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Interventional Cardiology

LONG TERM SEQUELAE OF KAWASAKI DISEASE

Poster Contributions
Poster Hall, Hall C
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Session Title: Interventional Cardiology: Angiography, Intravascular Imaging and Interventional CT/MR
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Introduction: Kawasaki disease (KD) is one of the most common vasculitic diseases of childhood which is typically self-limited, with fever and manifestations of acute inflammation lasting for about a week. However, complications such as coronary artery aneurysms (CAA), myocardial infarction and arrhythmias may develop and can lead to significant morbidity and mortality.

Case Report: A 48-year-old man with history of Kawasaki disease, hypertension, myocardial infarction over 15 years ago presented with chest pain and shortness of breath. Initial cardiac evaluation with an echocardiogram and a stress test were severely abnormal with new depressed ejection fraction (EF) of 27%. So he underwent a cardiac catheterization which showed left main distal ectasia, but no hemodynamically obstructive luminal narrowing. LAD (left anterior descending artery) was totally occluded at its origin, with significant ectasia with multiple aneurysmal changes in the proximal LAD and 80% stenosis of mid LAD, receiving collaterals from the right coronary artery (RCA). Given the extensive disease but the presence of collaterals, medical management with metoprolol, aspirin, atorvastatin and losartan was continued and the patient is being followed up at the outpatient clinic.

Discussion: KD mainly affects small and medium-sized arteries with a specific predilection for coronary arteries, and is considered to be the most common cause of childhood-acquired heart disease in Western countries. One of the main complications of KD is CAA, along with fistula, stenosis and thrombus formations, which can progress and cause myocardial infarction, heart failure and even sudden death. These patients need to be followed up with various imaging modalities (like echocardiogram, CTA, cardiac MRI or coronary angiogram) for progression of aneurysms and thrombus formations.

Conclusions: As the coronary effects of KD can be long-lasting and detrimental, early recognition of the disease is the key. More studies need to be conducted to aid in early diagnosis given that as of now, it's entirely clinical. Given the early development of CAD and increased mortality, proper patient education and continuous follow-up should be established.