

studies have been conducted or are in progress at different centers. We feel that there is no harm in using such drugs/medicines which have been scientifically evaluated.

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Kawasaki Disease – Call for a National Registry for India

Congratulations on a “Kawasaki Disease (KD) enriched” issue (July 2009). Two key messages emerged from the article by Singh and Kawasaki(1). Firstly, that the problem of KD in India has grown exponentially in the last decade. Whether, as hypothesized by Kushner, *et al.*(2) India will follow the Western model (an old disease being diagnosed more frequently now) or the Japanese model (a new disease probably caused by the introduction of an agent in a susceptible population), the load of KD promises to be large in the near future. Secondly, treatment of KD is costly and the cost of sequelae (in the form of morbidity/mortality to a productive population) even larger. Not only is IVIG costlier than the per capita income of India, its usage is limited by non-uniform availability in time/place and that it is a biological product with finite resource.

It therefore behooves the Indian Academy of Pediatrics (IAP) to build their embankments before the tide rises any further. A multi pronged approach is needed:

- (a) Setting up a national registry for the disease (at centers of excellence such as PGI, Chandigarh) would be a first step. Our experience with setting up a registry in Mumbai over 6 years ago(3) has shown that this has been a suitable way to create awareness about this entity, educate the primary pediatricians / parents and serve as a repository for cases.
- (b) Liaising with researchers to identify lower cost

treatment regimes is the next priority. Our reliance on imported knowledge is likely to be misplaced as has been seen in other diseases such as juvenile arthritis where patients who fail first line therapy often land up as therapeutic orphans for want of the costly biologicals.

- (c) Working in tandem with cardiologists/echo cardiographers to standardize and diagnose coronary anomalies better and create a sense of involvement in them to transition these cases into adulthood.
- (d) To appraise the health planners and political bodies about this entity which otherwise the lay person identifies better as a two wheeler of the same name.

I therefore earnestly appeal to the IAP to heed this clarion call.

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