

Review Form 3

Journal Name:	Asian Journal of Pediatric Research
Manuscript Number:	Ms_AJPR_123343
Title of the Manuscript:	Unravel the Enigma of Kawasaki Disease: Groping in the Dark.
Type of the Article	

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PART 1: Review Comments

Compulsory REVISION comments	Reviewer's comment	Author's Feedback (Please correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Please write a few sentences regarding the importance of this manuscript for the scientific community. Why do you like (or dislike) this manuscript? A minimum of 3-4 sentences may be required for this part.	Kawasaki disease is a life-threatening disease in children since it cause coronary artery disease in young. Review on KD is always welcome with different views of the author	
Is the title of the article suitable? (If not please suggest an alternative title)	As per the choice of author and it is fine	
Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here.	General statement written as 3 rd page	
Are subsections and structure of the manuscript appropriate?	Appropriate especially focussing etiological concept	
Please write a few sentences regarding the scientific correctness of this manuscript. Why do you think that this manuscript is scientifically robust and technically sound? A minimum of 3-4 sentences may be required for this part.	Few additions may be needed . given at the bottom the page	
Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.	<p>1.A swine model of horse serum-induced coronary vasculitis: an implication for Kawasaki disease. Philip S, Lee WC, Liu SK, Wu MH, Lue HC.Pediatr Res. 2004 Feb;55(2):211-9. doi: 10.1203/01.PDR.0000104151.26375.E5. Epub 2003 Nov 19.</p> <p>2. An update on understanding the pathophysiology in Kawasaki disease: Possible role of immune complexes in coronary artery lesion revisited. Philip S, Jindal A, Krishna Kumar R.Int J Rheum Dis. 2023 Aug;26(8):1453-1463. doi: 10.1111/1756-185X.14816. Epub 2023 Jul 11.</p> <p>3. Kawasaki Disease: The Role of Immune Complexes Revisited. Menikou S, Langford PR, Levin M.Front Immunol. 2019 Jun 12;10:1156. doi: 10.3389/fimmu.2019.01156. eCollection 2019.PMID: 31263461 Free PMC article. Review</p> <p>3. Histopathological evaluation of horse serum-induced immune complex vasculitis in swine: implication to coronary artery lesions in Kawasaki disease. Philip S, et al. Pediatr Neonatol. 2014. PMID: 24491664</p>	

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<p>Minor REVISION comments</p> <p>Is the language/English quality of the article suitable for scholarly communications?</p>	<p>Yes. Editorial group can check spells with newly available software</p>	
<p>Optional/General comments</p>	<p>Manuscript reviewed in detail. Points to be taken up and revise with following points</p> <p>With my swine model study , clearly stated that KD is circulating immune complex vasculitis since my study was with horse serum induced type III sensitive reaction (ped research) mimicking KD like syptoms.</p> <p>1.A swine model of horse serum-induced coronary vasculitis: an implication for Kawasaki disease. Philip S, Lee WC, Liu SK, Wu MH, Lue HC.Pediatr Res. 2004 Feb;55(2):211-9. doi: 10.1203/01.PDR.0000104151.26375.E5. Epub 2003 Nov 19.</p> <p>2. An update on understanding the pathophysiology in Kawasaki disease: Possible role of immune complexes in coronary artery lesion revisited. Philip S, Jindal A, Krishna Kumar R.Int J Rheum Dis. 2023 Aug;26(8):1453-1463. doi: 10.1111/1756-185X.14816. Epub 2023 Jul 11.</p> <p>3. Kawasaki Disease: The Role of Immune Complexes Revisited. Menikou S, Langford PR, Levin M.Front Immunol. 2019 Jun 12;10:1156. doi: 10.3389/fimmu.2019.01156. eCollection 2019.PMID: 31263461 Free PMC article. Review</p> <p>3. Histopathological evaluation of horse serum-induced immune complex vasculitis in swine: implication to coronary artery lesions in Kawasaki disease. Philip S, et al. Pediatr Neonatol. 2014. PMID: 24491664</p> <p>Above studies clearly confirmed KD is an immune complex vasculitis. Hence any viral or bacterial or any unknown causative agents may produce KD. During SARS COV2, many KD like presentations observed. Once criteria are fulfilled, we advise, to treat as KD where KD is caused by RNA virus. If criteria not fulfilled, no need of aspirin for 6-8 week.</p> <p>60% of covid 19 may produce myocarditis will be confirmed by rising titre of N_pro BNP, and can be treated with Methyl pred.</p> <p>In KD also sometimes we give MPIV pulse therapy will subside the symptoms.</p> <p>Writings on DR T Kawasaki and aetiology is fine Biomarker. NPROBNP is useful to identify myocarditis. Because 90% of KD will have myocarditis before coronary arteritis occur. MMP can be reduced by IVIG and adding Doxicyclin also (studies available) Role of superantigen , it is a fact sometimes we had seen very high titre of ASO (>3000iu)</p> <p>Discussion Please change the dosage of Aspirin to 30-80mg/kg bwt (anti-inflammatory) till the child become afebrile for another 48hrs. (80mg in USA/30mg in Japan, 60mg in KD society of India) and then 5mg /kg/bwt (antiplatelet) x total 8weeks. ASA will continue in the presence of coronary artery disease. Please give reference for ASA and IVIG (AHA guidelines)</p>	

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

Reviewer Details:

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