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QT dispersion and Kawasaki disease after coronary bypass surgery

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Sir: We recently reported the relation between QT dispersion and coronary arterial involvement after Kawasaki disease [1]. In the report we showed the usefulness of QT dispersion analysis in detecting the progression of myocardial ischemia after Kawasaki disease, and the remaining concern was whether the increased QT dispersion would be normalized after revascularization for severe involvement of the coronary arteries.

Here we report a 13-year-old boy who was initially diagnosed as having Kawasaki disease at 4 years of age. This patient showed one giant coronary aneurysm of the proximal left anterior descending artery and was followed carefully at the risk level IV in AHA guidelines [2]. At 12 years old he complained of chest pain on exercise for the first time. The exercise scintigraphy showed positive findings in the anterior wall of the left ventricle and coronary angiography revealed significant stenosis distal to the aneurysm. QT dispersion at this time was increased at 82 ms. Coronary artery bypass graft surgery (CABG) was carried out using the left internal mammary artery graft to the left anterior descending artery.

The patient is 13 years old now. He has been free from chest symptoms and had an uneventful course after surgery. Notably, the latest electrocardiogram showed improvement of QT dispersion; it had normalized at 36 ms. As he was the only case to undergo CABG after Kawasaki disease in our hospital, we cannot easily conclude the significance of improved QT dispersion; however, this case is suggestive and we would emphasize again the usefulness of QT dispersion analysis after Kawasaki disease.

References

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