months after the administration of IVIG because the body might not produce the appropriate amount of antibodies to provide lifelong immunity. The decision to give the varicella (chickenpox) vaccine while the child is receiving aspirin therapy is made individually by the practitioner. Daily temperatures should be recorded in the first week or two after discharge, and the occurrence of fever should be communicated to the health care provider.

At discharge, the ultimate cardiac sequelae is generally not fully known yet because vessels may be evolving. Parents of children with large aneurysms should be educated as to the unlikely but real possibility of myocardial infarction, as well as the signs and symptoms of cardiac ischemia in a child. CPR should be taught to parents of children with severe coronary artery aneurysms.

Long-Term Follow-Up

The frequency and type of follow-up is based on the presence or absence of coronary damage. The long-term outlook for children without aneurysms is excellent. Increased incidence of early heart disease in this population has not been observed with over 40 years of follow-up. In order to keep the coronary arteries as healthy as possible, it is recommended that these children follow the national guidelines, which recommend screening for the presence of coronary risk factors as they grow older. They should have a cholesterol screen performed at routine physical exams; routine BP monitoring and education recommending a heart-healthy lifestyle, including exercise, a heart-healthy diet; and avoidance of smoking.

In patients with aneurysms, follow-up focuses on the prevention and early detection of coronary ischemia. Noninvasive modalities of coronary imaging (such as echocardiography, EKGs, and stress testing to assess for reversible ischemia) are used as much as possible with other forms of imaging such as cardiac computed tomography angiography, MRI and cardiac catheterization recommended based on the individual situation.

In addition to regular monitoring, patients with coronary aneurysms may require long-term antiplatelet or anticoagulation and possibly β-blocker therapy or other therapies, depending on the severity of coronary involvement.