

# Kawasaki disease

## What is Kawasaki disease?

Kawasaki disease is an uncommon illness that mostly affects children under five years of age. It is caused by inflammation of blood vessels throughout the body, including those of the heart (coronary vessels). It is thought that an infection of some sort causes Kawasaki disease. It is not contagious to other children. To diagnose the disease, pathology, ECG and/or an echocardiogram may be required.

## Symptoms of Kawasaki disease

The disease usually begins with a high fever (over 39°) which continues for at least five days. Many, but not all, children also develop other symptoms such as:

- Large, swollen glands in the neck
- A rash (that often peels later on in the illness)
- Red shiny or dry cracked lips
- Red, lumpy (strawberry looking) tongue
- Red eyes (conjunctivitis) without discharge
- Swollen / red hands or feet
- An unusual nappy rash
- Joint pains
- Extreme irritability (especially in young children)

## Treatment

The treatment for Kawasaki disease can be intravenous Immunoglobulin. This is made from donated blood transfusions and contains concentrated amounts of antibodies. It is important to understand that the risks of this treatment are very low, yet the risks from untreated Kawasaki disease are quite high.

Most children will also be given aspirin for a few weeks after the onset of Kawasaki disease. This helps to prevent problems with the coronary arteries. Your child may have to stay in hospital for a few days until the illness begins to settle. Following discharge, strict follow-up is required by your GP and paediatrician.

It is important to remember that most children with Kawasaki disease recover completely.

## If hospitalised

### Admission

The admission process is an opportunity to discuss your child's hospital stay and any special needs they may have while in hospital or for going home.

### Visiting hours

The Cabrini Paediatric Ward does not have set visiting hours.

### Discharge

Your child will be discharged when your doctor is happy with their progress and condition and you are confident with caring for them at home.

Please report to the reception desk in the foyer of the hospital before leaving to finalise any administrative paperwork.

## Care at home

Once you go home it may take three or four weeks for your child to be fully back to normal. Don't be alarmed if your child gets some peeling of the skin on the hands, feet or groin area – this is very common in the second week of the illness.

### Diet and fluids

Your child may have a decreased appetite. This is not unusual and their appetite will gradually return to normal. Encourage them to have regular fluids.

### Fever and medications

Paracetamol and ibuprofen should only be given if your child has a fever and is unsettled or irritable. If your child has a fever but is happy and playing, these medications do not need to be administered. Aspirin should only be administered if prescribed by the doctor.

If your child has a persistent temperature of 38.5°C or higher, contact your doctor.

## Follow-up

Please contact your doctor's rooms to organise a follow-up appointment.

## Longer term

A small number of children develop problems with either the heart muscle or the coronary arteries. The heart problems appear in the first phase of the illness and this is why the initial echocardiogram is performed. If the test is negative, then it is very unlikely that problems will develop later but a further check test is usually done at six to eight weeks. A small percentage of children have recurrence of the symptoms weeks or months later. If this happens, consult your paediatrician.

## Questions

If you have any questions or concerns, please don't hesitate to contact the Ward using the phone number below.

Cabrini Malvern Paediatric Ward  
183 Wattletree Road, Malvern VIC 3144  
03 9508 1378

Cabrini Brighton Paediatric Ward  
243 New Street, Brighton VIC 3186  
03 9508 5690

