WORLD FORUM FOR PEDIATRIC CARDIOLOGY
Cardiology in the Young • Volume 2 • Number 2 • April 1992

To the Editor

In his review article,[1] Dr. Kawasaki states that, for the definite diagnosis of Kawasaki disease five out of the six principal symptoms are required. In the presence of coronary arterial aneurysms, at least four major symptoms are still needed to confirm the diagnosis; indeed, patients with three or less principal symptoms who are found to have coronary aneurysms, should be regarded as having the "incomplete type" of the disease.

We have a comment to make concerning this contention. Kawasaki disease is defined as an acute inflammatory illness of childhood with important cardiovascular manifestation, so why is the detection of typical coronary arterial lesions not quoted as a primary criterion for the diagnosis?

Recently, we have seen a three month old boy with long lasting high fever of abrupt onset which proved to be resistant to antibiotics and paracetamol. A maculopapular exanthema was noted with scattered vesicular elements and, some days later, there was desquamation of the fingertips. Many other so-called "minor symptoms" were present. Echocardiography performed during the second week of the illness revealed a large tubular aneurysm of the main stem of the left coronary artery and a fusiform aneurysm of the right coronary artery.

Although only three of the major symptoms required for the diagnosis were present, the presence of coronary arterial aneurysms led us to consider this patient as having "Kawasaki disease" without being too concerned about whether the patient fitted into the complete or incomplete variants. This is because the essence of the disease, with its therapeutic and prognostic implications, is the coronary arterial lesion.

Our experience with this patient leads us to make the following suggestions:

First, that coronary arterial lesions should be formally included in the list of "major symptoms" and used as leading criterion for the diagnosis of Kawasaki disease. Second, "minor symptoms" such as otitis, diarrhea, urinary changes, inversion of CD4/CD8 ratio, thrombocytosis, and so on, should be regarded as actively contributing to the diagnosis. Indeed, in Kawasaki disease, as opposed to rheumatic disease, minor signs do not "score points" in terms of the diagnosis and, therefore, there is no reason for those long lists of associated symptoms, since they themselves do not take on diagnostic weight. Third, it is probable that, in very young babies, Kawasaki disease may have an incomplete expression because of immunological immaturity, which involves both synthesis of antibodies and cytotoxic functions.[2]

This new diagnostic formulation might effectively lead to earlier detection of Kawasaki disease and, what is more important, to a prompt intervention with intravenous gamma globulin, therapy which has proved to be most effective for these patients.

References

1. Kawasaki T. Kawasaki disease: Cardiol Young 1991; 1: 184-191.
2. Burgio GR, Hanson LA, Ugazio AG. Immunology of the Neonate. Springer-Verlag, Berlin, 1987.

Professor Luigi Nespoli[1]
Professore Associato di Pediatria presso la Universita' di Pavia, Primario pediatra, Ospedale Multizonale di Varese, Varese, Italy

Dr Giuseppe Rossi[2]
Specialista in Cardiologia, Assistente Cardiologo. Cardiologia, Ospedale F. del Ponte, Varese, Italy

Dr Giuseppe Montemurro[2]
Specialista in Cardiologia e Medicina Interna, Primario Cardiologo, Cardiologia, Ospedale F. del Ponte, Varese, Italy

From the Department of Pediatrics,[1] and the Pediatric Cardiology Unit,[2] II Facolta' di Medicina dell'Universita' di Pavia ed Ospedale F. del Ponte di Varese, Via F. del Ponte 19, 21100 Varese, Italy

Correspondence to Dr Giuseppe Rossi, Cardiologia, Ospedale F. del Ponte, Via F. del Ponte 19, 21100 Varese (VA), Italy. Tel. 332-285300 ext 234; Fax. 332-237219

CARDIOLOGY IN THE YOUNG welcomes editorial comments in the form of editorials or Letters to the Editor. The reader should consult the section, Instruction to Authors, for appropriate format and addresses. CARDIOLOGY IN THE YOUNG will make every effort to publish all Letters to the Editor.