

## **Kawasaki Syndrome: History and Definition**

From: U.S. Department of Health and Human Services Center for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))

Kawasaki syndrome (KS) is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. KS was first described in Japan by Tomisaku Kawasaki in 1967, and the first cases outside of Japan were reported in Hawaii in 1976.

KS is characterized by fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat. Serious complications of KS include coronary artery dilatations and aneurysms, and KS is a leading cause of acquired heart disease in the United States. The standard treatment with intravenous immunoglobulin and aspirin substantially decreases the development of these coronary artery abnormalities.

KS occurs worldwide, with the highest incidence in Japan, and it most often affects boys and younger children. KS may have a Winter-Spring seasonality, and community-wide outbreaks have been reported occasionally. In the continental United States, population-based and hospitalization studies have estimated an incidence of KS ranging from 9 to 19 per 100,000 children younger than 5 years of age. Approximately 4248 hospitalizations for KS, of which 3277 (77%) were for children under 5 years of age, were estimated among children younger than 18 years of age in the United States in the year 2000.

CDC uses hospital discharge data, a passive KS surveillance system, and special studies to describe the incidence and epidemiology of KS in the United States. The KS surveillance system has been maintained by CDC since 1976 and is based on voluntary reporting of KS cases by health care providers and local and state health authorities. A standardized case report form is used to collect information on patients.

The KS case report form is available as a pdf document for health-care workers to submit a report. Health-care workers who wish to submit a report can do so by completing either the print form (i.e., print out and complete manually) or the fillable form (i.e., enter the data directly on the computer and then print out the completed form. Note: You may not be able to download and save the completed form if your computer's software does not allow this feature.) The completed form should be sent to the mailing address provided on the form or sent by fax to (404) 639-3838.

From [www.mayoclinic.com](http://www.mayoclinic.com)

### **Definition**

Kawasaki disease is a condition that causes inflammation in the walls of small- and medium-sized arteries throughout the body, including the coronary arteries. It mostly affects children from ages 2 to 5. Identified by a Japanese doctor, Tomisaku Kawasaki, in

1967, Kawasaki disease is also called mucocutaneous lymph node syndrome because it also affects lymph nodes, skin and the mucous membranes inside the mouth, nose and throat.


Kawasaki disease occurs more often in boys than girls, and most commonly in children of Japanese or Korean descent, although any child can get it. It can cause serious complications of the heart and the blood vessels that supply the heart. Some of the complications of Kawasaki disease may be life-threatening.

The condition is not preventable, but it's treatable in most cases. Most children recover from Kawasaki disease without serious problems.


## Causes


No one knows what causes Kawasaki disease. A number of theories link the disease to bacteria, viruses, or environmental chemicals or pollutants, but none has been proved. Kawasaki disease doesn't appear to be hereditary.


## Articles

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Kawasaki T, Kosaki F, Okawa S, Shigematsu I, Yanagawa H. A new infantile acute febrile mucocutaneous lymph node syndrome prevailing in Japan. *Pediatrics* 1974;54:271-276.

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