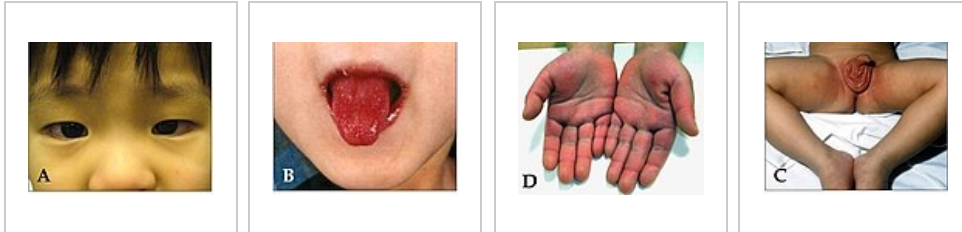


Kawasaki disease

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Mucocutaneous lymph node syndrome otherwise known as **Kawasaki disease** is a Vasculitis unknown etiologic. It causes multisystem inflammatory disease targeting small and medium size arteries, leading to a creation of aneurysms. The disease targets mainly children up to the age of 5 with a maximum between second and third year of age. The highest incidence is in Japan.^[1] Asian children are affected 6 times more often than Caucasian ones. In the Czech Republic the incidence is guessed to be 1.6/100 000 children up to 5 years.^[2]

Clinical picture



Bilateral, non-exudativ conjunctival injection

Changes to mucous - red and swollen lips with vertical cracks and haemorrhaging, raspberry tongue

Erythema and tough swelling of hands and feet + swelling of PIP hand joints

Erythematous exanthema affecting perineum

Acute phase

- Sudden fevers (over 40°C);
- bilateral non-purulent conjunctivitis;
- changes to mucous (dry, cracked lips, erythema of buccal mucosa and strawberry tongue);
- cervical Lymphadenopathy (more than 1,5cm in diameter) - in 70% of cases^[1];
- erythema and tough swelling of hands and feet + swelling of PIP hand joints^[2];
- polymorphic exanthem mostly in inguinal region and on thorax- in 80% of cases^[1];
- symptoms of acute myocarditis (sinus tachycardia, gallop rhythm, weak heart sounds)^[2];
- other: stomach pains, gallbladder hydrops, pleocytosis in CSF, arthritis (middle size and large size joints);
- lasts 1-2 weeks^[1].

Subacute phase

- Desquamation of skin (mainly of fingers);
- thrombocytosis(as much as 10^{12} /liter)^[2];
- creation of aneurysms of coronary arteries - risk of Sudden death;
 - risk factors: prolonged fevers, prolonged elevation of inflammation markers, age under 1year, male sex;
- lasts till the fourth week^[1].

Recovery phase

- From disappearance of clinical symptoms to decline of inflammation markers to normal (usually 6.-8. weeks from the first symptoms);
- the Beau's lines can appear on nails during this phase ^[1].

Diagnostics

- Exclude other causes of fever (infection);
- Hemoculture, cultivation of urine, thorax X-RAY;
- heightened inflammation markers, thrombocytosis;
- Lumbar puncture (to exclude infection) - pleocytosis;
- echo - evidence of aneurysms of coronary arteries^[1].

Diagnostic criteria

- Fever lasting longer than 5 days and minimally 4 of the following:
 - bilateral non-purulent conjunctivitis;
 - reddened, dry cracked lips, raspberry tongue, ...;
 - peripheral erythema, peripheral edema, peeling of skin on fingers, generalized desquamation;
 - polymorphic exanthema on the abdomen, the thorax and the area of genitals;
 - cervical lymphadenopathy (over 1,5 cm in average)^[1].

Treatment

- i. v. imunoglobulin (IVIG);
- Acetylsalicylic acid (Aspirin) in anti-inflammation dose (80-100mg/kg/den) in acute phase and in antiaggregating dose (3-5mg/kg/den) in other phases^[1].

References

Related articles

- Systemic vasculitis

Reference

1. KLIEGMAN, Robert M. - MARCDANTE, Karen J. - JENSON, Hal B.. *Nelson Essentials of Pediatrics*. 1. edition. China : Elsevier Saunders, 2006. 5; pp. 430-432. ISBN 978-0-8089-2325-1.
2. JEHLIČKA, Petr - LAD, Václav - SEDLÁČEK, Dalibor. Kawasakiho syndrom. *Pediatric pro praxi* [online]. 2008, y. 9, p. 12-14, Available from <<http://www.pediatricpropraxi.cz/artkey/ped-200801-0003.php>>. ISSN 1803-5264.

External links

- Podcast o Kawasakiho nemoci (<http://kardioblogie.blogspot.com/2012/12/podcast-5-dalsi-exkurze-do-pediatric.html>)
- DermNet Kawasaki disease (<https://www.dermnetnz.org/topics/kawasaki-disease/>)
- Kawasaki disease - video na youtube.com (<https://www.youtube.com/watch?v=sTyDHTUCw48>)

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