

Rewiwer 1. Thanks for reviewing our manuscript.

1. Lack of awareness in the setting of KD by adult cardiologists is not only endemic in India (see Waterhouse BR et al. Retrospective study of the impact of unrecognized Kawasaki disease, coronary aneurysm and ectasia. *Int J Cardiol.* 2017;248:308-313.)

Response- We have added a comment regarding same

Page no 11 last 4 lines

[Clinical consequences of missed KD can present as coronary ischemia in early adulthood.<sup>[56,57]</sup> Due to lack of adequate awareness amongst adult cardiologists, such patients may never get recognized as having had late complications due to missed childhood KD.<sup>[57]</sup> ]

2. The other aspect I would like to emphasize is that school-aged children with the past history of KD may have diastolic dysfunction, so long-term US assessment should be warranted (Lee H. et al. Myocardial Assessment in School-Aged Children with Past Kawasaki Disease. *J Korean Med Sci.* 2017;32(11):1835-1839.)

Response : needful done

Page 15 line 2 to 5

[Recent literature suggests that follow-up echocardiography examination should include assessment of myocardial functions in addition to assessment of coronary arteries.<sup>[69]</sup> ]

3. Concerning treatment options, I would pay more attention to antiTNF agents, as there is an ongoing phase III randomized, multicenter, open-label study in the United States to compare the effectiveness of a second dose of IVIg versus

infliximab in treating IVIg-resistant KD (registered as NCT03065244). In addition, another phase III randomized, placebo-controlled trial to assess use of etanercept (0.8 mg/kg subcutaneous weekly for three doses) as adjunctive therapy to IVIg is in progress (NCT00841789). Despite the experience is less in comparison with antiTNF agents, antiIL1 blocking has, to my knowledge, two ongoing RCTs (NCT02179853 and NCT 02390596)

Response: Discussion regarding anti TNF drugs have been expanded.

Page 18 last 4 lines and page 19 line 1-5

[Tremoulet et al have shown that addition of infliximab in the primary treatment regimen did not reduce the incidence of IVIG resistant KD. However, fever duration, inflammatory markers and reaction rate were less in the infliximab group.<sup>[86]</sup> There are various ongoing randomized trials to assess the efficacy of anti-TNF drugs. Plasma exchange has also been found to be helpful in patients with intractable KD.<sup>[87,88]</sup> Other therapeutic options that are being considered includes interleukin-1 antagonist (e.g. anakinara), cyclosporine, and tacrolimus etc. <sup>[89-91]</sup> ]

Answer to reviewer 2

Rewire 1. Thank you for reviewing our manuscript. As per comment we have deleted Table 5: Laboratory test in Kawasaki disease