Think you know **Kawasaki Disease***?*
Here are some common clinical **myths** *and the* **facts** *behind them!*

This "Myths and Facts" summary has been prepared for clinicians with input from Professor Robert Tulloh, Bristol Royal Hospital for Children, internationally recognised expert in Kawasaki Disease. These myths hamper care and delay diagnosis - and so adversely affect outcomes for children. Please contact us if you know of other myths and we'll help debunk those too!

Symptoms & Treatment

Myth: A characteristic symptom of Kawasaki Disease essential for diagnosis is peeling of fingers/ soles of feet

Fact: If skin peeling occurs - and it only appears in some patients - this will only occur after 10-21 days. **Never** dismiss a case on the basis of skin peeling being absent

Myth: There is a treatment window for IVIG of 10 days

Fact: There is no "window" or cut off point for IVIG. If clinical benefits are possible and inflammation is ongoing (fever, elevated CRP) - TREAT!
And **do not delay** IVIG assuming a 10 day window for effective treatment. Current treatment times are too slow. Aim to treat at 5 days (ASAP) after fever onset - early treatment is key to reduce risk of heart damage!

Myth: Kawasaki Disease has no characteristic symptoms

Fact: The strongest defining symptom which should always trigger suspicion of Kawasaki Disease is a persistent, high unremitting fever for 5 days

Myth: IVIG reduces heart damage from 25% to 5%

Fact: **19%** of all children develop permanent damage and **39%** of infants develop coronary artery aneurysms despite IVIG - linked to delayed treatment. Early treatment is critical!

Heart Damage

Myth: Kawasaki Disease rarely causes heart damage

Fact: In the UK, 28% of affected children have heart damage, 19% have lasting coronary artery aneurysms. 39% of infants develop coronary artery aneurysms. Late treatment is linked to poorer outcomes

Who & How Many?

Myth: Child is too young / too old for Kawasaki Disease

Fact: You **will** see Kawasaki Disease in very young and older children. It can be most severe in infants (under 1yr) and c.25% of those affected are older than 5 years.

Myth: Kawasaki Disease is very rare, you'll never see it

Fact: Kawasaki Disease is **increasingly common**. Cases are doubling globally every 10 years. In England, hospital admissions for Kawasaki Disease increased fourfold in the last decade. Kawasaki Disease is more common than bacterial meningitis. Please EXPECT to see it and be READY to treat it

Diagnosis

Myth: Echocardiograms are a useful way to confirm a Kawasaki Disease diagnosis

Fact: Echo is very useful to confirm heart damage but Kawasaki Disease if treated early, does not always lead to heart damage. Echo can help diagnose an atypical case. **Never delay treatment** awaiting access to an echo if Kawasaki Disease is suspected

Myth: Persistent fever plus all 5 symptoms must all be present to confirm a diagnosis of Kawasaki Disease

Fact: **47% of UK/Ireland cases in infants and 25% of cases overall are incomplete** i.e. do not have all symptoms. Kawasaki Disease can be diagnosed with fewer symptoms - **not all patients exhibit all symptoms** and symptoms can appear in series. If a child presents with persistent fever and 2 or more Kawasaki Disease symptoms, always THINK Kawasaki Disease

Impacts

Myth: The only lasting damage from Kawasaki Disease is to the heart

Fact: Kawasaki Disease is a systemic disease and effects can be wide ranging. It can affect hearing, sight, kidneys, joints and cause hydrops of the gallbladder. It can also cause behavioural issues. See Societi Long Term Effects leaflet*

Long-Term Care

Myth: After coronary artery aneurysms have 'resolved', patients can be fully discharged from care

Fact: All patients with heart damage which persist beyond the acute phase (even if it 'resolves' later) require **lifelong specialist care** and are at increased risk of major cardiac events (see NHSI PSA 5/2016*)

Myth: There are no known future health risks for patients

Fact: Patients with lasting cardiac damage are known to be at **higher risk of artery stenosis** and calcification. Lifetime specialist care is essential. See UK 2013 guidelines for clinical follow up regime

Myth: A past patient history of Kawasaki Disease is an irrelevant clinical consideration later in life

Fact: **Adverse cardiac events** with atypical presentation can occur in patients with a past history of Kawasaki Disease and this history should always inform clinical care - see NHSI Patient Safety Alert May 2016*

Please see societi.org.uk - Resources - For Clinicians - Here you will find the 2013 UK Kawasaki Disease Management Guidelines, Societi Long term effects leaflet and the *May 2016 NHSI Kawasaki Disease Patient Safety Alert

Kawasaki Disease?
Remember **TEMPERS**
Children with **Kawasaki Disease** *are characteristically irritable!*

Temperature - **Persistent high fever**

Erythema - reddened hands and feet with swelling

Mouth - dry, sore mouth, cracked lips, 'strawberry tongue'

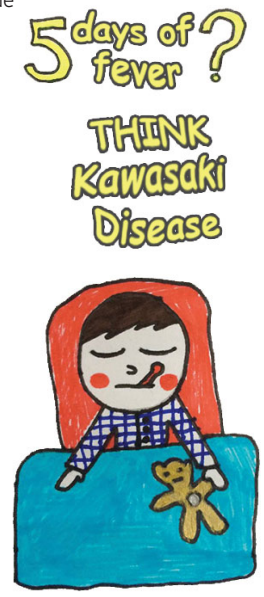
Pace - **Treat early** to reduce potential heart damage

Eyes - bloodshot, non-sticky conjunctivitis

Rash

Swollen glands in neck, often just one side

If a child has a **PERSISTENT FEVER** *and two or more of these symptoms* **THINK KAWASAKI DISEASE!**



WORLD HEART DAY
29 SEPTEMBER

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