

**Kawasaki disease** is a rare vasculitis, which strikes children. Over 4,000 children develop it each year. 80% of patients are under the age of 5. Patients usually begin with a fever that lasts at least five days.

**Symptoms** may include red eyes, lips, and mouth; rash; swollen and red hands and feet; and swollen lymph nodes. The disorder affects the mucus membranes, lymph nodes, walls of the blood vessels, and the heart. The most important aspect of the disease is the heart's involvement. The disease can cause inflammation of blood vessels in the coronary arteries, which can lead to aneurysms. Kawasaki is the leading cause of acquired heart disease in children.

**Cause:** There is no known cause of the disease.

**Symptoms:** Kawasaki disease often begins with a high and persistent fever greater than 102°F, often as high as 104°F. A persistent fever lasting at least five days is considered a hallmark sign. The fever may persist steadily for up to two weeks and is not very responsive to normal doses of acetaminophen or ibuprofen.

**Diagnosis** is usually based on evaluation of classic symptoms. Possible diagnostic tests include a complete blood count (CBC), ESR, Electrocardiogram, Echocardiogram, Chest x-ray and urinalysis.

Immediate **treatment** is critical to avoid permanent damage to the coronary arteries and heart. Standard treatment includes high doses of Intravenous gamma globulin. The patient's condition usually greatly improves within 24 hours of treatment.

With early recognition and treatment, **full recovery** can be expected. However, 2% of patients die from complications of coronary blood vessel inflammation. Patients who have had Kawasaki disease should have an echocardiogram every 1-2 years to screen for heart problems.