

Unusual Manifestations of Kawasaki Disease

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Introduction

We report four unusual manifestations of Kawasaki disease occurring in our centre between 2000 and 2013.

Case 1: A 20-month-old boy was referred for high fever persisting for 48 hours with poor general condition. Secondarily, he had all major clinical criteria of Kawasaki disease associated with pulmonary, meningeal and gastrointestinal symptoms leading to initial misdiagnosis. Three courses of γ -globulins were needed but with persistent fever and poor general condition. Aneurysm of coronary, axillary and femoral arteries, and partial thrombosis of the right popliteal artery were revealed. Aneurysms of pulmonary arteries were also found, explaining the initial radiographic imaging misdiagnosed as pneumonia.

Case 2: The diagnosis of Kawasaki disease with coronary aneurysms was made in a 6-month-old girl with good response to γ -globulins. On evolution, intestinal occlusion revealed mesenteric ischemia and partial splenic ischemia combined with coronary artery aneurysms. An ileostomy and resection of a large part of the small bowel were required. Prolonged parenteral nutrition and gastrostomy were also needed. Two years after initial presentation, she presented inferior myocardial infarction which was medically well controlled.

Case 3: A 2-month-old girl was admitted for fever 38.5°C with poor general condition. She was presented on day 2, acute abdomen with peritonitis. Surgical exploration concluded to medical peritonitis without appendicitis. Appendectomy and peritoneal drainage were performed. She was discharged home on day 8. She was readmitted on day 10 with the recrudescence of fever, impaired general condition and clinical signs of Kawasaki disease. Assessment found dilatation of coronary arteries. γ -globulin therapy was successful.

Case 4: A 5-month-old girl was referred for high fever persisting for five days, with major criteria of Kawasaki disease associated to an intense systolic murmur. Dilatation of the coronary arteries and high grade aortic insufficiency were found. General status remained poor despite γ -globulins. Echocardiographic control showed a worsening of aortic regurgitation caused by prolapsus of cusps with a total lack of coaptation and haemodynamic compromise. The child had a cardiac arrest and died before any surgical management.

Conclusion: Unusual manifestations of Kawasaki disease are pitfalls that may cause misdiagnosis with high rate of morbidity and/or mortality.