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Case Report

Missed Kawasaki disease in childhood presenting as myocardial infarction in adults

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ABSTRACT

Kawasaki disease (KD) is an acute, self-limited vasculitis that occurs in young children and was first described by Japanese pediatrician Tomisaku Kawasaki in 1967. Although originally thought to be a rare condition, KD has become the most common cause of acquired heart disease in the pediatric population in developed countries. The majority of patients with KD appear to have a benign prognosis, but a subset of patients with coronary artery aneurysms are at risk for ischemic events and require lifelong treatment. In the 4 decades since the initial recognition of KD, the number of patients reaching adulthood has continued to grow. Adult cardiologists will be increasingly involved in the management of these patients. Currently, there are no established guidelines for the evaluation and treatment of adult patients who have had KD. We report 4 most probable cases of KD missed in childhood and presented as acute coronary syndrome in adulthood.

1. Case 1

A 35 y male presented with post infarction angina after being thrombolysed for inferior wall infarction. He had no modifiable risk factors for coronary artery disease (CAD) viz. hypertension, diabetes, tobacco abuse, smoking or dyslipidemia. His coronary angiogram revealed presence of a markedly ectatic (6 mm) proximal LAD with sudden transition to a normal appearing distal segment (Fig. 1A). The right coronary artery (RCA) was severely ectatic (Fig. 1B) with presence of thrombus. An aneurysm was clearly visible in mid RCA as it was outlined by the passage of contrast around the thrombus (Fig. 1B, arrow). He has been on oral anticoagulants for last 2 years.

2. Case 2

A 40 y male with no risk factors for CAD presented with effort angina. His coronary angiogram revealed presence of a markedly ectatic proximal LAD (6 mm) followed by sudden transition to a normal segment. (Fig. 1C). The RCA also showed marked ectasia (Fig. 1D). There were no obstructive lesions in his coronary tree. Echo showed normal LV systolic function. While on a statin and antiplatelet agents, he died suddenly in a grocery store 1 year after the angiogram.

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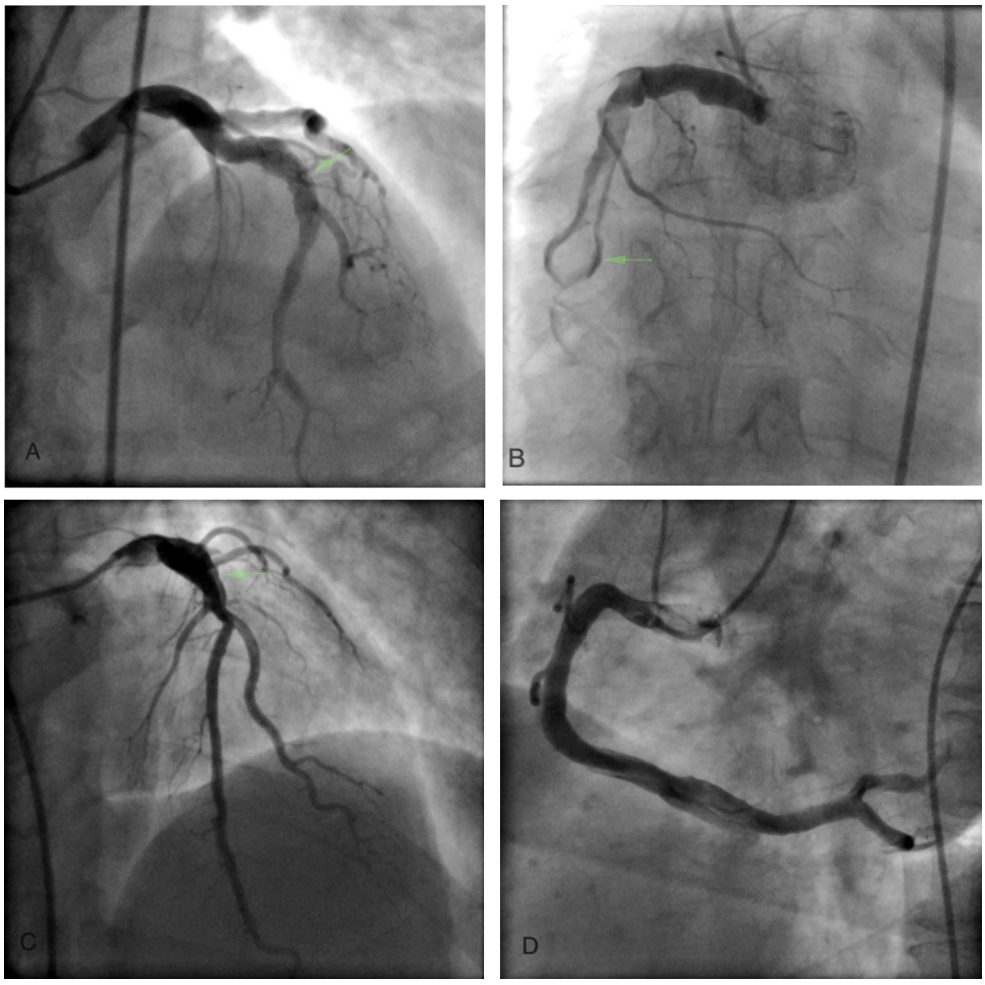

Fig. 1 – Panel A shows aneurysmal proximal LAD (arrow), Panel B shows RCA thrombus surrounded by contrast in the aneurysm (arrow), Panel C shows severely ectatic proximal LAD with sudden transition to normal, Panel D shows diffuse ectasia of RCA.

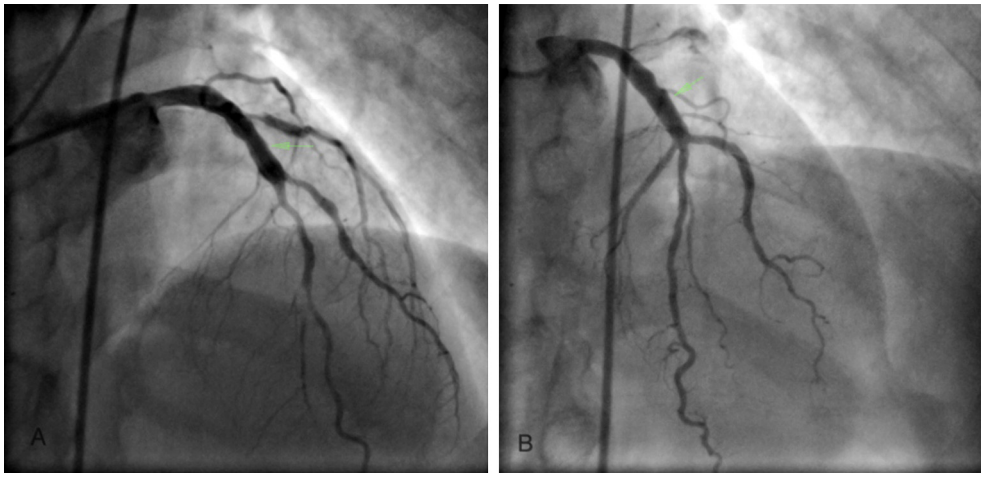

Fig. 2 – Panels A and B show ectatic proximal segments of LAD with sudden transition to normal segment.