Short Communication

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Incomplete Kawasaki Disease

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Consultation

3-month-old male child from China, with 5-day evolution of fever up to 39°C, associated with hyaline rhinorrhea, serous conjunctival discharge and hyporexia. In addition, within 24 hours, he begins with non-pruritic skin erythema predominantly on the trunk and bilateral conjunctival hyperemia.

Physical Exploration

Weight: 8.3kg, height: 63 cm, Temperature 38.2°C, Heart Rate 149 bpm, Respiratory rate 48 rpm, Saturation O₂ 96%. Good general appearance, erythematous lesions of acral distribution with palmar-plantar involvement.

Supplementary Tests

- Hemogram without anemia, leukocytosis with neutrophilia and lymphocytosis (20,800 leukocytes / uL, neutrophils: 67.1%, lymphocytes: 23.3%). Thrombocytosis: 986,000 platelets / uL.
- Biochemistry with a kidney and liver profile in a normal range. Normal ionogram.
- Negative blood cultures and nasopharyngeal culture.
- Chest X-ray: bilateral parahilar thickening due to accumulation of secretions, predominantly at the retrocardiac level with an image of incipient pneumonic condensation.
- ECG: sinus rhythm with left axis, normal QTc.
- Echocardiogram: slightly enlarged left coronary artery, with a diameter of 2.5 mm, without aneurysms, compatible with arterial ectasia.

Diagnostic Trial

Retrocardiac pneumonia. Incomplete Kawasaki disease.

Treatment

Intravenous gamma globulin 24 hours after hospital admission. Endovenous cefuroxime for the first 24 hours and then orally for 10 days, and oral acetylsalicylic acid until platelet count normalization.

Conclusions

- Kawasaki disease is an acute, self-limited, but potentially serious inflammatory process due to cardiac complications, affecting small and medium-sized vessels. It predominantly

affects children, with the male: female ratio being 1.5-2.1: 1.

- The diagnosis requires the presence of fever of five or more days of evolution and, at least, four of the five clinical criteria: erythema of palms and soles in the acute phase, with progressive desquamation of the fingers; polymorphic rash; bilateral conjunctival injection; fissured and erythematous lips, branched tongue, pharyngeal hyperemia and cervical adenopathy larger than 1.5 cm.
- The presence of coronary anomalies in the echocardiography allows the diagnosis in those patients in whom the five clinical criteria are not met. Incomplete Kawasaki is more common at an early age, so it is important to make an early diagnosis and start treatment, since these children are at higher risk of coronary heart disease.
- Treatment with gamma globulin is highly effective in reducing clinical symptoms and the development of coronary aneurysms. It is recommended to continue treatment until platelets normalize and until normal echocardiographic control is achieved between six and eight weeks.

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