World Academy of Science, Engineering and Technology International Journal of Mathematical and Computational Sciences Vol:14, No:12, 2020

Kawasaki Disease in a Two Months Kuwaiti Girl: A Case Report and Literature Review.

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Abstract: Background: Kawasaki disease (KD) is one of the most common vasculitis of childhood. It is considered the leading cause of acquired heart disease in children. The peak age of occurrence is 6 to 24 months, with 80% of affected children being less than 5 years old. There are only a few reports of KD in infants younger than 6 months. Infants had a higher incidence of atypical KD and of coronary artery complications. This case report from Kuwait will reinforce considering atypical KD in case of sepsis like condition with negative cultures and unresponding to systemic antibiotics. Early diagnosis allows early treatment with intravenous immune globulin (IVIG) and so decreases the incidence of cardiac aneurysm. Case Report: A 2 month old female infant, product of full term normal delivery to consanguineous parents, presented with fever and poor feeding. She was admitted and treated as urinary tract infection as her urine routine revealed pyurea. The baby continued to have persistent fever and hypoactivity inspite of using intravenous antibiotics. Latter, she developed non purulent conjunctivitis, skin mottling, oedema of the face / lower limb and was treated in intensive care unit as a case of septic shock. In spite of her partial general improvement, she continued to look unwell, hypoactive and had persistent fever. Septic work up, metabolic, and immunologic screen were negative. KD was suspected when the baby developed polymorphic erythematous rash and noticed to have peeling of skin at perianal area and periangular area of the fingers of the hand and feet. IVIG was given in dose of 2 gm/kg/day in single dose and aspirin 100 mg/kg/day in four divided doses. The girl showed marked clinical improvement. The fever subsided dramatically and the level acute phase reactant markedly decreased but the platelets count increased to 1600000/mm3. Echo cardiography showed mild dilatation of mid right coronary artery. Aspirin was continued in a dose of 5 mg/kg/d till repeating cardiac echo. Conclusion: A high index of suspicion of KD must be maintained in young infants with prolonged unexplained fever. Accepted criteria should be less restrictive to allow early diagnosis of a typical KD in infants less than 6 months of age. Timely appropriate treatment with IVIG is essential to avoid severe coronary sequels.

Keywords : Kawasaki disease, atypical Kawasaki disease, infantile Kawasaki disease, hypo activity **Conference Title :** ICSRD 2020 : International Conference on Scientific Research and Development

Conference Location : Chicago, United States **Conference Dates :** December 12-13, 2020