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Kanae Tsuno

Nippon Medical School, Japan

Peripheral coronary artery circulatory dysfunction in remote stage kawasaki disease patients detected by adenosine stress 13N-Ammonia myocardial perfusion positron emission tomography

Coronary peripheral circulatory disturbances in the remote stage of Kawasaki disease have been reported. In this study, of the 50 patients in the remote stage of Kawasaki disease who underwent coronary perfusion evaluation using adenosine-loaded 13N-ammonia positron emission tomography, 28 patients who did not have stenosis of $\geq 75\%$ in the left coronary artery underwent an evaluation for myocardial flow reserve (MFR) of the left anterior descending artery (LAD) and left circumflex artery (LCx). Clinical findings were compared between patients with normal (≥ 2.0) and abnormal (< 2.0) MFRs. In the group with an abnormal MFR in the LAD, the responsiveness of the coronary vascular resistance to adenosine load decreased even in the LCx (3.50 ± 1.23 vs. 2.39 ± 0.25 , $p = 0.0100$). In the group with an abnormal MFR in the LCx, the responsiveness of the coronary vascular resistance in the LAD also decreased (3.27 ± 1.39 vs. 2.03 ± 0.25 , $p = 0.0105$) and the age of onset of Kawasaki disease tended

to be younger in the group with abnormal MFR in the LAD and LCx. We found that the peripheral coronary circulation was extensively impaired in the remote stage of Kawasaki disease, suggesting that an early onset of Kawasaki disease may affect the peripheral coronary circulation in later years.

Recent Publications

1. Coxsackievirus B5 Aseptic Meningitis in Infants in Chiba Prefecture, Japan, in 2016
2. Interleukin-1beta Inhibition Attenuates Vasculitis in a Mouse Model of Kawasaki Disease

Biography

Kanae Tsuno has graduated Nippon Medical School in March, 2013. She belongs to the department of pediatrics in Nippon Medical School Hospital and also works as a graduated school researcher.

kanaetsuno@nms.ac.jp