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GIANT ANEURYSMS IN BOTH CORONARY ARTERIES IN A CHILD WITH KAWASAKI DISEASE

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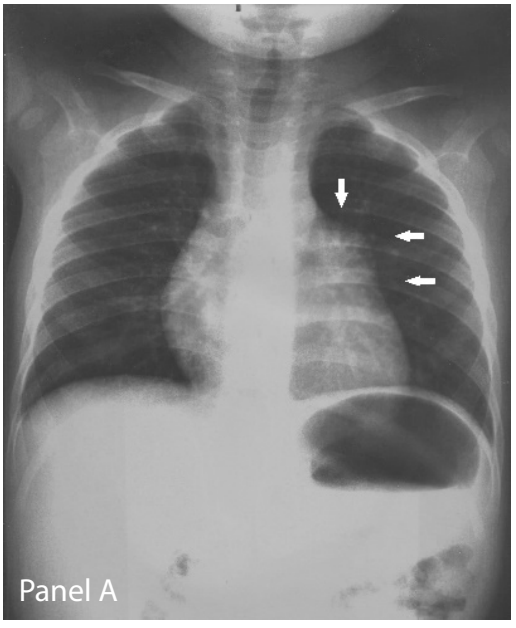

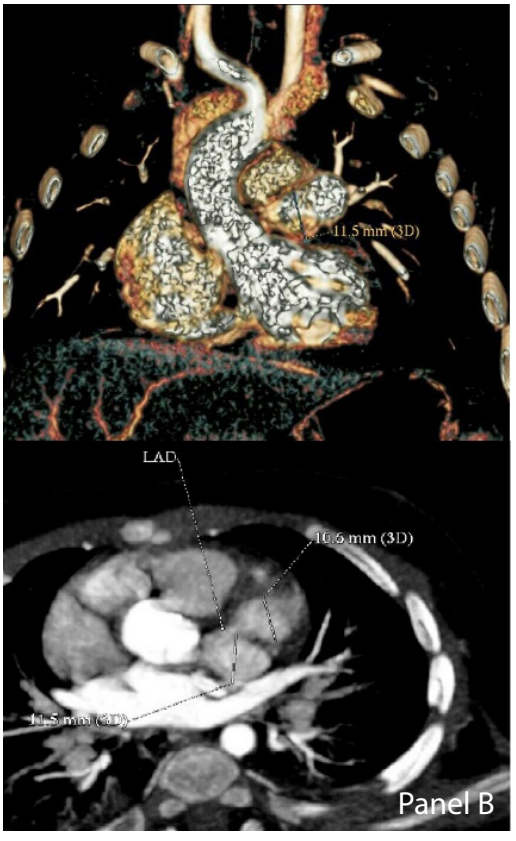

A 3-month-old boy was admitted to the Pediatrics Clinic, presenting with fever, irritability, and a maculopapular rash of 4-day duration. On examination, he was febrile and had tachycardia, palmar and plantar erythema, cervical lymphadenopathy, bilateral conjunctival injection with congestion of the oral mucosa and throat. Systemic examination was normal. The laboratory data revealed 17.2/mm^3 white cells, hemoglobin was 8.6 g/dl with ESR of 90 mm/h and platelets 7.8×10^5/mm^3. The intermittent abdominal pain and the ill-looking appearance persisted. A diagnosis of Kawasaki disease was made, based on his clinical presentation and laboratory investigations. The first echocardiography revealed a normal finding. The second echocardiography, done on the 10th day from admission revealed giant proximal

aneurysms of both coronary arteries, measuring around 14 mm on the right and 13 mm on the left, also involving the left main coronary artery. X-ray of the chest showed peribronchial cuffing on the left side overlying the heart shadow (Panel A). Cardiac computed tomography revealed aneurysmal dilatation of both coronary arteries. The maximal diameter on the left was 10.8 mm, and 18 mm on the right, respectively. No sign of angina or ST-T changes in electrocardiography was noted during the whole hospital course. After administration of 2 gr/kg of intravenous immunoglobulin and high-dose aspirin, symptomatic and clinical improvement was noted. He was started on warfarin to maintain INR of about 2.4 to 3.5. A follow-up echocardiogram done 3 months later, showing an increase in the size of both aneurysms (16 mm/right and 14 mm/left) but it did not reveal thrombus (Panel B). A subsequent echocardiogram after 6 months revealed increased size of the aneurysms to approximately 18 mm/right and 17 mm/left. He remained asymptomatic throughout his follow-up period. In view of the progressive increase in the size of the aneurysms, coronary angiography was performed to delineate the coronary anatomy, which may prompt more aggressive therapeutic options.

Key words: Kawasaki disease ▪ Coronary aneurysms ▪ Computed tomography.

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