# Electronic Medical Record (EMR) Summary

Patient ID: PID28227473

Name: Siva

Age: 20, Sex: Male

Visit ID: VISIT11792059

Date: 2025-05-17 14:02

## Clinical Reasoning Summary

**Definition & Key Concerns**

The patient's symptoms are suggestive of Kawasaki disease, a systemic vasculitis that predominantly affects children. It is characterized by prolonged fever, rash, conjunctival injection, changes in the lips and oral cavity, and irritability. The main concern is the risk of developing coronary artery aneurysms if not treated promptly.

**Differential Diagnosis**

1. Kawasaki Disease: The presentation is classic, with high-grade fever for more than 5 days, rash, conjunctival injection, and changes in the oral cavity.

2. Scarlet Fever: This could also present with fever, rash, and 'strawberry tongue', but the bilateral conjunctival injection and irritability are more suggestive of Kawasaki disease.

3. Toxic Shock Syndrome: This can present with similar symptoms, but the absence of hypotension and the specific clinical features make Kawasaki disease more likely.

**Can?t-Miss Diagnosis**

The critical high-risk condition that must be ruled out is Kawasaki Disease due to its potential to cause coronary artery aneurysms, leading to ischemic heart disease or sudden death.

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**Suggested Investigations**

1. Complete Blood Count: To look for leukocytosis and anemia.
2. Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP): These are usually elevated in Kawasaki disease.
3. Serum Albumin: Hypoalbuminemia is common in Kawasaki disease.
4. Liver Function Tests: Mildly elevated transaminases are common.
5. Urinalysis: Sterile pyuria is common in Kawasaki disease.
6. Echocardiography: To look for coronary artery aneurysms.

**Management Plan**

1. Intravenous Immunoglobulin (IVIG): 2 g/kg as a single dose is the first-line treatment.
2. High-dose Aspirin: 80-100 mg/kg/day divided into four doses until the patient is afebrile for 48-72 hours, then reduced to 3-5 mg/kg/day as a single dose for antiplatelet effect.
3. Follow-up Echocardiography: To monitor for the development of coronary artery aneurysms.

**Reference Insight**

According to the American Heart Association (AHA) guidelines, the diagnosis of Kawasaki disease is primarily clinical, based on the presence of fever for at least 5 days and at least 4 of the 5 principal features (rash, conjunctival injection, changes in the oral cavity, changes in the extremities, and cervical lymphadenopathy). Early diagnosis and treatment with IVIG and aspirin can significantly reduce the risk of coronary artery aneurysms (Newburger et al., 2017).

Reference: Newburger JW, Takahashi M, Burns JC. Kawasaki disease. J Am Coll Cardiol. 2017;70(23):2921-2929.

## Rare Disease Alerts

Kawasaki Disease (matched 3 symptoms)

## Prescription

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None provided