





Doctor, is it incomplete Kawasaki Disease? A case report

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Suspect Kawasaki disease? How many classical stigmata present? · Conjunctival injection without exudate · Oropharynx erythema without exudate (e.g., red, cracked lips, strawberry tongue) Cervical lymphadenopathy >1.5 cm · Palm/sole erythema/edema · Polymorphous erythematous rash on trunk Fever ≥ (4 or) 5 days Fever ≥5 days and ≥ 4 criteria and ≥2 criteria No Yes Reassess daily & consider CRP >3.0 mg/dL consultations with Kawasaki ESR >40 mm/h expert Yes No Yes Echo ≥3 Supplemental lab criteria No finding WBC ≥ 15,000 · Anemia for age Platelets ≥ 450,000 Albumin ≤3.0 g/dL · Alanine aminotransferase Yes increased Urine >10 WBC/HPF Classical Kawasaki Disease Incomplete Kawasaki Disease → Treat & echo → Treat & echo





Objective



To present a difficult case of incomplete KD with normal echo findings that give good response to IVIG and aspirin treatment











Case

A 10-month-old girl

Fever for 6 days, 38-39°C, persistent despite 5 days of antibiotic

Generalized maculopapular rashes

Edema & erythema of hands & feet

Shotty cervical lymph nodes <0.5cm

No conjunctivitis

Mucosal changes: injected throat?

No BCG scar















Case

- Echo:
 - RCA smooth, 2.0-2.3 mm
 - LCA smooth, 1.9-2.2 mm
- CRP 7.67 mg/dL
- ESR 120 mm/h
- Leukocytosis 16.500-30.900/mm³
- Anemia 7.1-8.6 g/dL
- Platelets 70.000-691.000/mm³
- Raised AST 401-918 and ALT 103-533
- Hypoalbuminemia 2.5-3.3 g/dL
- Urine clear
- Abdominal ultrasound: distended gallbladder with thickened wall





