Kawasaki disease

Children's Healthcare of Atlanta

What is Kawasaki disease?

Kawasaki ("kah-wah-sock-kee") disease can cause damage to the small and medium sized blood vessels in the body. It can also:

- Damage the vessels that give blood to the heart muscles.
- Affect the eyes, lining of the mouth, skin and lymph nodes.

Kawasaki disease is common in children of Asian descent but can happen in all races. It is the most common cause of acquired heart disease (disease that develops instead of born with) in children in the United States.

The cause of Kawasaki disease is unknown. It most often affects children who are younger than 5 years old, but it can also happen in older children. Your child cannot catch Kawasaki disease from someone else.

What are the possible symptoms?

Your child may have 1 or more of these:

- High fever (temperature of 102°F to 104°F) that lasts at least 5 days
- Redness of the eyes, most often without drainage. Tearing may happen.
- Changes in the mouth, such as red, swollen, cracked lips, and red or swollen tongue
- Red, often itchy, rash that is most often on the main part of the body. This includes the stomach, chest and genitals (private parts).
- Swollen, red hands and feet that may peel as the fever goes away
- Swollen lymph nodes in the neck

Other symptoms could include:

- Irritability or sleepiness
- Diarrhea (loose stools)
- Vomiting (throwing up)
- Pain when urinating
- Stomach pain
- Swollen lymph nodes throughout the body
- Joint pain

What tests could my child have?

Tests may include 1 or more of these:

- Electrocardiogram (EKG) to check the rhythm of the heartbeat

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- Echocardiogram (ECHO) to see the blood vessels around the heart and to see how well the heart is working
- Blood tests
- Urine tests
- In some cases, abdominal (belly) ultrasound to check for enlarged organs in the body

What is the treatment?

Some guidelines to follow may include these medicines:

- Intravenous immunoglobulin (IVIG) in the hospital. Sometimes, multiple doses of IVIG are needed.
- Low dose aspirin for 6 weeks or longer (until an ECHO shows normal vessels) in all children
- Steroids in high risk cases
- Other medicines if there are complications

What will happen later?

After a few weeks, signs of illness start to go away. During this time, your child may have:

- Deep grooves across fingernails and toenails.
- Peeling of the skin around the fingers and toes.
- Pain and swelling of the joints, especially the knees.

The most worrisome complication is coronary artery changes. This risk is there for everyone, but the chance of it happening is much less when someone gets IVIG treatment.

What else can I do?

Make sure your child:

- Keeps taking aspirin for as long as advised by the doctor.
- Gets a follow-up EKG and ECHO at the times advised by the doctor.
- Does not get any live vaccines (shots), such as measles-mumps-rubella (MMR) and varicella (chickenpox), until advised by the doctor.
  - They are most often not advised for 11 months. This is because the IVIG may prevent the vaccine from working as well.
  - Talk with your child's doctor if you are planning to travel to an area where measles is still common.
- Still gets an flu vaccine.

When should I call the doctor?

Call the doctor if your child:

- Has ringing in the ears.
- Has any signs of Kawasaki disease that come back.

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- Has a fever (temperature of 100.4°F or higher), especially after 36 hours of getting IVIG.
- Has fast breathing or chest pain.
- Is fussier or sleepier than normal.
- Has any stomach problems.

Also call your child's doctor if:

- Your child has been around anyone with chickenpox, measles or the flu - especially if your child is still taking aspirin.
- You have any questions or concerns about how your child looks or feels.

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.

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