



COMMENTARY

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Kawasaki Disease: its Treatment, Signs and Symptoms

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Description

A syndrome with an unknown aetiology called Kawasaki disease typically affects children under the age of five and causes a fever. It is a type of vasculitis in which blood vessels all over the body swell up. The typical duration of the fever is greater than five days, and regular drugs have little effect. Large lymph nodes in the neck, a rash in the genital region, red lips, palms, or soles of the feet, and a rash are other common symptoms. The skin on the hands and feet may peel three weeks after the condition first appears, although recovery usually follows. Heart coronary artery aneurysms can develop in some young children. Though the exact aetiology is unknown, it is believed to be the outcome of a child's genetically predisposed immune system responding excessively to an illness. It does not spread from person to person. The typical basis for diagnosis is a person's signs and symptoms. The diagnosis may be supported by other tests, including blood tests and heart ultrasounds. Several other illnesses, such as juvenile rheumatoid arthritis and scarlet fever that may present with identical symptoms must be considered during the diagnosis. A new condition with COVID-19 temporally related "Kawasaki-like" disease has been identified.

Treatment

Children with Kawasaki illness should be hospitalised and treated by a medical professional with knowledge of this condition. In an academic medical centre, paediatric cardiology, paediatric rheumatology, and paediatric infectious disease specialists frequently collaborate on patient care (although no specific infectious agent has yet been identified). As soon as a diagnosis is made, treatment should begin to prevent damage to the coronary arteries. The main treatment for Kawasaki disease is intravenous immunoglobulin (IVIG), which is given in high dosages with notice-

able improvement typically seen within 24 hours. An additional dose might be taken into consideration if the fever does not subside. Occasionally, a third dose may be administered. For the first seven days after the commencement of a fever, IVIG is most effective in preventing coronary artery aneurysm. Children who receive IVIG within the first 10 days of the illness had a lower risk of developing coronary artery disease, with no significant side effects. While some have questioned the value of salicylate therapy, especially aspirin, salicylates on their own are not as beneficial as IVIG. There isn't enough data to say whether kids should keep getting salicylate as part of their treatment. To prevent blood clots from developing, aspirin therapy is started at high dosages until the fever goes down and is then continued at a reduced dose when the patient returns home, often for two months. Due to its link to Reye syndrome, aspirin is often not advised for children, with the exception of Kawasaki disease and a few other conditions. It is necessary to immunise children with Kawasaki disease against varicella and influenza because these infections are most likely to result in Reye syndrome and they will be taking aspirin for up to several months.

Symptoms and signs

The diagnosis of Kawasaki illness must be made using clinical signs and symptoms in addition to laboratory results because there is no particular laboratory test for the condition. A comprehensive physical examination and diligent history-taking are necessary for a prompt diagnosis. As it can be challenging to get a diagnosis, especially early in the course of the illness, many children don't receive a diagnosis until they've seen numerous medical professionals. The differential diagnosis must take into account the symptoms of numerous other dangerous conditions, such as juvenile idiopathic arthritis, toxic shock syndrome, scar-

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let fever, and mercury poisoning in children (infantile acrodynia). Traditionally, a diagnosis is made when four out of five diagnostic criteria are met along with five days of fever. The standards are:

- Lips that are erythematous or have cracks in them.
- A boot rash.
- Erythema or swelling of the hands or feet.
- Dark eyes (conjunctival injection).
- A lymph node in the neck that is at least 15 mm enlarged.