What Is It?

This disease, first described by Dr. Tomisaku Kawasaki in 1967, usually affects children between the ages of 6 months and 4 years, with most cases occurring between the ages of 18 and 24 months. Its causes are unknown.

Kawasaki Disease affects boys more commonly than girls (1.5 to 1) and affects Asians (especially Japanese) and children of Asian heritage more frequently than other races. It is the leading cause of acquired (rather than congenital) heart disease in the United States.
**What Are Its Effects?**

The onset of Kawasaki Disease is marked by a sudden high fever that lasts for at least 5 days. This is accompanied by extreme irritability - more than would be expected from the fever alone.

The cardiac effects of this disease consist of aneurysms, or swellings, that develop on the coronary arteries. The coronary arteries are the large vessels on the surface of the heart that supply the heart muscle with oxygen-rich blood.

The aneurysms may cause a heart attack if they disrupt the supply of oxygen to the heart muscle. Rarely, they may even burst. If these swellings do not disappear after the patient has recovered from Kawasaki Disease, or if they result in weak areas in the arteries, they may cause problems later in life. Cardiac complications from Kawasaki Disease occur in about 20% of cases.

Other symptoms associated with Kawasaki Disease are rashes and/or swelling that affect the extremities (feet and hands) as well as the groin area, mouth, and eyes. There may also be swelling of the glands and lymph nodes. The lips may become cracked and bleeding and the tongue becomes reddened. Also, the patient may have a stiff neck, swollen gall bladder, and abdominal pain as well as joint pain and peeling skin on the feet and hands.
How Is It Treated?

There is no test for Kawasaki Disease, which is diagnosed from the presence of the various symptoms, including the failure to respond to antibiotics and the persistence of high fever for more than 5 days.

The medication known as gamma globulin, given intravenously, can prevent the formation of aneurysms on the coronary arteries, especially if administered during the first 10 days of the illness. Those aneurysms that do form generally clear up over time.

Most children experience a full recovery after Kawasaki Disease has run its course.