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PERSISTENT INFANT FEVER: WHEN SUSPECT OF KAWASAKI DISEASE? - CASE REPORT.

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BACKGROUND

Fever in young children is a worrying clinical sign for family members and they are constantly causing medical attention. The most of cases is secondary to self-limiting viral infections; however, in persistent cases, they deserve special attention. It is necessary suspect of Kawasaki Disease that is a systemic vasculitis, self-limited, characterized by fever for at least 5 days and least 4 clinical findings: lymphadenopathy, rash, conjunctivitis, mucositis, extremity changes and cardiovascular findings (dilation or aneurysms of the coronary). It is important to be careful that most infants present an incomplete clinical signs (fever for 5 or more days associated with 2 or 3 clinical criteria or fever of 7 or more days without etiology) and evolve with cardiovascular complications resulting from the non-administration of early intravenous immunoglobulin.

CASE REPORT

Male, 7 months, started daily fever with duration greater than 2 weeks, associated with urticariform rash that persisted for 7 days. Antibiotic therapy was started without improvement of symptoms. After hospitalization for investigation, he presented cervical lymphnode enlargement, conjunctival erythema and extremity edema, but all the symptoms appeared at different disease's time. The initial transthoracic echocardiogram revealed mild pericardial effusion without signs of coronary vasculitis. Laboratory tests showed anemia, evidence of elevated inflammatory activity, and lactate dehydrogenase (LDH) increased. Myelogram showing megacarecitic hypercellularity and dyseritropoiesis. The patient was referred to our service raised suspected Kawasaki disease. A new transthoracic echocardiogram revealed discrete left ventricular dysfunction, a right coronary aneurysm of 7.5mm and a left coronary dilatation of 4mm. He was afebrile for more than 48 hours and without evidence inflammatory activity, so AAS was started in antiplatelet doses and no immunoglobulin was administered. Captopril was instituted after evaluation of cardiology. After 8 weeks, the transthoracic echocardiogram showed a progression of the right coronary aneurysm to 7.9 mm, being decided by double antiplatelet therapy due to patient's risk.

CONCLUSION

We conclude that cases of infants with persistent fever without initial identification of infectious should be suspected of KD, since it may be the manifestation of the incomplete form, with the possibility of subsequently fulfilling all clinical criteria.

That the symptoms of KD usually are not concomitant. Due to the morbidity of the associated cardiovascular complications, as well the worse prognosis in patients under one year of age, it is necessary early suspect, even before 5 days