

# Kawasaki Syndrome

## What is Kawasaki Syndrome?

Kawasaki Syndrome (KS) is a disease first described in the 1960s by a pediatrician in Japan named Dr. Kawasaki. He described a group of previously healthy children with

- High fever lasting an average of 10 days
- Red, bloodshot eyes
- Red, cracked lips and red tongue
- Swollen lymph nodes in the neck
- Rash involving much of the body, especially the groin area
- Red, swollen hands and feet
- No other cause found for these symptoms

Children with KS are very inflamed on the outside of their body, and the inflammation also occurs on the inside of the body in the blood vessels. Some children with KS can develop problems with their blood vessels, especially the arteries which feed the heart (the coronary arteries).

## What is the cause of KS?

The cause of KS is still not known. No bacteria or virus has been found that might cause this disease. There is still a great deal of research being done to find the cause.

## How is KS diagnosed?

There is no single test which will tell us if your child has KS. The diagnosis is made by a careful history and physical exam and blood tests which show a high degree of inflammation. ECHO (heart ultrasound) tests are also done to look at the coronary arteries.

## Is KS contagious?

There is no evidence that KS is contagious.

## How is KS treated?

KS is treated with two medications. They are high dose aspirin for several days to reduce inflammation and intravenous immunoglobulin (IVIG). IVIG is made from blood donations and is a highly purified portion of blood that works to reduce inflammation in children with KS. It is given as a liquid into the vein so the child needs to have an IV in place. Children with KS will need to be seen by a cardiologist for repeat ECHOs for several months after the illness. Most children recover completely and never have a second episode of KS.