

Infliximab versus second intravenous immunoglobulin for treatment of resistant Kawasaki disease in the USA (KIDCARE): a randomised, multicentre comparative effectiveness trial

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1 The study

Participants: 103 patients with Kawasaki disease (KD) and fever ≥ 36 h after completion of their first immunoglobulin (IVIG) infusion.

Intervention: Infliximab (10 mg/kg).

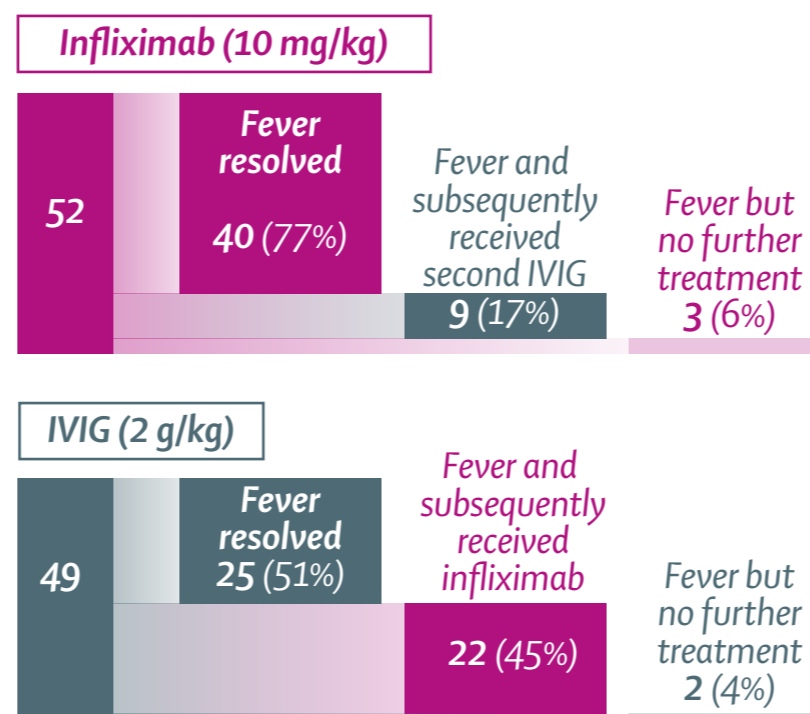
Comparator: Second dose IVIG (2 g/kg).

Primary outcome: Resolution of fever at 24h after initiation of study treatment with no recurrence of fever attributed to KD within 7 days post-discharge.

2 Findings

For patients with IVIG-resistant KD, infliximab treatment resulted in shorter fever duration, reduced need for additional therapy, less severe anaemia, and shorter hospitalisation

Resolution of fever



(Fever resolved: odds ratio 0.31, 95% CI 0.13–0.73, $p=0.0076$)

Haemoglobin concentration

≥ 2 g/dL drop in haemoglobin concentration:



($p<0.003$)

Hospital stay

Average days spent in hospital:



($p<0.001$)

3 Research in context

Before this study

Second IVIG was recommended for treatment-resistant KD; steroids or infliximab were alternatives.

Added value

First adequately powered randomised trial to compare infliximab with second IVIG for treatment-resistant KD.

Implications

Children with IVIG-resistant KD can be safely treated with infliximab, which results in faster resolution of fever and less severe anaemia.

Key limitation: Not powered for coronary artery outcome and no centralised reading of echocardiograms.