**Table 4- Comparison of studies on monocyte activation in Kawasaki disease reported in literature**

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| **S. No** | **Author Study Country** | **Monocyte marker and populations studied/ Technique used** | | **Sample size and characteristics** | **Comments** |
| 1. | Guggino et al.  2012  Italy | * Calprotectin+/CD14+ monocytes * Fluorochrome labeled monoclonal antibodies & * cytoflourimetric analysis | | * 8 patients with KD (5 males, 3 females), aged 4-45 months * 8 age-matched febrile controls (4 males, 4 females) | * Patients with acute KD showed significantly higher percentage of calprotectin+/CD14+ monocytes as compared to febrile controls (p<0.05) |
| 2. | Kang et al.  2017  South Korea | * Frequency of circulating toll-like receptor-2 (TLR2)+/CD14+   monocytes   * Flowcytometry | | * 31 patients of KD (16 boys,15 girls) * 21 age-matched febrile controls | * Prior to IVIg therapy, frequency of TLR2+/CD14+ monocytes were significantly increased (p<0.05) in CAL + group (93.3±8.3) as compared to that in CAL – group (79±16.1), in KD patients as compared to febrile controls |
| 3. | Matsubara et al.  2005  Japan | * CD14+ monocytes, CD14+CD16+ monocytes * Flow cytometry | | * 106 patients with KD (Acute stage, n=106 & convalescent stage, n=68) * 22 healthy controls | * Absolute counts of CD14+ monocytes ere significantly higher (p- 0.04) in acute stage (mean -0.52x109) as compared to controls (mean -0.18 x 109) * Percentage as well as absolute number of CD16+CD16+ monocytes were significantly higher in samples prior to IVIg (mean SD 3.6±3.5) as compared to convalescent phase (0.5±0.3 ; 25±18) and controls subjects (0.7±0.3; 35±18) |
| 4. | Matsuguma et al.  2019  Japan | | CD14+CD16+ monocytes  Flow cytometry | * 46 KD patients (33 males, 13 females) median age – 22 months (1-97 months) | Proportion of peripheral blood mononuclear cells (PBMCs) and absolute numbers of PBMCs were significantly lower in IVIg resistant group (median- 31.5%; 2611/uL) as compared to IVIg effective group (median- 33.3%, 4783/uL).  Absolute numbers of CD14+CD16+ cells decreased significantly after IVIg in IVIg effective group but not in IVIg resistant group  Absolute number of CD14+CD16+ cells before IVIG in all KD patients was higher than in healthy controls | |
| 5. | Takeshita et al (2000) Japan | | sCD14 measured with an ELISA kit | * 30 KD patients | Significant higher levels of sCD14 observed in KD patients (8.6±3,4) in acute phase and gram-negative infection (5.5±2.4) than convalescent phase (3.8±1.3) and healthy children (3.6±1.30) and adults(2.7±7.4). | |
| 6. | Cheung et al (2005) China | | Analysis of MCP1, CCR2, and iNOS mRNA expression by using semiquantitative RT-PCR analysis | * 57 KD children, 22 healthy controls. | MCP-1 expression in THP-1 macrophages was significantly increased when incubated with serum of patients with coronary aneurysms than that control serum | |
| 7. | Azuma et al (2020) Japan | | Using an sCD163 enzyme-linked immunosorbent assay kit | 87 patients with Kawasaki disease patients were enrolled retrospectively and compared with 19 healthy individuals with comparable ages. | Serum sCD163 in children with acute KD before initial IVIG was [sCD163 in the three groups. Initial IVIg responders: 699 (478–1,072) ng/mL, additional IVIg responders: 1,349 (1,116–1,390) ng/mL, and additional IVIg non responders: 665 (544–1,094) ng/mL] much elevated as compared to the control group 446 (385–521) ng/mL | |

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| 8. | Chung et al  (2004)  Korea | MCP-1 ELISA kits | 29 children with acute phase KD, 15 patients with Henoch- Schönlein purpura (HSP), 12 febrile controls. | MCP-1 levels were significantly elevated in the patients with KD (443.0±473.1 pg/mL) and those with febrile controls (328.6±261.1 pg/mL) compared with HSP (82.9±79.0 pg/mL) |
| 9. | Current study  2021  India | Classical monocytes [CD14+CD16-], intermediate monocytes [CD14++CD16+] and non- classical monocytes [CD14+CD16++]  CD69 and HLA-DR expression on total CD14+ monocytes  CD69 and HLA-DR expression on classical, intermediate and non- classical monocytes  Flow cytometry  ELISA kits for sCD14, sCD163 and CCL2 | 16 children with KD in the acute phase, post-IVIg and convalescent-phase,  16 age- matched healthy and febrile controls | Both classical and intermediate monocytes along with early and late monocyte activation markers were elevated in acute phase of KD that normalised in follow-up  Acute phase of KD had significantly elevated CCL2 levels which responded significantly to IVIg treatment |