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[Kawasaki disease in 76 patients. Risk factors for coronary artery aneurysms.]

[Article in Spanish]

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Abstract

INTRODUCTION: Kawasaki disease is an acute systemic vasculitis of childhood, of unknown origin, and is considered the leading cause of acquired heart disease in children. Therefore, it is important to know clinical manifestations and complications in children with Kawasaki disease in our environment and to look for risk factors for the development of cardiac complications.

MATERIAL AND METHODS: Retrospective review of 76 children with Kawasaki disease evaluated from January 1997 to May 2008.

RESULTS: Of the patients studied, 64.5% were males. The mean age was 3 years and 4 months. The main clinical findings were fever (mean of 8.13 days), rash, bilateral non-exudative conjunctivitis, changes in lips and oral cavity, changes in the extremities, cervical lymphadenopathy and arthralgias. The most important laboratory findings were leucocytosis, thrombocytosis, elevated C-

reactive protein and erythrocyte sedimentation rate, hypoalbuminaemia, hyperbilirubinaemia, elevated serum transaminases and sterile pyuria. Twelve of the patients (15.7%) developed coronary artery aneurysms, two patients had a mild mitral insufficiency and one patient with a mild pericardial effusion. There was one case of cholestatic hepatitis. All the complications were resolved without sequelae. Male sex (OR = 1.24), an urticarial exanthem (OR = 10.53) and a C-reactive protein > 10mg/dl (OR = 4.20) were identified as risk factors for coronary aneurysms.
CONCLUSIONS: Our patients had the typical clinical and laboratory findings of Kawasaki disease. Mild coronary artery complications were observed in 15.7% of the patients. Male sex, an urticarial exanthem and an elevated C-reactive protein are risk factors for coronary aneurysms