



Kawasaki Disease in Pediatrics

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INTRODUCTION

Kawasaki disease causes swelling (inflammation) in children in the walls of small to medium-sized blood vessels that carry blood throughout the body. Kawasaki disease commonly leads to inflammation of the coronary arteries, which supply oxygen-rich blood to the heart.

While the specific cause is unknown, it is thought to result from an excessive immune system response to an infection in children who are genetically predisposed. It does not spread between people. Diagnosis is usually based on a person's signs and symptoms. Other tests such as an ultrasound of the heart and blood tests may support the diagnosis. Diagnosis must take into account many other conditions that may present similar features, including scarlet fever and juvenile rheumatoid arthritis. An emerging 'Kawasaki-like' disease temporally associated with COVID-19 appears to be a distinct syndrome.

Typically, initial treatment of Kawasaki disease consists of high doses of aspirin and immunoglobulin. Usually, with treatment, fever resolves within 24 hours and full recovery occurs. If the coronary arteries are involved, ongoing treatment or surgery may occasionally be required. Without treatment, coronary artery aneurysms occur in up to 25% and about 1% dies. With treatment, the risk of death is reduced to 0.17%. People who have had coronary artery aneurysms after Kawasaki disease require lifelong cardiological monitoring by specialized teams. Kawasaki disease often begins with a high and persistent fever that is not very responsive to normal treatment with paracetamol or ibuprofen. This is the most prominent symptom of Kawasaki disease, and is a characteristic sign that the disease is in its acute phase; the fever normally presents as a high (above 39–40 °C) and remittent, and is followed by extreme irritability. Recently, it is reported to be present in patients with atypical or incomplete Kawasaki disease nevertheless, it is not present in 100% of cases. It won't go down even if a child takes medication that usually works on fever. Rash and peeling skin, often between the chest hands, legs and in the genital or groin area, swelling and dark redness in hands and bottoms of feet, red eyes, swollen glands, especially in the neck, irritated throat, mouth, and lips, swollen, bright red "strawberry tongue".

These can lead to other troubles, including weak or bulging artery walls. These are called aneurysms. They could raise a child's risk of artery blockages, which can cause internal bleeding and heart attacks. An echocardiogram can show many of these complications. In severe cases, a child might need surgery. After the early symptoms go away, follow up with your child's doctor to be sure their heart is working the way it should. They may need more X-rays, echocardiograms, EKGs, or other tests.

KAWASAKI DISEASE DIAGNOSIS

Your doctor will do a physical exam and ask about your child's symptoms. They'll look for a long-lasting fever and at least four of these five signs are red eyes, red lips and mouth, red, swollen limbs, rash, swollen lymph nodes. They may need to do tests to rule out other illnesses or to see whether the condition has affected your child's heart. Heart tests such as electrocardiogram (EKG) and echocardiogram, Blood tests, imaging tests like X-rays and coronary angiogram.

KAWASAKI DISEASE TREATMENT

Your child may have a lot of pain from the fever, swelling, and skin problems. Their doctor might prescribe medication to make them feel better, such as aspirin and drugs that prevent blood clots. Don't give your child any medication without talking to your doctor first. The doctor will probably also gives them immune globulin into a vein (intravenous, or IV). This has proteins called antibodies to help fight infection. It's more effective when a child takes it with aspirin than aspirin is alone. It will lower a child's risk of heart issues when they get it early on in treatment.

CONCLUSION

Kawasaki disease was previously called mucocutaneous lymph node syndrome because it also causes swelling in glands (lymph nodes) and mucous membranes inside the mouth, nose, eyes and throat. Children with Kawasaki disease might have high fever, swollen hands and feet with skin peeling, and red eyes and tongue. But Kawasaki disease is usually treatable, and most children recover without serious problems if they receive treatment within 10 days of onset.

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