

Treatments of Kawasaki Disease in Infants

Barl Etensel^{1*}, Holly Neville²

¹Department of Pediatric Surgery, Adnan Menderes University, 09100 Aydin, Turkey; ²Department of Medicine, University of Miami School of Medicine, FL, USA

DESCRIPTION

Kawasaki Disease (KD) is a condition in which the body's blood vessels expand and become inflamed. Kawasaki illness is yet to be identified. Kawasaki illness is assumed to be caused by an infection since it causes a high temperature and enlargement of the lymph nodes. It can happen to youngsters who are genetically predisposed to the condition. The illness is not spreadable [1].

Kawasaki illness symptoms usually go away on their own, and the kid heals. Serious consequences may occur without medical examination and treatment, and they may not be identified at first. Kawasaki illness is more frequent in children under the age of five, with the majority of cases occurring in children under the age of two. Kawasaki illness, on the other hand, can afflict older children. The illness is more common in boys [2-4].

Kawasaki disease is an uncommon condition that primarily affects infants aged 0 to 5, although it can also affect individuals as young as 13 years old. It's a specific sort of vacuities. Vacuities are a condition in which the blood vessels become inflamed. It can impact the entire body, including the heart's vessels (coronary arteries). Kawasaki illness has no recognized etiology. Affected youngsters are more likely to develop coronary artery issues if they are not treated. Other parts of the heart may be impacted as well. Most youngsters recover with no long-term consequences if they get prompt care.

Diagnosis

There isn't a single test that can be used to diagnose Kawasaki illness. The doctor determines the child's diagnosis based on his or her indications and symptoms. Diagnosis may be aided by laboratory testing. A protracted fever (one that lasts more than five days and is often greater than 101.3 F) is commonly the first sign that Kawasaki illness is present. The following are signs and symptoms that might aid in the diagnosis:

high fever over a long time (lasting longer than five days and generally higher than 101.3 F).

conjunctivitis without discharge or red eyes.

one side of the neck has enlarged lymph nodes.

hands and feet that is swollen and red, with skin peeling on occasion.

joints that hurt, Irritability in children and teenagers.

gall bladder enlargement can cause stomach discomfort and vomiting in children.

These symptoms can also be seen in other illnesses and infections. A doctor may conduct blood tests to look for the following things to see if a kid has Kawasaki disease, a recent strep infection or a viral infection, Immune reaction of the body, a urine sample is sometimes taken as well.

These laboratory tests are useful, but satisfying the clinical criteria for most of the signs and symptoms described above is the only method to diagnose Kawasaki illness.

Treatment for kawasaki disease

In most cases, children are admitted to the hospital for two to five days. IVIG (intravenous gamma globulin) is an infusion given through the child's IV and high-dose aspirin is given every six hours. These medications aid in the reduction of blood vessel swelling and inflammation. The likelihood of coronary aneurysms can be reduced by IVIG, but not eliminated. If administered within the first 10 days of sickness, the infusion is most beneficial. When people give within the first 10 days of sickness, their chance of getting coronary abnormalities drops from 25% to less than 5%.

The kid will continue to take high-dose aspirin after discharge until the indications of inflammation and fever have gone away Children should continue to take a low-dose aspirin every day for at least six to eight weeks. Following the resolution of Kawasaki's illness, the kid will be observed by a cardiologist. Because of the association between aspirin usage and Reye syndrome, parents are frequently cautious about giving aspirin to their children. Reye syndrome is a brain inflammatory disease that has been linked to people who have taken aspirin for a long time and have had chickenpox or influenza. Some doctors recommend getting a flu vaccination for their children if they

Correspondence to: Barlas Etensel, Department of Pediatric Surgery, Adnan Menderes University, 09100 Aydin, Turkey, E-mail:barletensel@adu.edu.tr

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are taking aspirin for an extended length of time for whatever reason.

CONCLUSION

Despite the fact that KD is a disease with high morbidity and death, there is no definitive diagnostic test available. Increased physician understanding of the main symptoms of KD and the use of echocardiography have improved patient outcomes by allowing for more prompt treatment, although incomplete presentations confound diagnosis and are linked to much poorer coronary outcomes. Given the serious consequences of late diagnosis, the immediate advantages of existing treatments such as IVIG, and the expanding global frequency of KD, neonatal and pediatric doctors should consider KD as a diagnosis in cases with persistent pediatric fever.

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