Ashford and St. Peter's Hospitals NHS
NHS Trust

WOMEN'S HEALTH AND PAEDIATRICS
PAEDIATRIC DEPT

CARDIAC MANAGEMENT IN KAWASAKI DISEASE

Amendments			
Date	Page(s)	Comments	Approved by
Nov 2014	New Guideline		
March 2018		Whole document review – no changes	Paediatric Guideline Group

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In Consultation with:

Ratified by: Paediatric Guidelines Group

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Date Reviewed: March 2018

Next Review Date: March 2021

Target Audience: Doctors, nurses and support staff working in Paediatrics

Impact Assessment Carried Out By:

Comment on this document to: Dr Kate Irwin Consultant Paediatrician

GUIDELINES FOR CARDIAC MANAGEMENT IN KAWASAKI DISEASE

Classic Clinical Criteria

Fever > 5 days and at least 4 of the following :

- Bilateral non-exudative conjuctivitis
- Changes in lips-oral mucosa
- Changes in extremities
- Polymorphous erythematous rash
- Cervical lymphadenopathy

Management of Kawasaki (1)
Recommended investigations

- FBC, Film, UEs, LFTs
- ESR , CRP
- Blood Culture
- ASO titre and AntiDNAse B
- Nasal and Throat swabs (bacterial , viral)
- Viral titres (enterovirus,adenovirus,CMV,EBV)
- Autoantibody screen
- Urine microscopy

Management of Kawasaki (2)

- ECG
- Echocardiogram
- Exercise test / angiography
- Abdominal US

Echocardiogram

- At diagnosis (if in doubt)
- At 10-14 days
- At 6-8 weeks
- At 6 months and discharge if normal
- 6-12 monthly if aneurysms detected

ECG in Kawasaki Disease

At presentation – diagnosis

On discharge

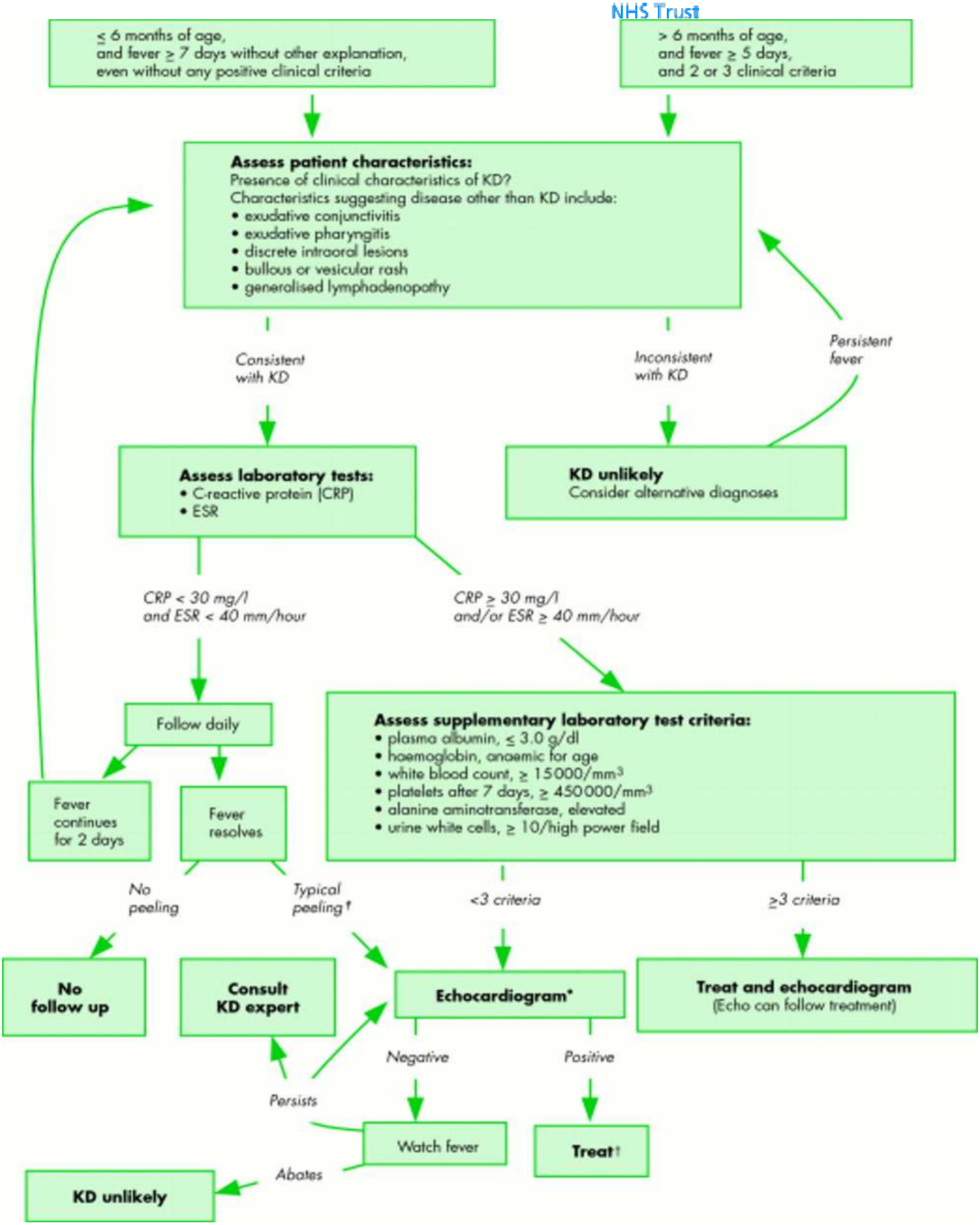
With severe episodes of pain or discomfort

Management of Kawasaki (3)

A. Immunoglobulin: 2 gr/kg IV 12h infusion

B. Aspirin: 30-50 mg/kg/day (in 4 divided doses) initially until afebrile

3-5 mg /kg /day for 6-8w if no coronary abnormalities - if present continue until resolved (liaise with Tertiary Centre)



What to do with incomplete c

MANAGEMENT OF CARDIAC INVOLVEMENT IN KAWASAKI DISEASE

Echocardiogram: LCA, RCA proximal and distal segments
LV function
Pericardial effusion
Valvar regurgitation

Risk factors for coronary artery involvement: White cell count >30,000
ESR >100
Male
<1 year old
Fever >16 days

Gp	***Coronary***	***Echo***	***Aspirin (5mg/kg/day)***	***Exercise***	***F.U.***
1	Normal	6/52, 6/12	6/52	Normal	None
2	Transient Ectasia	2/52, 6/52, 6/12	6/52	Normal	None
3	Single aneurysm 3-7mm	2/52, 6/52, 6/12	Until abnormality resolved	Normal	Angiogram if PET/Ex Test abnormal at 1 year
4	Multiple aneurysm; giant aneurysm (>8mm)	2/52, 6/52, 6/12 + as needed	Long term + dipyridamole	Restrict after 10 years old	Angiogram 1 year, 5 years+
5	Obstruction	2/52, 6/52, 6/12 + as needed	Long term + dipyridamole + calcium channel blockers (to reduce cardiac oxygen demand)	Restrict	Angiogram 1 year, 5 years+ Surgery? Angioplasty?