Incomplete Kawasaki Disease With Coronary Artery Lesion After <= 5 Days Of Fever Responded To Antibiotics

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OBJECTIVES: Kawasaki disease (KD) is the most common vasculitis in the developed countries and the diagnosis of KD is made by more than 5 of 6 diagnostic criteria including >= 5 days of fever. However, the Japanese annual survey of KD showed certain number of patients with incomplete KD with coronary artery lesion (CAL). The aim of this study was to identify and characterize patients with incomplete KD who do not fulfill the diagnostic criteria and responded to standard antibiotics treatment but left with coronary artery lesion (CAL).

METHODS: We searched our KD database to identify patients with incomplete KD with <= 5 days of fever and responded to standard antibiotics treatment but left with CAL. Based on the retrospective medical chart review, we characterize patients’ demographics, number of signs, treatment, location and the timing of identifying CAL, and the prognosis.

RESULTS: Of 561, we found 5 patients (0.9%) that met with the inclusion criterion. The patient’s age ranged from 2 months to 2.8 years with a mean of 14.8 ± 15 months old. Numbers of presented diagnostic signs of KD were 2 or 3 except for fever. Three patients were treated with intravenous antibiotics, 1 with oral antibiotics, and the remaining 1 did not receive any antibiotics. CALs were located in both coronary arteries except for 1 in right coronary artery and were noted from 7 to 41 days after the onset. The maximum size of CAL ranged from 3.1 to 8.0 mm with a mean of 4.7 ± 1.4 mm. All patients were placed on oral aspirin and 1 was added warfarin. Of 5, 3 patients showed regression but 2 were left with CAL at 1 year after the onset, confirmed by coronary angiography.

CONCLUSIONS: Though it is rare, there are certain numbers of patients who do not fulfill diagnostic criteria of KD and respond to standard antibiotics treatment with <= 5 days of fever but left with CAL. Pediatric cardiologists must be aware of this fact and schedule timely echocardiography in these patients.