

Presidential Symposium

📅 Sat. Jul 12, 2025 8:30 AM - 10:00 AM JST | Fri. Jul 11, 2025 11:30 PM - 1:00 AM UTC 🏛️ Room1 (Fine Arts Center 1F Grand Auditorium)

**Presidential Symposium (International Symposium) 4(III-PSY4)
Challenges and Opportunities in Treatment and Healthcare for
Kawasaki Disease: From Acute to Late Phase and Adulthood**

Chair: Kenichiro Yamamura (Department of Pediatrics, Kyushu University Hospital, Japan)
Alisa Limswan (Faculty of Medicine Ramathibodi Hospital, Mahidol University)

[III-PSY4-1]

Update on Diagnosis and Management of Kawasaki Disease: Scientific Statement 2024 from AHA

○Pei-Ni Jone (Lurie Children's Hospital, Northwestern University School of Medicine, Illinois)

[III-PSY4-2]

The Issues in the Long-term and Adulthood Care for Kawasaki disease

○Lucy Youngmin Eun (Yonsei University Severance Hospital, Seoul, Korea)

[III-PSY4-3]

Adults with a History of Kawasaki Disease: Taiwan's Perspective

○Ming-Tai Lin (Department of Pediatrics National Taiwan University Children's Hospital Taipei, Taiwan)

[III-PSY4-4]

The Issues in the Long-Term and Adulthood of Kawasaki Disease

○Yiu-Fai Cheung (Paediatrics & Adolescent Medicine, School of Clinical Medicine, LKS Faculty of Medicine, The University of Hong Kong / Paediatrics & Adolescent Medicine, Hong Kong Children's Hospital, Hong Kong)

[III-PSY4-5]

Current Epidemiology of Severe Cardiovascular Sequelae in Adults After Kawasaki Disease in Japan: JROAD-DPC study

○Yoshihide Mitani¹, Michikazu Nakai², Etsuko Tsuda³ (1.Perinatal Care Center, Mie University Hospital, Mie University Hospital, Mie University Graduate School of Medicine, Japan, 2.Clinical Research Support Center, University of Miyazaki Hospital, 3.Department of Pediatric Cardiology, National Cerebral and Cardiovascular Center,)

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**[III-PSY4-1] Update on Diagnosis and Management of Kawasaki Disease:
Scientific Statement 2024 from AHA**

○Pei-Ni Jone (Lurie Children's Hospital, Northwestern University School of Medicine, Illinois)
Keywords : Kawasaki Disease、coronary dilation、coronary aneurysm

Kawasaki Disease (KD), an acute self-limited febrile illness that primarily affects children < 5 years old, is the leading cause of acquired heart disease in the developed countries, with the potential of coronary artery dilation and coronary artery aneurysms in 25% of untreated patients. This update summarizes relevant clinical data published since the 2017 American Heart Association scientific statement on KD related to diagnosis, cardiac imaging in acute KD treatment, and long term management. Criteria defining North American patients at high risk for developing CAA who may benefit from more intensive initial treatment have been published. Advances in cardiovascular imaging have improved the ability to identify CA stenosis in KD patients, yet knowledge gaps still exist regarding optimal frequency of serial imaging and the best imaging modality to identify those at risk for inducible myocardial ischemia. Recent data has advanced the understanding of safety and dosing for several anti-inflammatory therapies in KD. New anticoagulation medication, myocardial infarction management, transition of health care for KD patients, and future directions in research for KD patients will be discussed.

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[III-PSY4-2] The Issues in the Long-term and Adulthood Care for Kawasaki disease

○Lucy Youngmin Eun (Yonsei University Severance Hospital, Seoul, Korea)

Keywords : lifelong care、 health care transition、 adult

Patients with coronary artery aneurysm (CAA) of Kawasaki disease (KD) in childhood are at lifelong risk of cardiac complications and require lifetime follow-up at specialist regional KD clinics. With increased risk at all ages, the management of suspected myocardial ischemic events in these patients differs from that of other adults who have acute coronary syndromes due to atherosclerotic heart disease.

For complex KD patients, health care transition should be deliberate, well planned, and coordinated, acknowledging the importance of their developmental, academic, vocational, and psychosocial needs. This would address the evolving personal and professional growth, self-management, health care system navigation issues, and a validation of their disease knowledge, ultimately aiming to minimize lapses in health care transition and maximize medical and psychosocial outcomes.

