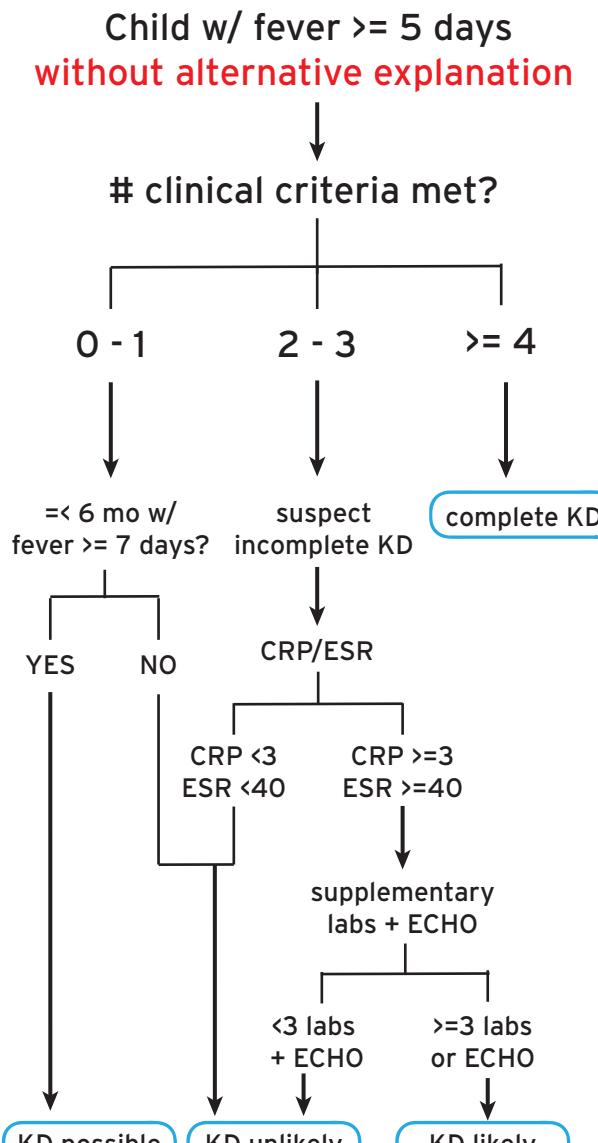


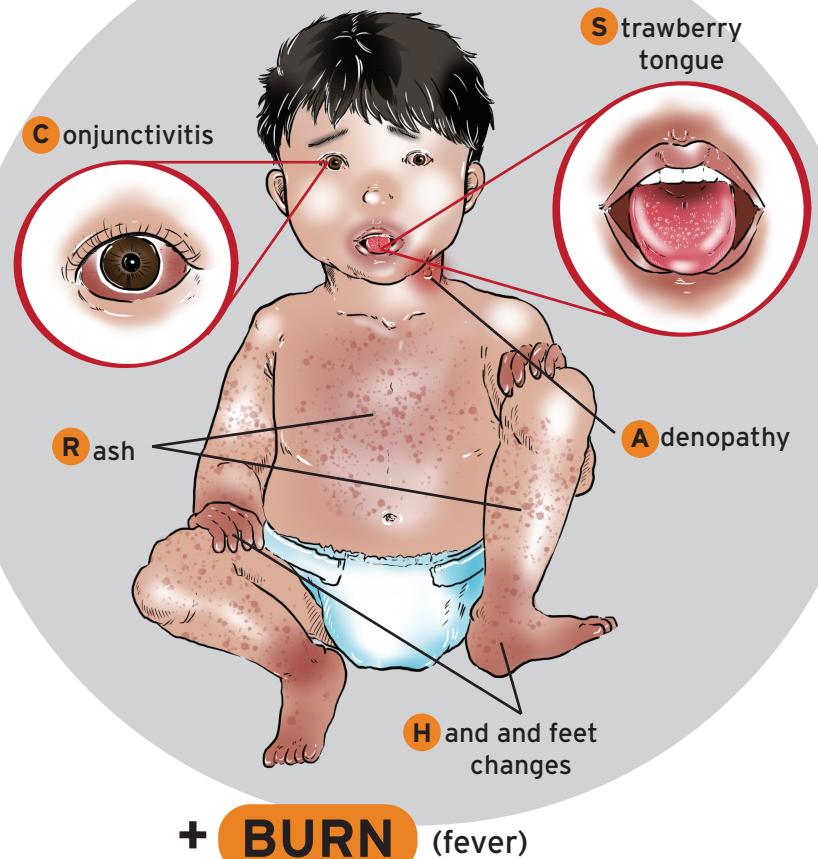
KAWASAKI DISEASE

Approach



What is it?

A medium-vessel vasculitis



Incomplete KD

Treat if:

- Within 10d of fever onset
- Fever persisting >10d
- Clinical/lab signs of ongoing inflammation
- Continued coronary artery dilation despite (-) fever, clinical signs

Diagnostics

Supplemental labs include:

- | | |
|------------------|-------------------|
| • Anemia | • High CRP/ESR |
| • Leukocytosis | • Hypoalbuminemia |
| • Thrombocytosis | • Elevated AST |
| • Sterile pyuria | • CSF pleocytosis |

! All patients need an echo to assess for coronary aneurysms/dilatation + other cardiac complications

Complication

Coronary aneurysms

Prognosis is based on severity of coronary artery involvement as a marker of risk for myocardial infarction

Management

Treatment

IVIG + Aspirin

! Patients with high risk of IVIG resistance should also be given glucocorticoids

! Trend echo (repeat at 2 and 6 wks)