



What is Kawasaki Disease?

Kawasaki disease (also known as Kawasaki syndrome) is an acute childhood illness that hits out of the blue. It can affect children of all ages, although those age five or under are primarily affected. Boys are almost twice as likely as girls to contract Kawasaki Disease. It is an inflammatory process that can affect almost every system in the body, although the arteries that supply blood to the heart (the coronary arteries) appear specifically affected.

Why is it called Kawasaki?

Dr Tomisaku Kawasaki of Tokyo, Japan, first described the group of signs and symptoms associated with the illness in 1967. Since then it has been diagnosed in virtually every country in the world.

What are the symptoms of Kawasaki Disease?

The main symptoms include:

- **Temperature of 5 days or more plus Red eyes**
 - **Sore mouth**
 - **Cracked red lips**
 - **Red tongue (often strawberry like)**
 - **Skin rash**
 - **Swollen glands in the neck (can be in the stomach)**
 - **Swollen often red and painful hands and feet**
- Peeling of fingers and toes between 10 and 14 days after the illness starts.**

Although diagnosis of 'classical' Kawasaki Disease requires fever plus at least four of the features above, increasingly doctors will suspect the diagnosis even if not all features present.

Other typical features are extreme irritability, joint pain, loss of appetite, moodiness, vomiting and diarrhea.

The symptoms are often similar to other illnesses but all together need a medical opinion.

The symptoms often occur sequentially rather than all at the same time.

What causes Kawasaki Disease?

The cause is unknown. It seems to be the way certain children react to an unknown infection but there are many theories and to date no-one has found a definitive cause. It may well be an abnormal response by the immune system to common infections. Research is taking place throughout the world to find the cause.

What is the treatment for Kawasaki Disease?

Immunoglobulin (antibodies from donated blood) given as an infusion, usually over 12 hours with aspirin. Aspirin is given initially as a higher dose and then low dose when the temperature settles and the inflammation has resolved for a total of about 6 – 8 weeks. This may be longer if any heart damage is sustained.

How long does Kawasaki Disease last?

The initial stage (acute) is about the first 14 days. At this point in most of the children there will be peeling of the skin. Generally hands and/or feet but can be on the body. Next follows the convalescent stage which is **6 – 8 weeks**. During this time the child will be 'better' as in symptoms clearing but may well still be very irritable and tired. Treatment can help make them more comfortable but cannot lessen the time that Kawasaki runs its course.

What tests will be done?

Initially blood tests will probably be needed to rule out other illnesses and to check blood counts but once diagnosed there is generally no need to repeat them very often. There is usually ECG to check the heart electrical function. There is always a cardiac ultrasound scan – an echocardiogram, which is repeated during and after the illness. This scan is painless and similar to those used during pregnancy. They can be difficult for the doctors to perform as the child is often irritable and uncooperative. The staff are very used to this. The echo is used to picture the coronary arteries which feed the heart to check for any abnormalities.

What happens if a problem is found?

5% if treated (**20% if not**) of children sustain some damage to the coronary arteries. The majority of these children can lead normal lives but will need to stay on medication and be seen regularly by cardiologists while there is an abnormality. Aspirin is the mainstay but other drugs may also be required. There will be regular check-ups and echo scans. In most children the damage will 'repair' within the first two years but for others it can take a lot longer, if at all.

Can Kawasaki Disease recur?

Kawasaki disease can happen more than once, there is no natural resistance built up as happens with other illnesses. The recurrence rate in the UK is less than **1%**.

Other notes

It is vital for any child with (or suspected to have had) Kawasaki Disease to have heart scans even if they no longer have any symptoms of the initial illness.

There are some children who have mood swings sleep problems and/or behavioral problems after Kawasaki Disease. This is one of the areas currently being researched.

Families of children who have had immunoglobulin treatment and are due their routine vaccinations, should talk with their doctor about the timing of these vaccinations.

We know there are adults presenting with problems which can be traced back to having undiagnosed and therefore untreated Kawasaki Disease as children. Adult cardiologists are generally very aware of this illness.

Who are the Kawasaki support group?

The group was established in June 1994 by three mothers of children with Kawasaki. It is still run by two of them. Sue Davidson and Nicky Clements. We have support from the medical profession and have set up a telephone help line giving parents information and understanding. We are trying to raise awareness of both the illness and ourselves. We currently have over 1100 families in the group and it is expanding. Helping with research and gathering information about the illness and the children affected are very important to us. We collect information about the children, their families and their illness using a questionnaire for parents.

We raise funds to help running costs to be met.

The group can be contacted by post, email or phone at the address and number below.

SUE DAVIDSON
13, Norwood Grove,
Potters Green,
Coventry
CV2 2FR

Tel: 02476 612178

Fax: 02476 612178

Email: kssg1sue@hotmail.com

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