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ABOUT COVER

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Adipocytokine profile in children with Kawasaki disease

Beuy Joob, Viroj Wiwanitkit

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Abstract

This letter to editor discusses on the publication on adipocytokine profile in children with Kawasaki disease. Concerns on confounding factors are raised and discussed.

Key Words: Pediatric; Adipocytokine; Kawasaki disease

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Core Tip: This letter to editor discussing on the publication on adipocytokine profile in children with Kawasaki disease. Concerns on confounding factors are raised and discussed.

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TO THE EDITOR

We would like to share ideas on the publication "Adipocytokine profile in children with Kawasaki disease (KD) at a mean follow-up period of 5.5 years: A study from North India[1]." When compared to controls, patients with KD had significantly higher serum resistin levels throughout the convalescent phase, according to Prahara *et al*[1]. Serum leptin levels looked to be higher in KD patients, according to Prahara *et al*[1], even if the difference was not statistically significant. Adiponectin levels were similar in both patients and controls, according to Prahara *et al*[1] Raised levels of resistin and leptin may help to explain some of the lipid abnormalities seen during the

convalescent phase of KD.

The pathophysiology of Kawasaki illness is still unknown at this time, particularly given its risk factors for complicating coronary artery injury. One of the hot topics in contemporary study is whether or not children with Kawasaki disease have aberrant lipid metabolism, as well as its significance in the onset and progression of the disease. In terms of lipid metabolism, this study has some clinical utility in identifying potential Kawasaki disease biomarkers.

We agree that adiponectin levels might be an important biomarker in KD. However, it is necessary to recognize the effect of confounding factors. The underdiagnosed co-morbidity might affect adiponectin levels. Basically, underlying genetic factors can also play a role. For example, the adiponectin +276G/T polymorphism is associated with adiponectin level[2]. Clinically, the adiponectin +276G/T polymorphism is also associated with the development of KD[3]. Nevertheless, the other common inherited disorder such as hemoglobin disorder is also reported for association with high adiponectin level[4].

FOOTNOTES

Author contributions: Joob B gave ideas, wrote, analyzed and approved final submission. Wiwanitkit V gave ideas, revised, supervised and approved final submission.

Conflict-of-interest statement: The authors declare for no conflict of interest.

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