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
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- (1) Home > [Clinical Rheumatology](#) > Article
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- (3) Case Based Review | Published: 02 January 2021 | 40, 2991–2999 (2021)
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- (6) Aaqib Zaffar Banday, Ashwini Arul, Pandiarajan Vignesh , Mini P. Singh, Kapil Goyal & Surjit Singh
- (7)  2882 Accesses  7 Citations  16 Altmetric  1 Mention [Explore all metrics](#) →
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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



(5) Clinical Rheumatology

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- 6) 作者資訊
- 7) 文章下載/訪問次數、文章Altmetric指數 (衡量研究影響力)、查看更多指標
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References	Sections	Figures	References
<p>1. Wood LE, Tulloh RM (2009) Kawasaki disease in children. Heart 95(10):787–792. https://doi.org/10.1136/hrt.2008.143669</p> <p>CAS Article PubMed Google Scholar</p>			<p>1. Wood LE, Tulloh RM (2009) Kawasaki disease in children. Heart 95(10):787–792. https://doi.org/10.1136/hrt.2008.143669</p> <p>CAS Article 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>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>
			<p>5. Nakamura A, Ikeda K, Hamaoka K (2019) Aetiological significance of infectious stimuli in Kawasaki disease. Front Pediatr 7:244. https://doi.org/10.3389/fped.2019.00244</p> <p>Article PubMed PubMed Central Google Scholar</p>
			<p>6. Feldstein LR, Rose EB, Horwitz SM, Collins JP, Newhams MM, Son MBF, Newburger JW, Kleinman LC, Heidemann SM, Martin AA, Singh AR, Li S.</p>

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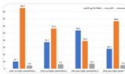
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(9) Impact factor 4.0 (2022) 5 year impact factor 3.8 (2022)
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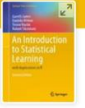
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Perioperative Preparation of NOSES (3)

[Xishan Wang, Yinggang Chen, Lei Yu & Rui Huang](#) (4)

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Abstract (7)

Preoperative preparation, especially bowel preparation, is a routine procedure before colorectal examinations and surgeries. Bowel preparation aims to clean the bowel and facilitate surgeries. With the popularization of Enhanced Recovery After Surgery (ERAS), the contents of preoperative preparation are constantly adjusted and improved. However, due to the particularity in the surgical procedures of NOSES, preoperative preparation is still vitally important. It involves many aspects including bowel preparation, vaginal preparation for females, and psychological preparation for patients. The most satisfactory surgical effects cannot be achieved without a comprehensive preoperative preparation.

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1 Bowel Preparation (9)

There are significant differences between NOSES and conventional laparoscopic surgery in terms of specimen extraction and digestive reconstruction. Aseptic techniques are involved in

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