Not Just Coronary Arteritis, Kawasaki Disease Is a Myocarditis, Too

There is a great deal of insight in the points of view addressed recently by Gordon et al. (1) and by Gersony (2). One could not but notice an unbalanced aspect in the commentary article, however. This has nothing to do with the respected opinion of Dr. Gersony; on the contrary, it has to do with the general misconception connecting Kawasaki disease (KD) to merely 1 fact: the related coronary artery complications. The original editorial article by Gordon et al. (1) is intended to convey a message to the Adult Cardiology Society urging for an educated awareness of the perceived impact of the KD-related cardiovascular disturbances beyond childhood. Whether some aspects of the disease gained the deserved emphasis in the original review article or not, the rebuttal commentary was completely distracted from essential realities associated with KD. Although Gordon et al. (1) identified the often-missed importance of the consequences of KD on the myocardium, Gersony (2) limited his discussion to the sole coronary artery complications of the disease. That is exactly the problem. In my mind, it is important to put a brake on the problematic coronary aneurysms, be it only for a minute. The hidden face of the moon in this disease, the myocarditis, must not be underestimated (3). This myocarditis is evidenced by serial myocardial biopsy studies from patients without coronary aneurysms (4,5). It is also suggested by echocardiography studies (6) and by biochemical markers reflecting the myocardial response to the inflammatory process upon the onset of the disease (7). Four decades since the initial recognition of KD as a separate entity from resembling ailments have not permitted researchers to uncover its etiology. The inflammatory involvement of the myocardium and its long-term consequences deserve a serious look and a methodological follow-up.

The incidence of KD is on the rise, not only because of the modified diagnostic paradigm, which encourages the diagnosis of cases with incomplete clinical criteria (8,9), but also because of the recent awareness of the diagnosis, not only in North America but also in the most populous countries of the globe as well (10,11). It is appropriate and wise to inform KD patients that there are insufficient data to adequately calculate their cardiovascular prognosis, with the exception of the minority who sustained a severe coronary artery injury. Should we wish to care for the remaining 99% of KD patients, the myocarditis trail—not just that of the coronary arteries—needs to be followed. And as Gersony (2) correctly concludes, the American Heart Association guidelines are simply guidelines, subject to continuous updates.

Now, back to the injured coronary arteries, resolved or unresolved. If making patients aware of their antecedent KD diagnosis as a potential cardiovascular risk factor deeply affects their psyche, then physicians must also refrain from discussing obesity, for example, when counseling primary or secondary prevention of cardiovascular diseases.

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REFERENCES


Reply

I thank Dr. Dahdah for his interest in my paper (1). In his letter to the editor, Dr. Dahdah raises concerns about the long-term effects of myocarditis on adults who had Kawasaki disease (KD) as a child, and that my commentary, which pertained to the risk of late coronary artery events, did not address this potential issue. As he indicates, a myocardial inflammatory process in the acute phase of KD has been well documented, even when coronary involvement may have been minimal or even absent. However, Dr. Dahdah’s assertion that late manifestations of acute myocarditis are likely to be a serious threat to the adult who had KD is not evidence based. The references accompanying his letter do not describe a single case of an adult with late myocarditis or nonischemic cardiomyopathy, and there have been hundreds of thousands of patients who have had KD. Furthermore, the biopsy studies carried out in 1978 and 1981 were obtained from patients in the acute and subacute phases of the disease. By no means can