immunosuppression and usually after infancy, they present with an acute intracerebral event(5). Hence, screening of high risk children, preferably by MRI, is advisable for the early detection of cerebrovascular abnormalities(2). The fusiform nature and location of these aneurysms makes any form of surgical intervention or embolization impossible(1). Early detection and intervention with ART could prevent entirely or diminish the incidence and severity of cerebral vasculopathy(2).

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**Kawasaki Disease and Window of Opportunity**

I read with interest the very informative review on Kawasaki disease – an Indian perspective(1). However their assertion that cases of Kawasaki disease are commonly missed by Indian pediatricians because of lack of awareness of the disease is presumptuous. The bigger danger is in missing the window of opportunity in discovering the cause of Kawasaki disease. There is some change which we do not understand well, and it is not solely our lack of knowledge of the disease that more cases are coming to light in some areas and not in others. A serious study of the epidemiology of the disease potentially can uncover the cause in times of transition being witnessed in India, rather than assuming the lack of awareness as the reason.

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**REFERENCE**