

12th World
PEDIATRIC CONGRESS
December 13-15, 2018 Abu Dhabi, UAE

Cardiology approach to Kawasaki disease

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Kawasaki Disease (KD) is an acute, self-limited vacuities of unknown etiology that was first described in the Japanese literature in 1967. It has now become the leading cause of acquired heart disease in children. It occurs in young children, (80% of patients are under the age of 4 years). Kawasaki disease is diagnosed using clinical criteria that include fever for 5 days or longer and at least 4 of the following: (1) Nonexudative conjunctival injection; (2) oral involvement, including any of strawberry tongue, mucosal hyperemia and cracked or erythematous lips; (3) changes in the peripheral extremities, including edema or desquamation in convalescence; polymorphous rash; and acute cervical adenopathy greater than 1.5 cm in diameter. [3] There is no specific diagnostic test or pathognomonic clinical features; those previously mentioned clinical criteria have been established to assist physicians in diagnosing KD. So clinician should be aware of the possibility of KD. Incomplete (atypical) Kawasaki disease occurs in persons with fever lasting five or more days and with two or three of these findings. Echocardiography is essential. It can reveal dilatation and aneurysms of the coronary arteries, as well as allowing assessment of the pericardium and left ventricular/valvular function. Serial echocardiography is often needed to detect occult coronary artery disease as the illness evolves. Treatment for acute disease is intravenous immunoglobulin and aspirin. If there is no response to treatment, patients are given a second dose of intravenous immunoglobulin with or without corticosteroids or other adjunctive treatments. The presence and severity of coronary aneurysms and obstruction at diagnosis determine treatment options and the need, periodicity, and intensity of long-term cardiovascular monitoring for potential atherosclerosis.

Biography

Samah Alasrawi is a Pediatric Cardiologist at Al Jalila Children's Specialty Hospital since 3 years. She has Bachelor's degree from Damascus University, Syria, followed by a Master's degree in Pediatric Cardiology. Besides having worked in numerous private hospitals in Damascus as a Consultant Pediatric Cardiologist, she also had a private practice with clinical and research interests in congenital heart diseases, pulmonary hypertension, cardiomyopathies and arrhythmias in children.

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