

Kawasaki Disease

Kawasaki disease is characterized by extensive, systemic inflammation of vasculature including arterioles, venules, and capillaries. Though less common, damage to larger blood vessels, such as arteries of the heart may also occur. In the acute phase of the disease, patients will have a red tongue, often with enlarged fungiform papillae, which resemble the seeds of a strawberry. During this phase, patients will also develop a high fever, redness and swelling of the hands and feet, and conjunctivitis. In the subacute phase of the disease, the patient's hands and feet will begin peeling. This is referred to as a desquamating skin rash. Interventions use to treat and/or manage the disease include use of antipyretics such as acetaminophen, and administration of intravenous immunoglobulin G. In patients with this disease, aspirin can be administered for fever reduction, clot prevention, and to control inflammation. Kawasaki disease primarily affects children, especially those aged five years or younger.



PLAY PICMONIC

Cause

Acute Vasculitis

[Acute-angle Vessels-on-fire](#)

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Assessment

Acute Phase

High Fever

[High Fever-beaver](#)

In the acute phase of the disease, the patient will develop a high fever that does not respond to drug therapy initially.

Conjunctivitis

[Convict-eye-on-fire](#)

Inflammation of the conjunctiva of the eye, called conjunctivitis, may also develop during the acute phase of the disease. The eyes are dry without exudate or drainage.

Strawberry-Red Tongue and Mucosa

[Strawberry Red Tongue and Mucus](#)

Patients with Kawasaki disease will have a red tongue due to sloughing of the normal coating of the tongue with enlarged fungiform papillae, which resemble the seeds of a strawberry. The patient's oral mucosa may also be red, instead of pink.

Erythema and Edema of Hands and Feet

[Edamame on Red Hands and Feet](#)

Redness and swelling of the hands and feet may be apparent in patients with this disease. These symptoms are only present in the acute phase of the disease.

Subacute Phase

Desquamative Skin Rash

Colorful Skin Rash

The subacute phase of the disease begins when the fever resolves, and lasts until all of the signs and symptoms are gone. In this phase, the hands and feet will begin peeling. This is referred to as a desquamating skin rash. The rash is often more prominent in the perineum and is not vesicular.

Interventions

Aspirin

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Aspirin is administered for a number of reasons, including fever reduction and clot prevention. Additionally, aspirin is given to control inflammation associated with the disease.

Intravenous Immunoglobulin (IVIG)

Ivy-gold-goblin

Immunoglobulin G is administered intravenously and is effective in reducing the likelihood that a patient will develop coronary artery complications. An initial high dose of IVIG is given and has the best outcome if administered within 7 days of the onset of the illness. A second dose is recommended, if the fever persists for 36 hours following the initial dose.

Antipyretics

Ant-tie-pyro-fire

Antipyretics, such as acetaminophen and aspirin, can be given to reduce fever in patients with Kawasaki disease.

Considerations

Coronary Aneurysm

Crown-heart with Bulging-aneurysm

Kawasaki disease may cause long-term effects including the most serious complication of coronary artery aneurysm in some patients. The risk of developing a coronary artery aneurysm is greatest in the subacute phase of the disease.

Children 5 Years old

Children Less Than (5) Hand

Kawasaki disease primarily affects children, especially those aged five years or younger.