SBR 2019
36º CONGRESSO BRASILEIRO DE REUMATOLOGIA
CENTRO DE EVENTOS DO CEARÁ
04 A 07 DE SETEMBRO
FORTALEZA 2019
PROMOÇÃO
70 anos Sociedade Brasileira de Reumatologia
REALIZAÇÃO
SCR SOCIEDADE CEARENSE DE REUMATOLOGIA

KAWASAKI DISEASE

Adrian Nogueira Bueno (Unifenas, Alfenas, MG, Brasil), Bianca Rodrigues da Mota (Unifenas, Alfenas, MG, Brasil), Paloma Lilian Andrade Pedroso (Unifenas, Alfenas, MG, Brasil), Julia Oliveira Moreira (Unifenas, Alfenas, MG, Brasil), Livia Santos Vilela (Unifenas, Alfenas, MG, Brasil), Mariana Lesqueves (Unifenas, Alfenas, MG, Brasil)

BACKGROUND

Kawasaki disease (KD) is an acute and multisystemic vasculitis compromising medium-caliber vessels, having a predilection for the coronary arteries. Prevalent in 85% of the cases in children under five years of age. It is infrequent in patients younger than six months or older than eight years, cases in which there is a higher risk of coronary aneurysm formation. More prevalent in Japanese and their descendants.

CASE REPORT

10 year old female patient, presentes leucoderma, WAS BORN AND LIVES IN VARGINHA, BRAZILIAN, DENIES ASIAN DESCENDENCY. Presented headache, fever, oropharyngeal hyperemia and lymphadenopathy. Sought health care, was treated as a carrier of bacterial tonsillitis. Progressed without improvement, presenting desquamation and edema in extremities, conjunctival reaction, weakness, joint pain and edema and distress to walk, seeking again for health care. Was hospitalized for two weeks and, after a rheumatologic evaluation, diagnosed as a carrier of KD. Pharmacological therapy with acetylsalicylic acid 100 mg/Kg per day was started, associeted with intravenous gammaglobulin at the dose of 2 g/Kg, single dose, aside from symptomatic medications. After starting treatment, the patient has evolved feverless from the second day of hospitalization, presenting a progressive improvement. During the hospitalization was carried out an echocardiogram, which demonstrated an aneurysm in the anterior descending artery. Continued clinical follow-up, instituting ongoing therapy with acetylsalicylic acid 100 mg. Following the cardiological evaluation, angiotomography was requested, evidencing a coronary calcium score equal to zero and the anterior descending artery presenting aneurysmal dilatation in the proximal third, since its origin, involving the origin of the first and second diagonal branches, with a diameter of 7,5 mm, as evidenced in the image (Figure 1, 2, 3 and 4). Patient progressed well, asymptomatic, in clinical follow-up since 2010. Acute self-limited disease of unknown etiology, where cardiac complications can be permanent, progressive and fatal. Coronary aneurysm occurs in 15 to 25% of untreated children, a percentage that decreases by prescribing immunoglobulin before 10 days of disease. The non-Asian descent of the patient is a relevant point because KD is more frequent in orientals. The recommended treatment is 2 g/Kg of intravenous gammaglobulin.

CONCLUSION

The early suspicion of KD allows the possibility of prescribing specific therapy, resulting in the reduction of cardiovascular complications. An aspirin does not, reduces an incidence of arterial dilation, but prevents an incidence of fatal myocardial infarction. Imaging exams, such as multidetector angiotomography, contribute to the non-invasive diagnosis of cardiovascular complications.