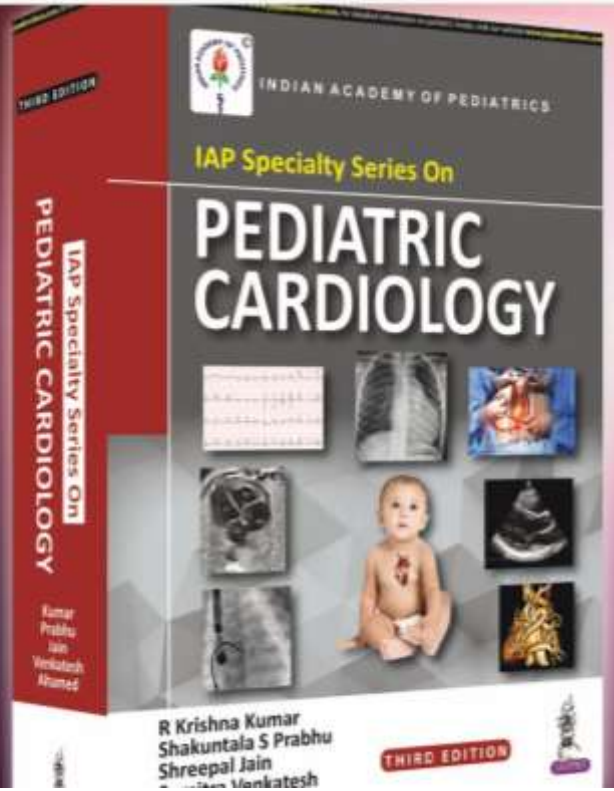
Prof. C. Burns
Org. Chairman
of 8th IKDS,
Santiago USA
2004

Prof. H. C. Lue ,Org. chairman of 9th IKDS Taipei 2007
With Dr Kawasaki and Mrs. Dr. Kawasaki

CONTRIBUTION TO THE TEXT BOOK CHAPTERS

Key Features

- Completely redesigned and rewritten.
- Conveniently organized and accessible content that is easy to comprehend.
- Contextual: Written especially for postgraduates in Pediatrics seeking to understand pediatric cardiology.
- Comprehensive: Covers all facets of pediatric cardiac care that include cardiac surgery, intensive care and catheter interventions.
- Contemporary: Several new chapters such as screening, parental counseling, and office practice are included.



