عنوان فارسی مقاله:
بررسی انتقادی سیستم امتیازدهی خطر برای پیشینی عدم پاسخ به درمان ایمونوگلوبین‌ین داخل وریدی در سندرم کاوازاکی

عنوان انگلیسی مقاله:
Critical Overview of the Risk Scoring Systems to Predict Non-Responsiveness to Intravenous Immunoglobulin in Kawasaki Syndrome

توجه!
این فایل تنها قسمتی از ترجمه میباشد. برای تهیه مقاله ترجمه شده کاملاً با فرمت ورد (قابل ویرایش) همراه با نسخه انگلیسی مقاله، اینجا کلیک کنید.
6. Conclusions

Children suspected to have KS should receive prompt treatment with IVIG (2 g/kg of body weight as a single dose) within 10 days of illness onset [36]. Many researchers have scrutinised the clinical data and laboratory parameters at onset predicting the risk of CAA [37,38]. Risk factors for CAA are duration of fever longer than two weeks, platelet count, increased acute phase reactants, and age less than five years. No statistically significant difference in the incidence of coronary aneurysms could be observed in consideration of aspirin dosage [39]. Damage to coronary arteries is still a substantial risk for a not negligible percentage of children with KS, mostly in the case they show resistance to IVIG [40]: the identification of this cluster of children at the time of a first clinical assessment might help in discerning those who would benefit from a combined primary treatment with IVIG and corticosteroids. Unfortunately, the available risk scoring systems, which were developed after the analysis of data from Japanese patients, cannot be systematically adopted for patients of different ethnic groups living in other countries. Therefore, the actual identification of non-Japanese patients at higher risk of IVIG resistance is still a challenge.