

The Low-Down on Dosing Aspirin in Kawasaki Disease

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If one needs to begin treatment for Kawasaki Disease (KD), usually a recommendation for high dose aspirin (ASA) (80 mg/kg/day) is recommended—but given the risks of salicylate toxicity, there are some who subscribe to a low dose regimen instead (3-5 mg/kg/day).

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multi-center retrospective non-randomized cohort study being published this week. The authors reviewed more than 1200 children ages 0-10 years with acute KD who were hospitalized in five institutions—two of which used low dose ASA and three high dose—and then followed these children for evidence of CAAs. The good news is that the risk for CAAs did not differ in the low versus the high dose group although about 20% in each did have a CAA, and adjusting for various confounders did not change the lack of statistical difference in CAA outcomes in both groups. Although the study is retrospective, the authors demonstrate a lack of inferiority of low dose to high dose ASA for lowering the risk of CAA. So what do you use for your patients? High dose or low dose ASA? Share with us what you do or whether this study will change your dosing strategy by responding to this blog, commenting on our website where the study is posted or adding your input on our Facebook or Twitter sites.

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