Early Compared to Late Presentation of Kawasaki Disease

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Background/Objective: Kawasaki disease (KD) is vasculitis of unknown etiology that occurs predominantly in young children. The diagnosis is clinical and the most serious complication is coronary artery changes. Early recognition may reduce morbidity and mortality.

The aim of this study is to evaluate the diagnostic criteria and the incidence of coronary artery complications in KD diagnosed either early or late and to compare the incidence of KD with other forms of acquired heart disease and vasculitis.

Design: Retrospective Study.

Setting: Pediatric Department, BDF hospital, Kingdom of Bahrain.

Method: All patients diagnosed with Kawasaki disease from July 1997 to July 2002 were reviewed.

Result: The study was performed for five years, from July 1997 to July 2002. During that period twenty-three patients were admitted with Henoch Schonlein purpura; only one patient with acute rheumatic carditis was admitted.

Sixteen patients with KD were diagnosed. The age ranged from 5 to 63 months (mean = 9 months). The male to female ratio was (9:7). Six patients presented early (<7days) and 10 late (>7 days). All patients fulfilled the clinical criteria for KD. Fever and irritability were the commonest clinical findings in both groups and all had raised ESR and C-reactive proteins. Thrombocytosis was more common in the late diagnosis group. Coronary artery abnormalities) were similarly more common in the late diagnostic group. Five early (83%) versus six late (60%) responded to a single dose Intravenous gamma globulins (IVIG). At four years follow up period, there was no difference in coronary artery changes between the early and late presentation.

Conclusion: In this study, Kawasaki disease is the leading cause of acquired heart disease in the Kingdom of Bahrain. The diagnosis is clinical and early recognition and treatment reduces short-term morbidity. The long-term effect of Kawasaki disease on coronary artery disease remains unclear.