

# International Conference and Exhibition on **Pediatric Cardiology** August 25-27, 2015 Valencia, Spain

## **A review of acute cardiac abnormalities in children with Kawasaki disease in a tertiary hospital**

**Clariss Lovelle A Blanco**  
St. Luke's Medical Center, Philippines

**T**his retrospective cross-sectional study aimed to describe the acute cardiac abnormalities in children with Kawasaki disease (KD) in a private tertiary hospital, and identify a correlation of clinical and laboratory findings with these acute cardiac abnormalities. A 10-year (2004-2013) chart review of KD cases describing the demographic, clinical and laboratory data was performed. Those cases with and without acute cardiac involvement were identified, then compared according to these clinical and laboratory parameters: age, sex, presence of each of the principal clinical manifestations, incomplete presentation, hematocrit, white blood cell count, platelet count, C-reactive protein, and erythrocyte sedimentation rate. Descriptive statistics were used, including measures of central tendency and dispersion. Ratio and proportion were calculated for the frequency distribution of each variable. Prevalence of those patients with and without acute cardiac abnormalities was obtained. Acute cardiac abnormalities were seen in 59 of 67 (88.1%) KD patients. These included significant cardiac exam findings (50.7%), echocardiogram findings (77.6%), and electrocardiogram (ECG) findings (53.8% of 13 ECG's). Pericardial effusion (59.7%) was the most common echocardiogram finding, followed by coronary artery lesions (40.4%). Statistical analysis showed no significant difference in the clinical and laboratory parameters between KD patients with acute cardiac abnormalities and those without. In conclusion, various, nonspecific cardiac abnormalities are demonstrated in the acute phase of Kawasaki disease. The most significant of these are coronary artery lesions. There was no significant difference in the clinical and laboratory findings between KD patients with acute cardiac abnormalities and those without.

### **Biography**

Clariss Lovelle A Blanco is a young pediatrician from Cebu City, Philippines. She earned her medical degree from the Cebu Institute of Medicine, where she is now a part-time Assistant Professor. She completed her residency training at St. Luke's Medical Center, Quezon City, Philippines in July last year. She plans to pursue a fellowship in either Pediatric Cardiology or Intensive Care soon.

[clarissblanco@gmail.com](mailto:clarissblanco@gmail.com)