JCK Oral

# JCK Oral 7 (III-JCKO7)

## Kawasaki Disease/General Cardiology 2

Chair:Mamoru Ayusawa(Department of Pediatrics and Child Health Nihon University school of Medicine & Itabashi Hospital, Japan)
Chair:Lucy Youngmin Eun(Department of Pediatric Cardiology, Yonsei University, Seoul, Korea)
Sun. Jul 9, 2017 10:15 AM - 11:05 AM ROOM 3 (Exhibition and Event Hall Room 3)

10:15 AM - 11:05 AM

## [III-JCKO7-03]Kawasaki Disease with Atypical Presentation Masquerading as Severe Infection: a 10-year retrospective review in a Tertiary Hospital in Hong Kong

○Chi Yu Dennis Au, Nai Chung Fong, Cheuk Man Ronald Fung, Wai Yau Daniel Mak, Wai Lim Yiu, Yu Ming Fu (Department of Pediatrics and Adolescent Medicine, Princess Margaret Hospital, Hong Kong SAR, China)

**Objective**
Kawasaki disease (KD) can masquerade as severe infection: KD shock syndrome (KDSS) mimicking toxic shock; and retropharyngeal edema (RPE) mimicking neck abscess. They may delay diagnosis thus timely treatment.

**Method**
A 10-year (2007-2016) review was done for any KDSS / RPE.

**Result**
120 KD cases were recruited. M:F was 1.2:1, age 3.5 months-12 years old.
7 had RPE mimicking abscess (5.8%), presented as fever with neck complaints: swelling, pain or refusal to rotation/extension. None fulfilled diagnostic criteria of KD initially, some even with absent KD signs. They responded poorly to antibiotics. Neck X-ray showed thickened retropharyngeal space suspicious of abscess. Computer tomography (CT) showed retropharyngeal fluid with no definite rim-enhancement. One case in doubt of early abscess underwent fine needle aspiration yielding 1.5ml necrotic material, sterile for bacterial culture. KD signs emerged as clinical course progressed, and they responded well to immunoglobulin (IVIG) and aspirin.
3 presented as KDSS mimicking toxic shock (2.5%) with systolic hypotension needing inotropes and had ventricular dysfunction, mitral regurgitation on echocardiogram. Two had coronary ectasia on presentation. All were IVIG resistant which were well predicted by Egami score. Two required pulse methylprednisolone and remaining one responded to 2$^{nd}$ dose IVIG.

**Conclusion**
KD can present atypically leading to diagnostic confusion mimicking severe infections. High vigilance is needed for early diagnosis and timely treatment to minimize unnecessary operations and complications.