Kawasaki Disease in a 3 yr old
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**Case Summary**

A 34 month old male patient presents to the ER with a couple days history of rhinorrhea, fever, and rash to face. Oral intake and BM had been normal, Father described the patient having lethargy and not acting normal. On physical exam Pt was found to have a petechial rash on face and lips with some mucosal involvement, erythema and exudate present in the tonsillar and peritonsillar regions. He also had anterior lymphadenopathy. There was also some mild swelling noted in the hands, elbows, and knees bilaterally. CXR showed b/l perihilar pneumonia. The patient was transferred to a tertiary care center were the diagnosis of Kawasaki’s disease was made.

**Diagnosis Criteria**

The diagnosis of KD is defined as a fever of 5 days and 4 of the following:
1. Rash
2. Cervical lymphadenopathy (at least 1.5 cm in diameter)
3. Bilateral conjunctival injection
4. Oral mucosal changes
5. Peripheral extremity changes

136 110 5 0.4 109 12.6 36.6 175
CRP 4.2
ANTI-STREPTOLYSIN O <25
SED Rate 25

**Discussion**

Kawasaki Disease (KD) has an unknown etiology. It is a self-limited acute vasculitic syndrome. KD has a male to female ratio of 1.5:1. The mean annual incidence in children of non-Asian descent is 10 cases per 100,000 children younger than 5 years, and the mean annual incidence in children of Asian descent is 44 cases per 100,000 children younger than 5 years. In Japan the incidence is 95 per 100,000. Death occurs in less than 1%. The largest complication is developing coronary artery aneurysms. This happens in about 25% of untreated patients and about 5-10% of treated patients.

Our patient had the following criteria for diagnosis of KD: lymphadenopathy, rash, oral mucosal changes and the peripheral edema. He did not meet the criteria for the fever because it was less than 5 days duration. The diagnosis was made ultimately by the pediatrician at the tertiary hospital.

Treatment is 1IVIG 2g/kg given over 12 hours, and ASA 80-100mg/kg divided qid. The dose of the ASA is decreased (3-5 mg/kg per day) after the fever has resolved and continued for 2-3 months.

3 http://www.cdc.gov/kawasaki/