



# PATIENT FACT SHEET

## Kawasaki Disease (KD)



### CONDITION DESCRIPTION

**Kawasaki disease (KD) is a childhood illness that causes blood vessels to become inflamed (vasculitis) and swell.** Kawasaki disease is a serious illness because it can cause life-threatening inflammation of blood vessels that supply oxygen and nutrients to the heart [the coronary arteries]. This complication can usually be prevented by early diagnosis and treatment.

Kawasaki disease is most common in children younger than 5 years old; however, older children can be affected as well. KD occurs more often among boys and is more commonly seen in the winter and spring months. The exact cause of KD is unknown, but it is suspected that it may be triggered by an infection. It may also occur in children who have a genetic predisposition to the disease. Kawasaki disease is not contagious.



### SIGNS/ SYMPTOMS

**The most common symptoms include prolonged fever, rash, bloodshot eyes, red cracked lips and tongue, and lymph node swelling.** Children with Kawasaki disease may also have painful or swollen joints, extreme fussiness especially in younger children, and swelling of the gallbladder that can cause belly pain and vomiting. The symptoms of KD often go away on their own and the child recovers. Without medical evaluation and treatment however, serious damage to the blood vessels of the heart may develop and not be initially recognized.

There is no specific test to diagnose Kawasaki disease. Rather, doctors diagnose Kawasaki disease based on a child's symptoms and physical exam. A prolonged fever (i.e., more than five days) is often the first symptom that alerts a doctor to consider Kawasaki disease.

Lab tests may help with diagnosis. This may include: [1] blood and urine tests, [2] Electrocardiogram, also known as ECG, to look at the electrical system of the heart, [3] echocardiogram [ultrasound of the heart] to look at the size of the blood vessels around the heart and how the heart is functioning.



### COMMON TREATMENTS

**There are two main treatments for Kawasaki Disease:**

- **Aspirin therapy.** Aspirin is given every 6 hours initially. Then the dose decreases to once a day. A child may have to continue taking aspirin for an extended period.
- **Intravenous immunoglobulin (IVIG)** IVIG is a medicine that reduces the swelling in the blood vessels. This is given through your child's IV.

Parents are sometimes concerned about using aspirin in children due to the concern over the link between aspirin use and Reye syndrome. Reye syndrome is an inflammatory process that affects the brain and liver and has occurred in patients taking aspirin who are infected with chicken pox or influenza. Most doctors suggest that if your child is taking aspirin for a long period for any reason, they should have a flu shot to avoid influenza infection. If your child is on aspirin and they have been exposed to or have chicken pox, you should contact your doctor immediately for advice.



### CARE/ MANAGEMENT TIPS

**Since there is no specific test to diagnose Kawasaki, rheumatologists often help decide if a child's illness is caused by Kawasaki disease or another condition.** Rheumatologists may also help to treat children with Kawasaki disease who do not respond to the usual treatments discussed above. In these children, doctors may use other medicines that rheumatologists commonly use to treat other diseases such as arthritis. Long-term outcomes depend on how much the coronary arteries were affected by the disease.

Follow up care is very important because, often, damage to the coronary arteries does not show up until several weeks later. Fortunately, with appropriate treatment, most children do not have any long-term sequelae from KD. Children that do have coronary artery involvement will need regular cardiology evaluations. The frequency of these visits can depend on the extent of coronary changes. With the right medical care, these patients also generally have a good outcome.