To the Editor,

We read with great interest the recent comments of Kayiran et al. about our paper entitled “Varying clinical features of Turkish Kawasaki disease patients”2. Although not as common as in Asian countries, Kawasaki disease (KD) is the second most common vasculitis in our country1. Therefore, it is an important issue for both pediatricians and primary care physicians in the field. One of the most common clinical characteristics of KD patients in the Turkish series was changes in the lips and oral cavity2-4. Manlhiot et al.5 published their large series (738 KD patients) and showed lips/oral cavity changes to be the most common feature (96%) in their complete cases as well. However, bilateral conjunctival injection was the most frequent feature in incomplete cases. Kayiran et al.3 also highlighted the irritability of their patients at the time of the diagnosis. We also observed that most of the patients in our group were irritable at the time of the diagnosis, a symptom that was rapidly relieved after beginning the intravenous immunoglobulin infusion. Another important feature of the Turkish KD series was a relatively high rate of coronary artery abnormalities (25.7-44.2%)2-4. On the other hand, Manlhiot et al.5 reported that 89% of the patients had normal coronary arteries. These different clinical profiles of patient series worldwide may represent the variety of KD presentations. The optimum management strategy for coping with this important disease remains challenging. Different features of case series will also help to better understand this disease and the risk factors for cardiovascular sequelae.

REFERENCES