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[III-PSY4-3] Adults with a History of Kawasaki Disease: Taiwan's Perspective

○Ming-Tai Lin (Department of Pediatrics National Taiwan University Children's Hospital Taipei, Taiwan)

Keywords : Kawasaki disease、Coronary arterial lesion、Adults

Kawasaki disease (KD) is one of the most common acquired cardiac diseases in children. As patients with KD transition into adulthood, coronary sequelae become a primary concern. The first cases of KD in Japan and Taiwan were reported in 1967 and 1976, respectively. In Taiwan, the number of individuals with a history of KD reached approximately 27,000 by 2020, with 5% of them being over 40 years of age.

This presentation will provide a comprehensive overview of the current situation of adults with a history of KD in Taiwan, based on the most recent domestic data. I will discuss four key aspects: (1) the medical burden associated with long-term KD outcomes, (2) coronary risk stratification, (3) the role of stress nuclear/MRI imaging in cardiac assessment, and (4) the status and challenges of follow-up care.

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[III-PSY4-4] The Issues in the Long-Term and Adulthood of Kawasaki Disease

○ Yiu-Fai Cheung (Paediatrics & Adolescent Medicine, School of Clinical Medicine, LKS Faculty of Medicine, The University of Hong Kong / Paediatrics & Adolescent Medicine, Hong Kong Children's Hospital, Hong Kong)

Keywords : Kawasaki disease、cardiovascular、outcomes

Kawasaki disease (KD), an acute vasculitis that primarily affects young children, is the most common acquired paediatric cardiovascular disease in developed countries. It is almost six decades since its first description. While the sequelae of arterial inflammation in the acute illness are well documented, there exist potential long-term effects. Undoubtedly, persistent coronary artery lesions constitute the most significant morbidity and mortality after KD. There is a paucity of studies, however, on the long-term outcomes of children without documented coronary artery aneurysms, those with transient coronary artery ectasia, or those with some coronary aneurysms that have regressed. Nonetheless, even in these latter situations, there are data to suggest possible late functional alterations as characterized by endothelial dysfunction and arterial stiffening, and structural changes with increased intima media thickness. In this talk, the current data available on the long-term outcomes and prognosis of KD will be discussed.

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**[III-PSY4-5] Current Epidemiology of Severe Cardiovascular Sequelae in
Adults After Kawasaki Disease in Japan: JROAD-DPC study**

○Yoshihide Mitani¹, Michikazu Nakai², Etsuko Tsuda³ (1.Perinatal Care Center, Mie University Hospital, Mie University Hospital, Mie University Graduate School of Medicine, Japan, 2.Clinical Research Support Center, University of Miyazaki Hospital, 3.Department of Pediatric Cardiology, National Cerebral and Cardiovascular Center,)

Keywords : 川崎病、移行期医療、Big data

Background: Kawasaki disease (KD) leads to coronary artery lesions (CAL), increasing the risk of cardiovascular events (CVE). Epidemiology and prognostic factors for adults hospitalized with KD-related CVE are poorly defined. Hypothesis: Disrupted continuity of medical care increases the risk of adverse outcomes in adults hospitalized for CAL of KD. Methods: A retrospective nationwide cohort study analyzed 798 adults (≥ 15 years) hospitalized for KD-related cardiovascular conditions from April 2013 to March 2022 (JROAD-DPC). Primary and secondary outcomes were in-hospital mortality and ICU admission. Multivariable logistic regression assessed associations with emergency and non-referral admissions. Results: Of 798 patients (74.4% male, median age 37 [IQR: 23–46]), diagnoses included acute coronary syndrome (19.7%), percutaneous coronary intervention (13.0%), coronary artery bypass grafting (14.2%), and heart failure/arrhythmia (53.1%). Age showed bimodal distribution: <20 years and 35–39 years. Overall, emergency admissions were 33.0%, non-referral admissions 16.0%, ICU admissions 27.6%, and mortality 1.3%. Multivariable analysis identified emergency admission (OR 8.49; 95%CI, 1.80–40.04; $P=.007$) and non-referral admission (OR 6.69; 95%CI, 1.68–26.60; $P=.007$) as independent predictors of mortality. Conclusions: Adults hospitalized for KD-related CVE are predominantly young, non-obese males, with emergency/non-referral admissions significantly associated with poorer outcomes. Structured transition-of-care programs and enhanced adult cardiology awareness are crucial.