Kawasaki disease in Turkey

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To the Editor,

We read with great interest the recent publication on the clinical features of Kawasaki disease patients by Gülhan et al.\(^1\). They managed 33 patients during a three-year period and explained the findings and results. Similarly, we previously published our experience of eight years (2002-2010) and follow-up results on 35 patients with complete Kawasaki disease in Istanbul\(^2\). Different from the recent study, we reported male predominance (77%), a younger age group (2.5±1.9 years, range: 2 months-7 years), and shorter mean duration of fever (7.8±2.8 days, range: 4-15 days) in our patients. In addition to fever (100%), changes in oral cavity and lips (97.1%), bilateral conjunctival injection (97.1%), skin rash (85.7%), changes in extremities (65.7%), and cervical lymphadenopathy (48.6%) were the diagnostic clinical characteristics of the patients. Although it is not a standard diagnostic criterion according to the American Heart Association guidelines\(^3\) for Kawasaki disease, all the patients in our study were irritable, as in most studies in the literature. All the children were treated with intravenous immunoglobulin and high-dose aspirin during the febrile period. Different from the recent study, high-dose methylprednisolone pulse therapy was performed in one patient after a second infusion of intravenous immunoglobulin. The major sequelae of Kawasaki disease are related to the cardiovascular, and more specifically, the coronary arterial system. In our patients, coronary artery abnormality was detected in 25.7% of patients. None of them led to myocardial infarction or ischemic heart disease. Another study from Turkey reported the coronary artery abnormality rate as 33.3% in 24 children\(^4\), and the recent study reported this rate as 42.4% in 33 patients\(^1\). Our patients had fewer adverse sequelae, as all were treated before the peak mortality days, thus suggesting the importance of early diagnosis and treatment.

The opportunity for early management occurred as our patients were being routinely followed in our outpatient well-child clinic. As adult ischemic heart disease may be due to Kawasaki disease in childhood, in addition to these three studies\(^1,2,4\), further prospective clinical investigations are needed to understand the epidemiology, management and long-term follow-up of the disease in Turkey.

REFERENCES