44 CHAPTER

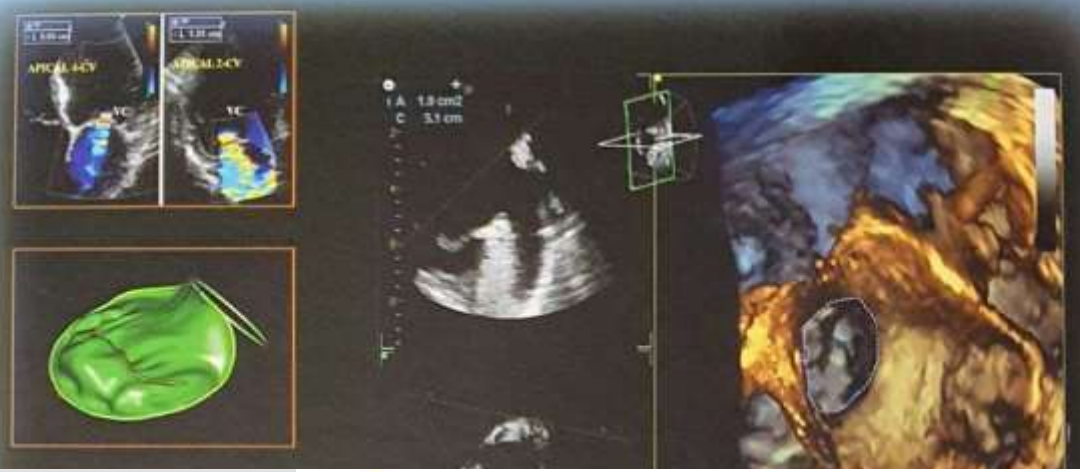
Kawasaki Disease

Saji Philip, Zulfikar Ahamed, Priyankar Pal, Surjit Singh, R Krishna Kumar

INTRODUCTION

Kawasaki disease (KD) is an acute self-limiting systemic vasculitis of unknown origin. This was defined as mucocutaneous lymph node syndrome by Dr Tomisaku Kawasaki in Japan who published the first 50 cases in 1967. It is now the leading cause of acquired pediatric cardiac disease worldwide, especially in developed countries.[1,2] Coronary artery studies, Asian populations also have a much higher incidence of KD.[13] Seasonal variations, chronological and geographic clustering have been the other salient observations. Approximately 80–90% of patients with KD are below 5 years of age. *Japan* has the highest annual incidence in the world (308 per 100,000 children <5 years of age between 2013 and 2014 which further increased to

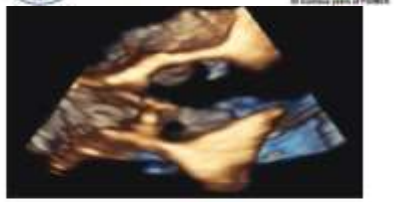
Textbook of Echocardiography



CHAPTER 53

Role of Two-dimensional Echo in Evaluation of Coronary Artery Disease in Kawasaki Disease

Saji Philip



INTRODUCTION

Coronary artery lesions (CALs) have been recognized as the most severe complication in children with Kawasaki disease (KD), especially aneurysmal dilation, thrombosis, and/or stenosis, leading to myocardial infarction and death.[1,2] Kawasaki disease is an acute self-limiting systemic vasculitis of unknown origin and this was defined as mucocutaneous lymph node syndrome by Dr Tomisaku Kawasaki in Japan, and 50 cases had been published in 1967. It has been found to be the leading cause of pediatric acquired cardiac disease worldwide, especially in developed countries.[3,4] Circulating Ministry of Health Japan (JMC) or American Heart Association (AHA) can be used for diagnosing KD (**Box 1**).[13] The deference in AHA criteria is fever is superlatively considered as principal clinical findings. Whereas in IMC, fever is included and not mandatory for diagnosing KD. Indian society also seriously considered fever is essential for the diagnosis of KD. Add on inflammatory markers and other extracardiac findings will further confirm the diagnosis.

Role of cardiovascular ultrasound is necessary to evaluate the significant findings related to KD other than KD CALs, such as evidence of pericardial effusion, myocarditis,

360° PEDIATRICS

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IAP Presidential Action Plan 2026

Neelam Mohan
National President, IAP 2026

Kawasaki Disease

06

Authors: Saji Philip, Devadutta Mukhopadhyay, Priyankar Pal

Introduction

- Kawasaki disease (KD) is an acute systemic medium vessels vasculitis predominantly affecting infants and children below 5 years.
- First described in 1967 by Dr. Tomisaku Kawasaki, it has since become the leading cause of acquired heart disease.
- Pathogenesis remains an enigma, but recent advances suggest a complex interplay of immune reaction, triggered by infectious agents or environmental factors in a genetically susceptible individual.

Criteria for Kawasaki Disease

Criteria for Complete Kawasaki Disease

- **Fever for at least 4 days**
- **AND at least 4 of 5 of** the following:
  - Rash
  - Bilateral non-exudative bulbar conjunctivitis
  - Oral mucosal changes (red, cracked lips; "strawberry tongue")
  - Extremity changes (red, swollen hands and feet, or peeling skin on fingertips/toes later in the illness)
  - Unilateral cervical lymphadenopathy.

Criteria for Incomplete Kawasaki Disease

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International Journal of Rheumatic Diseases

WILEY

REVIEW

An update on understanding the pathophysiology in Kawasaki disease: Possible role of immune complexes in coronary artery lesion revisited

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[1]Tiruvalla Medical Mission Hospital, Tiruvalla, Kerala, India

[2]Department of Pediatric Clinical Immunology & Rheumatology, Post Graduate Institute of Medical Education,

Abstract

Kawasaki disease (KD) is an acute self-limiting systemic vasculitis of unknown etiology affecting predominantly the coronary arteries. The role of circulating immune com-