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Letter to the Editor

Comment on a meta-analysis of re-treatment for intravenous immunoglobulin-resistant Kawasaki disease

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Dear Editor,

We read with great interest the meta-analysis by Yang et al[1] comparing re-treatment efficacy of glucocorticosteroids or intravenous immunoglobulin for patients with immunoglobulin-resistant Kawasaki disease. The results from this analysis of four cohort studies involving 52 patients treated with second intravenous immunoglobulin and 75 patients treated with glucocorticosteroid suggested that glucocorticosteroids are more effective in controlling body temperature compared with intravenous immunoglobulin and that there was no difference in the prevention of coronary artery lesions between groups.

The aim of their study was to determine the optimal drug therapy for intravenous immunoglobulin-resistant Kawasaki disease; however, they only evaluated the effects of a second intravenous immunoglobulin compared with glucocorticoids as a clinical treatment for intravenous immunoglobulin-resistant Kawasaki disease. There are only two agents involved in this meta-analysis, and some other agents may also have the efficacy to improve the process of immunoglobulin-resistant Kawasaki disease, such as infliximab.

For reasons that are unclear, among the four selected manuscripts, two belong to the same author,[2,3] and each date is derived from the same trial of different stages. Such problems weaken the validity of the meta-analysis by Yang et al.

Nevertheless, we extol Yang et al on their effort, and studies such as this meta-analysis are necessary to gain optimal re-treatment methods, which remain controversial for immunoglobulin-resistant patients. Such studies should be conducted in a way that includes broad agents and must avoid errors cautiously.

Thank you very much!
Best regards to you!
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