

So, you think you know **Kawasaki Disease**? Here are some common **myths**... ...and the **facts** behind them!

Through our work, Kawasaki conversations with parents, GP's, Paediatricians and a wider group of clinicians have established some wide ranging, out dated information in circulation about Kawasaki Disease. We've brought these together here – and current knowledge as "Myths and Facts" to help improve understanding and awareness.

Symptoms & Treatment

Myth: One of the characteristic symptoms of Kawasaki Disease essential for diagnosis is peeling of hands / soles of feet

Fact: If skin peeling occurs – and it doesn't in all patients – this will only occur after 14-21 days and cases should not be dismissed on the basis of this symptom being absent

Myth: There is a treatment window for IVIG of ten days after which the treatment is not useful

Fact: Early treatment is critical but there is no "window" or cut off point for IVIG and if clinical benefits are considered possible, it should be administered

Myth: There are no really characteristic symptoms for Kawasaki Disease

Fact: The strongest defining symptom which should always trigger suspicion of Kawasaki Disease is a persistent, high, unremitting fever

Heart Damage

Myth: Kawasaki Disease only rarely causes heart damage

Fact: In the U.K., 28% of treated children have heart damage, 24% have coronary artery aneurysms. Late treatment is linked to poorer outcomes.

Who & How Many?

Myth: Kawasaki Disease only affects children between 1 and 5 years old

Fact: Kawasaki Disease can be most severe in the very young (< 6 months) and occurs in children over 5 and young adults. c.25% of those affected by Kawasaki Disease are older than 5 years.

Myth: Kawasaki Disease is very rare

Fact: Once rare, it's now increasingly common. Globally, cases are doubling every c.10 years. In the U.K. hospital admissions for Kawasaki Disease increased fourfold in the last decade. Expect to see it & know how to treat it

Societi Foundation is the UK Foundation for Kawasaki Disease – our priority aim is to raise awareness and improve understanding of Kawasaki Disease – we hope this helps! If you'd like to give us any feedback, please do – contact us through our website. We'd love to hear from you.



Persistent fever



Swollen Glands



Bloodshot eyes



Cracked lips/
'strawberry' tongue



Swollen fingers/toes



Rash



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We have set out below six further myths together with the countering facts - around the topics of Kawasaki Disease impacts, diagnosis and long term care. Our facts are checked for clinical accuracy by our Scientific Advisor, Professor Robert Tulloh, Bristol Children's Hospital. We hope you find these useful. Please contact us if you've more myths you'd like to share and we'll help debunk those too!

Diagnosis

Myth: Echocardiograms are a useful way to confirm a Kawasaki Disease diagnosis

Fact: Echo is very useful to confirm heart damage but Kawasaki Disease if treated early, does not always lead to heart damage. Echo can help diagnose an atypical case. Never delay treatment awaiting access to Echo if Kawasaki Disease is suspected

Myth: Persistent fever plus five main symptoms must all be present to confirm a diagnosis of Kawasaki Disease

Fact: Kawasaki Disease can be diagnosed without the presence of all symptoms. Remember symptoms can appear in series; not all patients exhibit all symptoms. Incomplete Kawasaki Disease is well documented. If a child presents with persistent fever and 2 or more Kawasaki Disease symptoms, ALWAYS THINK Kawasaki Disease

Impacts

Myth: The only lasting damage from Kawasaki Disease is to the heart

Fact: Kawasaki Disease is a systemic disease and can affect **any** organ - including the heart, kidneys and cause hydrops of the gallbladder. It can also cause behavioural changes and a range of long term effects

Please see societi.org.uk - Resources - For Clinicians
Here you will find the 2013 UK Kawasaki Disease Management Guidelines and the *May 2016 NHSI Kawasaki Disease Patient Safety Alert

Long-Term Care

Myth: After small to medium coronary artery aneurysms have "resolved", patients can be fully discharged from care

Fact: The 2013 UK guidelines for Kawasaki Disease management clearly state the need for annual echo & routine checks - for life

Myth: After coronary artery aneurysms have "resolved", there are no known future health risks for patients

Fact: In these patients, affected coronary arteries are known to be at higher risk of stenosis and calcification. Lifetime routine supervision is needed. See UK 2013 guidelines for clinical follow up regime

Myth: A past patient history of Kawasaki Disease is an irrelevant clinical consideration later in life

Fact: Adverse cardiac events with atypical presentation can occur in patients with a past history of Kawasaki Disease and this history should always inform clinical care - see NHSI PSA May 2016*



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