**Background:** The treatment strategy of administering early high-dose aspirin (ranging from 30–80 mg/kg/day) along with IVIG for Kawasaki disease is widely practiced. However, the high dose aspirin is associated with significant side effects and may not confer a benefit in terms of outcome i.e prevention of coronary artery aneurysms as per few cohort studies.

**Question:** What are the advantages and disadvantages of low dose aspirin < 10 mg/kg/day when compared with high dose aspirin > 30 mg/kg/day in the treatment of early phase of Kawasaki disease?

**Methods:** Systematic review and meta-analysis Eight studies (with a total of 12176 cases: 2497 in the low-dose aspirin group and 9679 in the high-dose aspirin group) were included for this meta-analysis.

**Primary outcome:** Incidence of coronary artery abnormalities (coronary artery dilation, coronary artery aneurysm[CAA], giant CAA) diagnosed by Echocardiography.

**Results:**
- No significant difference in the incidence of CAAs: high dose (>30mg/kg) & low dose (<10mg/kg) aspirin groups [RR 1.15; 95% CI:0.93, 1.43;P=0.19].
- High-dose aspirin group had a significant shorter duration of fever (MD,0.30; 95% CI:0.58, 0.02;P = 0.04)
- Rates of IVIG resistance & duration of hospital stay were comparable in two groups

**Conclusions:**
IVIG plus high-dose aspirin might have no preventive effect on CAAs when compared to IVIG plus low-dose aspirin.

**Key message:**
Low-dose aspirin is as effective as high-dose aspirin in the initial treatment of Kawasaki disease, in terms of preventing CAA.

**Expert comment:**
“IVIG plus low dose aspirin may be considered for initial management of Kawasaki disease. The results of this meta-analysis should be further tested in randomised controlled trials, before a consensus is reached”

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