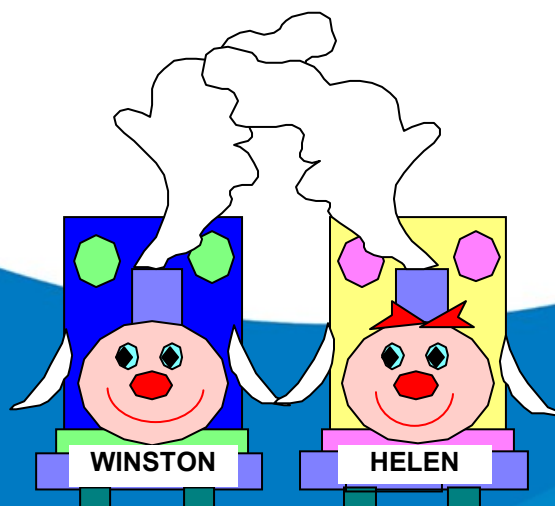


# Kawasaki Disease

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w innych językach/formatach.



## The nature and reasons of the disease

Kawasaki disease is an uncommon disease affecting mainly pre-school children, although older children can also get it. The cause is not known but research is ongoing to try to find the cause. Many doctors think Kawasaki disease is probably a severe response to an infection, although we do not yet know which infection. The infection results in widespread inflammation affecting the blood vessels. Kawasaki disease is not known to be infective e.g. it is not easily passed onto someone else.

The children who have Kawasaki disease may have some or all of the following signs or symptoms:

- High fever or temperature lasting for 5 days or more
- Sore red eyes which are not weepy
- Red lips (which may be cracked), red tongue or mouth
- Redness or swelling of the hands and feet
- Peeling of skin on hands and feet (usually seen late in the disease)
- Rash all over the body (this rash resembles measles)
- Swollen glands in the neck
- Rash, itch, dry bottom.
- Irritability, restlessness and sometimes sore joints and neck

There is no laboratory test for Kawasaki disease. Diagnosis is made on assessing the signs and symptoms outlined above. It is usual to make a diagnosis if 4 out of the above signs are present.

In some children the inflammation caused by Kawasaki disease may affect a child's heart. If a child is suspected of having this disease, it is important that they attend a children's hospital and are seen by a children's heart specialist (cardiologist) at some stage in their treatment. The risk of severe heart complications can be greatly reduced by early treatment.

## Our usual form of treatment is:

The main treatment for Kawasaki disease is to give antibodies (also called immunoglobulins). Immunoglobulins are given to your child in an infusion (drip), over several hours, and the child is often feeling better the next day. If the disease is only diagnosed late it is important that this treatment is still given, but it may be less effective.

Aspirin is also given by mouth to help reduce the inflammation. The aspirin is given in high doses in the first few days, then a smaller dose is given for a few months. Although aspirin is not usually recommended for children less than 15 years old, in this case it is very important to give it early and in relatively high doses. It is thought that the side effects from the aspirin are much rarer than the heart complications, which may occur with Kawasaki disease.

The consultant in charge of your child will oversee your child's treatment to help ensure treatment given is effective and as safe as possible.

Explanation of all your treatment will be given throughout your child's stay in hospital. If you do not understand any part of your child's treatment please ask the doctor to explain treatments again.

### **The benefits of the treatment:**

Often early treatment can prevent the complications associated with Kawasaki disease.

### **The Risks of the treatment:**

The current treatment outlined for Kawasaki disease is considered safe but as with any medication side effects or allergic reactions are possible.

### **The discomforts of the treatment**

The antibodies are given by an infusion (drip), into a small plastic tube (cannula), inserted into your child's vein, usually in the arm or hand. A special numbing cream is used to make the procedure more comfortable for your child. Once connected, the drip is relatively comfortable. Occasionally the little plastic tube, which is in the vein, moves out of position and if this happens the child will require a new tube to be inserted. Aspirin is also not very nice to taste but with some thought and encouragement it can be disguised in juice to make it more tolerable for the child.

### **The alternatives of the treatment**

Presently the only treatment known to be effective is that outlined above.

### **The consequences of the treatment**

If your child does not have the treatment outlined above your child may have serious heart complications. On rare occasion your child may also have a shortened life span.

**If you have any further questions please contact your child's consultant via their secretary by calling the hospital switchboard on 0151 430 1600.**

**The secretaries are available Monday to Friday 9.00 am to 5.00 pm**

**If you need to contact the Department outside of these hours please phone either:**

**Ward 3F      0151 430 1616**

**Ward 4F      0151 430 1791**

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

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