What is Kawasaki Disease?

Kawasaki Disease (KD) is characterized by a number of symptoms that lead to the diagnosis:

- Fever, usually quite high – up to 104° F (40° C) – that persists for at least 5 days
- Skin rash, usually a red blotchy rash over the body but may have different appearances in different children
- Red eyes (conjunctivitis) – without drainage
- Inflamed lips, gums, mouth, or throat
- Swelling of the hands and feet
- An enlarged lymph node (gland) in the neck

Not all of these symptoms are seen in every child with KD. There are many other diseases with similar features. Further testing of your child may be necessary to be sure that he does not have one of the other conditions. There is no one test that can say your child definitely has KD.

What causes KD?

The cause of KD is not known. It is assumed to have an infectious trigger, but it is also known that it is not contagious. No environmental factors (carpet cleaners, stagnant water) have been clearly shown to cause KD.

How is KD treated?

KD is treated with 2 medications.

- Aspirin is given to control the acute inflammatory effects of KD. Initially, it is given in high doses, but as soon as the fever drops, the dose is also dropped to a very low level.

- Intravenous immunoglobulin (IVIG) is given through a vein. It is given over 10 to 12 hours. It is not known how IVIG works in the body, but it helps decrease your child’s symptoms faster. After the IVIG infusion, your child will be observed for 24 hours to be sure that symptoms do not come back. It is during these 24 hours that the aspirin dose is adjusted. About 10% of the children will need a second dose.

What are the dangers of KD?

The main danger is that KD can cause damage to the coronary arteries. These are the blood vessels that supply the blood to the heart muscle. Your child will have an echocardiogram (echo) of the heart to assess heart function and structure. The main reason that the IVIG and aspirin are given is to prevent damage to the coronary arteries. It will be necessary to have another echocardiogram in 3 to 6 weeks to look at the arteries again.
What else should I be aware of?

After the administration of IVIG, MMR (vaccine for measles, mumps and rubella) and Varivax® (vaccine for chickenpox) vaccines need to be delayed for 1 year. If it is influenza season or it is approaching, your child should receive the influenza vaccine shot, especially while still on aspirin.

For more information:

- Talk to your child’s doctor.
- Visit the medlineplus.gov website.
- Contact the Kraemer Family Resource Center at (816) 234–3900.