

## KAWASAKI DISEASE

Named after Japanese pediatrician, Tomisaku Kawasaki, Kawasaki Disease is also known as mucocutaneous lymph node syndrome. Dr. Kawasaki first described this disease that can also affect the lymph nodes, skin and mucous membranes of the nose, throat and mouth in 1967.

**What is it:** Kawasaki Disease is a rare childhood form of vasculitis that can affect any blood vessel including arteries, veins and capillaries. If it affects the coronary arteries, it can lead to severe heart conditions such as myocarditis.

**Who is at risk:** Three things are known to increase your child's risk of developing Kawasaki disease. It can affect all ethnicities but is most common children of Asian descent. Most patients are under the age of 5 and males are slightly more likely than girls to develop Kawasaki Disease.

**Cause:** The cause of Kawasaki disease isn't known. The body's response to a virus or infection combined with genetic factors may cause the disease. However, no specific virus or infection has been found, and the role of genetics isn't known. Kawasaki disease can't be passed from one child to another.

**Symptoms:** Symptoms of Kawasaki disease occurs in stages. Early on, the child may present with fever, often lasting more than 5 days, blood shot eyes, swelling of the tongue, lymph nodes, hands and feet along with red palms and soles of the feet. Later symptoms may include peeling of the skin on the hands and feet, diarrhea, vomiting or joint pain.

**How is it diagnosed:** Kawasaki disease can be hard to diagnose and often will be considered after other illnesses that are known to cause similar symptoms, such as scarlet fever, juvenile rheumatoid arthritis, and measles are ruled out.

**Complications:** Heart problems can occur in up to 25% of untreated children (American Family Physician). Aneurysms can develop as a result of the inflammation in the arteries. A rare but serious complication is a heart attack caused by a rupture of the weakened vessel.

**Treatment** for Kawasaki disease starts in the hospital and includes high doses of gamma globulin and aspirin to decrease inflammation and reduce the pain.

**Did you know?** With early detection and treatment 99% of children will recover fully. Patients should continue to have an echocardiogram every year or two to screen for heart problems.

While most triage nurses will go their entire career without seeing a patient with Kawasaki Disease, they should be aware of the symptoms and after care advice. Since Aspirin therapy is

often continued at home, the nurse should educate the parent about the risk of Reye Syndrome and not giving Aspirin without consulting with their doctor.

Source/s:

[www.webmd.com](http://www.webmd.com)

[www.medlineplus.gov](http://www.medlineplus.gov)

[www.mayoclinic.com](http://www.mayoclinic.com)