

Kawasaki disease

What is Kawasaki disease?

Kawasaki disease is an illness with rash and prolonged fever. The cause of Kawasaki disease is not known. It usually occurs in children younger than 5 years old.

Complications may occur, especially in children who do not receive treatment. The most serious complication is inflammation, swelling, and weakness of the blood vessels that supply blood to the heart. Your child may be seen by a cardiologist (a doctor who specializes in heart problems). Some tests will be needed, such as an echocardiogram (“echo”) and electrocardiogram (ECG or EKG) to see if the disease is affecting the heart or blood vessels.

What are the signs of Kawasaki disease?

- fever higher than 101° F (38.4 °C) lasting 5 days or more
- skin rash
- reddening, swelling, and/or peeling of the hands and feet
- red and sore eyes, lips, and mouth
- swollen lips, tongue, or mouth
- swollen lymph nodes (glands)
- irritability
- diarrhea (loose bowel movements)
- vomiting (throwing up)
- severe abdominal (belly) pain

What is the treatment?

Kawasaki disease is treated with intravenous immunoglobulin (IVIG) therapy for 1 or 2 days while your child is in the hospital or Short Stay Unit. (See the education sheet, “Immune globulin.”) Immune globulin helps your child’s immune system fight the disease and greatly reduces the chance of complications. It is given through an IV and a nurse will carefully watch your child while it is being given.

In addition to the IVIG, your child will also be treated with aspirin. Aspirin is used to decrease inflammation and blood clotting in injured arteries.

Some parents have questions about the use of aspirin and the development of Reye’s syndrome. Reye’s syndrome is an illness that can follow viral illnesses such as influenza (“flu”) and chickenpox, especially if aspirin has been used. The dosage of aspirin given will be closely watched by your child’s doctor.

In addition, yearly influenza vaccination is recommended for children 6 months to 18 years of age who are on long-term aspirin therapy to reduce the chance of Reye’s syndrome after influenza.

For children who are not immune to chickenpox, chickenpox vaccine is recommended. However, chickenpox and measles vaccines cannot be given for several months after IVIG or other blood products have been given. Please ask the doctor about any concerns you may have.

How will I care for my child at home?

Medicine

It is important that you continue to give your child aspirin exactly as prescribed. Do **not** substitute any other medications for aspirin.

Diet

Encourage fluids. If your child has soreness in the mouth, give cool, soft, smooth foods high in protein and vitamins, such as milkshakes and high-calorie liquids. Give small amounts often. Avoid hot and spicy foods until the mouth feels better.

Mouth care

A very soft toothbrush or washcloth can be used to clean the teeth and mouth. Keep the lips lubricated to prevent soreness.

Skin care

Keep your child's skin clean and dry. Bathe with plain water. Do not use soap or lotions on the skin until after the peeling has stopped and new, "normal" skin appears.

Activity

Your child may tire more easily. The aspirin therapy may cause bruising more easily. Encourage quiet play and a rest period every day. Many children will limit their own activity by lying down or resting when tired. As the symptoms gradually disappear, let your child return to normal activity, including daycare as she or he is able. Check with your child's doctor or cardiologist if you have questions about activity.

Follow-up visits

It is **very important** to follow up with office visits to your child's cardiologist. The doctor will continue to watch your child closely for any changes in the blood vessels or the heart through the use of ECGs, echocardiograms, and blood tests.

When should I call the doctor?

- return of signs of illness
- signs of or exposure to influenza or chickenpox, if taking aspirin
- increased tiredness
- not urinating at least every 8 hours
- paleness or bluish color
- shortness of breath
- trouble breathing
- chest pain

Questions?

This sheet is not specific to your child, but provides general information. If you have any questions about your child's condition, please call your cardiologist.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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