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## A case report on a missed diagnosis of Kawasaki disease presentation with coronary artery aneurysms

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Kawasaki disease is the most common vasculitic syndrome occurring in childhood. The main complication of Kawasaki disease is increased likelihood of developing Coronary Artery aneurysm (CA), the incidence of which can be decreased by administration of IVIG (Intravenous immunoglobulins) within 7-10 days following the onset of the disease. Establishing an accurate diagnosis of atypical KD is quite difficult, resulting in delayed administration of IVIG therefore increasing the risk of patients developing CA. A 5 month old previously healthy child was admitted on 15th of August with a 5-day history of fever, cough and coryzal like symptoms. He later developed other features such as maculopapular rash and non suppurative conjunctivitis. Initial blood results, symptoms and radiological findings moved us to consider a possible viral etiology of EBV, HSV which showed to be negative on further investigation. 4 days post admission the fever seemed to have subsided following administration of IV Ceftriaxone and Azithromycin and the child was discharged. On 27<sup>th</sup> of August patient was readmitted with periungual desquamation. Bloods test revealed platelets peaking at 875. A diagnosis of Kawasaki disease was strongly suspected. This was confirmed by an ECHO conducted on the 6th of Sep which showed dilation of right and left CA. This case highlights a need to maintain a high index of suspicion for atypical KD in case of infants below the age of 6 months who present with continuous fever, increased inflammatory markers and a high platelet count in later stages of their admission.

### Biography

Vasundhara Priyadarshani has completed her MBBS, MChD from Charles University Prague First Faculty of Medicine in 2017. She is currently completing her foundation training in England at North Devon District Hospital. She has spent 4 months of her training in the paediatric department of NDDH.

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