What are the complications of Kawasaki’s?
Complications of Kawasaki disease usually affect the heart. Your child will need tests to check their heart is functioning normally.
- Electrocardiogram (ECG) - measures electrical activity
- Echocardiogram (echo) – uses ultrasound to produce pictures of the heart
If no treatment is given, around 25% of children develop swelling of the blood vessels around the heart (coronary arteries). The risk is reduced to 5% if treated with immunoglobulin. In some cases this swelling can progress to weakened areas of the blood vessels called aneurysms. These can cause a blood clot to develop or in rare cases can burst. They can also increase the risk of a heart attack. If an aneurysm develops, long term treatment and follow up is needed.

What happens after discharge from hospital?
Make sure your child takes medication that has been prescribed for them and look out for side effects. Aspirin can rarely cause side effects which can damage the liver and brain in children if not treated. Seek medical attention immediately if your child develops vomiting or lack of energy whilst taking aspirin. Your child will be given a follow-up appointment for their heart to be monitored. Once it is confirmed that your child does not have any heart problems, they can usually stop taking aspirin.

How long will my child be ill?
Some symptoms, such as peeling skin, may not occur until three to four weeks after symptoms start. Most children with Kawasaki Disease will be unwell for about two months.

How long should my child stay off school?
Your child can go to school as Kawasaki’s does not appear to spread from person to person. However, your child is unlikely to feel well enough to attend school during the illness.

Kawasaki Disease - Important Points
- Kawasaki disease is a rare illness which can cause heart problems
- It is difficult to be certain of the diagnosis is the cause is not known and there is no test to confirm it
- Risks are reduced by treating quickly with immunoglobulin

We recognise that not everyone will find this document easy to read. We can arrange for large print, audio tape versions and for summaries or explanations in other languages. Please call 01204 390193 if we can help.
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What is Kawasaki Disease?
Kawasaki disease is a rare condition that mainly affects children between the ages of 6 months and five years. It causes inflammation (irritation) of the blood vessels. If untreated, it can cause damage to the heart.

What are the symptoms?
Symptoms occur in three stages over 6 weeks

**Weeks 1-2. Key symptoms appear.**
1) High temperature and irritability, which doesn’t respond to paracetamol, ibuprofen or antibiotics, and lasts for at least 5 days
2) Blotchy rash which may start in the genital area and spread to body, arms, legs and face
3) Red or swollen hands and feet, causing reluctance to walk or crawl
4) Bloodshot eyes (but not with discharge or pain like in conjunctivitis)
5) Lips may be red, dry or cracked and the mouth and throat may also be inflamed. The tongue may be red, swollen and covered in small lumps, often called 'strawberry tongue'
6) Swollen glands in the neck

**Weeks 2-4**
Fever usually disappears but children may still be irritable. Fingers and toes often peel. Some children develop abdominal pain, vomiting, diarrhoea, jaundice or joint pains. This is when complications are most likely to occur.

**Weeks 4-6**
Recovery begins and symptoms usually completely disappear, however children may tire easily during this time.

What causes Kawasaki Disease?
The cause is not known, but it is thought to be an infection. However, so far, a bacterial or viral cause hasn’t been found. Kawasaki disease isn’t contagious, so it is unlikely to be caused by a virus alone. Some children may be more likely to get Kawasaki’s due to the genes they inherit. One theory is that it may be caused by the immune system attacking the body. Other theories suggest it may be a reaction to medications or chemicals.

How is Kawasaki Disease diagnosed?
There is no test to diagnose Kawasaki’s. All children who may have Kawasaki’s are admitted to hospital. It can be diagnosed if your child has a temperature for 5 days with 4 of the other key symptoms. In some cases, it can be diagnosed with less than four of these symptoms when it is known as ‘atypical’ or incomplete Kawasaki disease. A diagnosis may also still be made if four features are present but fever is only present for 4 days.

What tests will my child need?
Kawasaki’s is only diagnosed if other illnesses are unlikely. Your child may need tests to rule out other illnesses such as Scarlet Fever, Measles, Glandular Fever, Viral Meningitis and immune system disorders. There are also tests that can to help support the diagnosis of Kawasaki disease.

**Blood tests** - white cells are raised in more than half of cases, platelets are usually high in the 2nd or 3rd week and tests called CRP and ESR show high levels of inflammation but cannot show the cause.

**Urine tests** – white blood cells may be found

**Lumbar puncture** – a sample of the fluid around the brain and spine may show white blood cells

How is Kawasaki Disease treated?
Kawasaki disease is treated in hospital as soon as possible as this reduces the risk of complications.

**Aspirin**
This is one of the few conditions where aspirin is used in children. Aspirin reduces pain, fever and inflammation. The benefits of aspirin are felt to outweigh the risk of complications.

**Intravenous immunoglobulin (IVIG)**
This is a solution of antibodies taken from healthy donors. IVIG reduces fever and the risk of heart problems. After receiving IVIG, symptoms should improve within 36 hours. If fever does not improve, a second dose may be needed.

**Steroids**
Steroids may be recommended if a second dose of IVIG does not work. Research is currently looking at the benefits of using steroids.