

Title: Use of Steroids in addition to standard treatment with IVIG/ASA is warranted in acute cases of Kawasaki Disease

Author: Bilal Anwer

Date: 01/06/08

Key words: Kawasaki Disease, IVIG, ASA, Corticosteroid

Abstract: Steroid use in treatment of acute Kawasaki in addition to ASA/IVIG resulted in faster resolution of fever, more rapid improvement in markers of inflammation, and shorter length of hospitalization therefore showing greater benefit.

This document was created by a medical student enrolled in the Primary Care Clerkship at the University of Minnesota Medical School as part of the course project. The aim of the project is to present information on a medical topic in the format of a patient education handout. It does not necessarily reflect the views of the University of Minnesota Medical School physicians and faculty. These materials are provided for informational purposes only and are in no way intended to take the place of the advice and recommendations of your personal health care provider. The information provided may no longer be up to date since it has not been reviewed since the date of creation. The information provided should not be used to diagnose a health problem or disease, or as a means of determining treatment. In the event of a medical emergency, immediately contact a doctor or call 911.

Kawasaki Disease

FOLLOW UP:

Upon discharge, the hospital usually gives parents a list of instructions. They generally follow up with their pediatrician within a week after coming home from the hospital.

Children will be prescribed a low dose of aspirin to be taken for six to eight weeks. Since aspirin can cause gastrointestinal bleeding and other problems, parents should watch for warning signs, such as a stomach ache or blood in the stool. Aspirin can also cause children to bruise easily, so certain activities should be avoided.

Parents should also make sure the child is not exposed to anyone with the flu or chicken pox to avoid the risk of Reye's Syndrome, which has been linked to aspirin use in these illnesses.

The arthritis is always temporary, but can be uncomfortable. If a child is having difficulty walking or is in pain, the physician may prescribe an anti-inflammatory medication. Physical therapy may also be helpful, or parents may receive a list of exercises to do at home.

One to two weeks after the illness starts, children may have peeling on their fingers and toes. Although it is usually not painful, the new skin underneath can be tender. Overall, a child's skin may be dry for several weeks and you can use an unscented lotion to moisturize the skin.

Parents should take their child's temperature daily for the first week or two, and it is very important to call the doctor if the youngster develops a fever. Children may require a second intravenous treatment if they have fever. If parents have any questions, they should not hesitate to call their doctor or the hospital.



Materials Adapted from:

MayoClinic.com

&

Kawasaki Disease
Foundation
www.KDfoundation.org

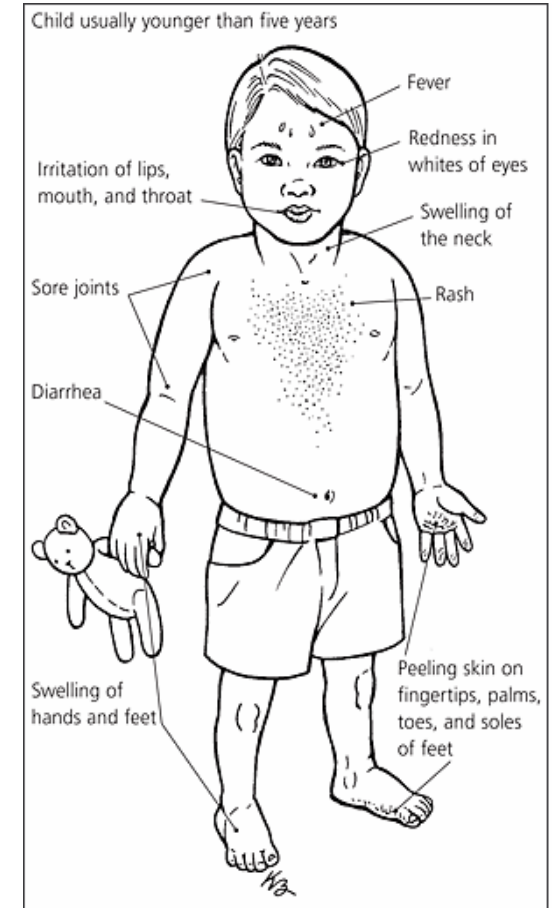
Brochure Prepared By:

Bilal Anwer
Univ. Of Minnesota
MS4



What You Should Know About Kawasaki Disease

Mucocutaneous Lymph Node Syndrome



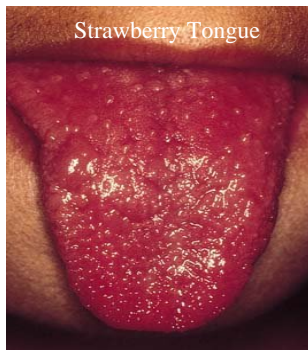


INTRODUCTION:

Kawasaki disease is a condition that causes inflammation in the walls of small- and medium-sized arteries throughout the body, including the coronary arteries. It mostly affects children from ages 2 to 5. Identified by a Japanese doctor, Tomisaku Kawasaki, in 1967, Kawasaki disease is also called mucocutaneous lymph node syndrome because it also affects lymph nodes, skin and the mucous membranes inside the mouth, nose and throat.

Kawasaki disease occurs more often in boys than girls, and most commonly in children of Japanese or Korean descent, although any child can get it. It can cause serious complications of the heart and the blood vessels that supply the heart. Some of the complications of Kawasaki disease may be life-threatening.

The condition is not preventable, but it's treatable in most cases. Most children recover from Kawasaki disease without serious problems.



CAUSES:

No one knows what causes Kawasaki disease. A number of theories link the disease to bacteria, viruses, or environmental chemicals or pollutants, but none has been proved. Kawasaki disease doesn't appear to be hereditary.



SIGNS & SYMPTOMS:

- Fever that lasts for several days
- Rash, often worse in the groin area
- Red eyes, without drainage or crusting
- Bright red, swollen, cracked lips
- “Strawberry” tongue, which appears with shiny bright red spots after the top coating sloughs off
- Swollen hands and feet
- Redness of the palms and soles of the feet
- Swollen lymph nodes

Understandably, children with these symptoms are extremely uncomfortable and irritable.

Any parent whose child has persistent fever and any of these symptoms should take the youngster to the doctor immediately. During the first and second week of illness, other symptoms may appear. A telltale sign of KD is that skin on the fingertips and toes starts to peel. Children may also develop temporary arthritis that causes pain in joints throughout the body, an enlarged gallbladder, temporary hearing loss, abdominal pain, vomiting and diarrhea.



TREATMENT:

Your doctor will want to begin initial treatment for Kawasaki disease as soon as possible after the appearance of signs and symptoms, preferably while your child still has a fever. The goals of initial treatment are to lower fever and inflammation and prevent heart damage.

To accomplish those goals, your child's doctor may recommend:

- **Aspirin.** High doses of aspirin can reduce the fever, rash, joint inflammation and pain and help prevent blood clots from forming.
- **Gamma globulin.** Infusion of gamma globulin (an immune protein) through a vein (intravenously) can lower the risk of coronary artery abnormalities.

Because of the risk of serious complications, initial treatment for Kawasaki disease usually is given in a hospital.

After the initial treatment

Once the fever subsides, your child may need to take low-dose aspirin for at least six to eight weeks, and longer if he or she develops a coronary artery aneurysm. Aspirin helps prevent clotting.

However, if your child develops flu or chickenpox during treatment, he or she will need to stop taking aspirin

Monitoring heart problems

If your child has any indication of heart problems, your doctor may recommend follow-up tests to monitor heart health at regular intervals. If your child develops continuing heart abnormalities, your doctor may refer you to a doctor who specializes in treating heart disease in children (pediatric cardiologist).