KAWASAKI DISEASE IN ARMENIA: UNDERESTIMATED ENTITY

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BACKGROUND

Kawasaki disease (KD) is an acute multisystem vasculitis that occurs in infants and young children. Serious cardiac complications can occur in 15-25% of patients. With prompt IVIG therapy this percentage decreases to about 5 % for any abnormality and 1% for giant coronary artery aneurysms (CAA).

OBJECTIVE

We report cases of KD ever diagnosed in the pediatric hospital in Armenia - “Arabkir” Medical Center between 2013-2017.

METHODS

KD was diagnosed on the basis of clinical criteria established by the American Heart Association.

CONCLUSIONS

- KD should be considered in the differential diagnosis of children with unexplained prolonged (> 5 days) fever.
- The disease is obviously underdiagnosed in our country and requires an increased awareness among pediatric specialists.

Pic. 1,2,3. Skin/mucosal/conjunctival changes of the patient with KD.

RESULTS

34 patients with KD were included (16 males/18 females, mean age 42 month) in the study.

Clinical findings: Median duration of fever on admission was 7 days. Non-suppurative conjunctivitis was documented in 28 (82%), rash in 27 (79%), lymphadenopathy in 24 (71%), arthritis in 8 (23%), edema of the hands/feet in 18 (53%) patients. All children developed skin desquamation at the subacute stage of KD.

Laboratory results: 25 (74%) patients showed elevation of CRP >48 mg/dl (mean 96, max 235) and 27 (80%) - ESR >15 mm/h (mean 35, max 62). Other findings were thrombocytosis (mean $600 \times 10^9/l$, max $1300 \times 10^9/l$) at the second week of the disease in 22 (65%). 10 (29%) children had elevated ALT (mean 132 IU/l) and AST (mean 66 IU/l). 5 patients (15%) had CAA on admission, of them 1 child showed giant aneurism.

Treatment: 28 patients (82%) received 2g/kg IVIG between 7 and 10 days. All had aspirin 50-80 mg/kg/day followed by low 3-5 mg/kg/day dose regimen. 6 patients (18%) did not get IVIG because of late referral already without fever. In 2 (6%) cases a second dose of IVIG required and 2 patients (6%) received steroids. Follow-up echocardiography was normal in all children except 1 who developed CAA.

Pic. 4. Ectasia of the right CA revealed by EchoCG.