CLINICAL FEATURES AND OUTCOME OF KAWASAKI DISEASE IN CENTRAL TUNISIA: A MULTICENTER STUDY ABOUT 65 CASES

H. Ajmi¹, S. Ghorbel¹, C. Jamila¹, N. Kahloul², K. Helal³, F. Majdoub¹, S. Mabrouk¹, J. Chemli¹, N. Zouari¹, L. Boughammoura², S. Hassayoun¹, S. Abroug¹

¹Pediatric department, Sahloul University Hospital, Sousse, Tunisia.
²Pediatric department, Farhat Hached University Hospital, Sousse, Tunisia.
³Pediatric department, Ibn El Jazzar University Hospital, Kairouan, Tunisia

BACKGROUND AND AIMS

The epidemiological and clinical features of the Kawasaki disease differ widely among ethnic groups and seem to be higher in the Asian populations. In Tunisia, no recent data are available.

the aim of this study is to analyze the clinical features and course of Kawasaki disease in central Tunisia.

Method:

We studied retrospectively sixty-five cases of children with Kawasaki disease collected in Tunisian center pediatric departments during 17 years (2000- 2017).

RESULTS

- ❖ 43 boys and 22 girls (sex – ratio= 1.95)
- ❖ Age between 2 months and 10 years old (mean age= 2.5 years old).
- ❖ Parental consanguinity was found in 20% of cases.
- ❖ The fever was found in all cases. The temperature value averaged was of 39.0 (38 to 40.5°C)
- ❖ The duration of the fever at the time of hospitalization was on average 9.8 days with extremes ranging from 2 to 32 days.
- ❖ Fifty-eight patients had at least 5 diagnostic criteria of the illness

Figure 1: clinical features of patients with Kawasaki disease

- ❖ An infectious episode prior to hospitalization was noted in 32.3% of cases
- ❖ Positive CMV serology was found in three cases.

Table I: Biological data of patients with Kawasaki disease

	Number of case	%
Anemia	33	50,8
Thrombocytosis	27	41,5
High ES (>20)	50	76,9
High CRP (>50mg/l)	47	72,3
Cytolysis	20	30,8

- ❖ Cardiac ultrasound was done in all cases.
- ❖ cardiac complications in 24 Patients: it was a coronary aneurysm in 8 cases, dilated coronary in 23 cases,

- ❖ pericarditis in one case and arrhythmia in two cases.

The normalization time of the echocardiogram was on average 28.7 days with extremes ranging from 2 to 48 days.

Table II: Echocardiography data

Cardiac ultasound results	Numbre of cases
Normal	45
Coronary aneurysm +dilated coronary	6
Coronary aneurysm	2
Dilated coronary withoun aneurysm	13
Two coronary dilated	3
One coronary dilated	21
Aneurysm of two coronary	1

- ❖ Initial treatment : Intravenous immune globulin in 55 patients.

Table III: treatment of patients with Kawasaki disease

Treatment	Number of case
Intravenous immunoglobulin	55
Aspégic (80 mg/kg/j)	63

- ❖ The evolution : 7 patients did not respond to the initial treatment, and required corticosteroids. Then the evolution was favorable for 64 Patients.
- ❖ In one case coronary lesions were severe characterized by the occurrence of myocardial infarction with left ventricular dysfunction.

CONCLUSION:

Kawasaki disease is not rare in Tunisia. Incomplete or atypical presentations are the most source of diagnostic delay and coronary aneurysm is still the most dangerous complication observed in patients with Kawasaki disease.