

**NURS 821**  
**Vascular and Cardiac Disorders**

**Kawasaki Disease**  
**Lecture 6, Part 6**

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**Kawasaki's Disease**

- Known as mucotaneous lymph node syndrome, generalized vasculitis
- First described in Japan in 1967
- Afflicts more than 3,000 children in U.S. annually
- Most common cause of acquired H.D. in young children
- Systemic effects

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**Kawasaki**

- Etiology
  - Unknown
  - Likely viral in genetically predisposed child
- Pathophysiology
  - AG triggers immune response
  - Increased T<sub>H</sub> activity
  - Increased mediators
  - Results increased AB against endothelial cells
  - Probably a Type III Hypersensitivity Response

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## Classic Triphasic Course

- Acute Febrile Phase
  - Lasts 10-11 days
  - Febrile-104 degrees and higher
    - Greater than 5 days
    - Unresponsive to antibiotics
  - Bilateral non-exudative conjunctivitis lasting up to 5 weeks

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## Acute Kawasaki

- Rash-deeply erythematous
- Lymphadenopathy-red, swollen, painful
- Oropharyngeal manifestations-lip fissures; swollen, strawberry appearing tongue; erythema
- Extremity edema
- Typically occurs only in young children

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## Kawasaki Disease

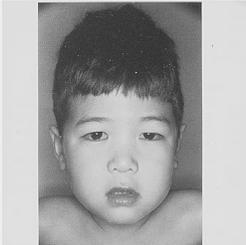


FIG 41-11.  
Red, swollen lips and injected conjunctivae in toddler with Kawasaki disease.

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## Strawberry Tongue



FIG 11-12.  
Hemorrhagic crusts on lower lip in toddler with Kawasaki disease.

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## Edematous Hand



FIG 11-13.  
Red, edematous hand in infant with Kawasaki disease.

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## Pinpoint Hemorrhages



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## Desquamation



FIG 11-14.  
Peeling of fingertips from distal tip toward palm in infant with Kawasaki disease.

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## Less Classic Acute Kawasaki Manifestations

- Symmetric arthritis or arthralgia- small and large joints
- GI manifestations
- Urethritis with pyuria
- Hepatitis
- CNS-irritability and lability

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## Subacute Phase

- Begins w/ fever resolution
- Lasts until all signs of illness disappear
- Classic desquamation of fingers, toes, palms, soles
- Other patchy peeling

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