
P-42 Difficulty in the diagnosis of Kawasaki disease of adolescence

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Introduction: It is generally accepted that Kawasaki disease frequently develops during childhood. We report here a rare case of Kawasaki disease of adolescence. Even in adults, Kawasaki disease must be considered with patients who have a persistent fever and rash for 5 or more days.

Case Presentation: A 16-year-old Japanese man was seen at the ER for 3 consecutive days. He had fever and generalized urticaria, and as he had taken oral acetaminophen for the first time, he was diagnosed with drug eruption, instructed to discontinue taking the oral medication and was sent home. However, the symptoms persisted and on the 4th day of illness he developed strawberry tongue and sore throat, so he re-visited the hospital. On the 6th day of illness, he developed desquamation in the neck, bulbar conjunctive hyperemia, and erythema of fingers and hands, and a rapid streptococcal test result was positive. On the basis of these findings, scarlet fever or Kawasaki disease was suspected. Treatment with ceftriaxone was started on the same day, but there was little improvement in his symptoms, so he was diagnosed with Kawasaki disease. On the 7th day of illness, IVIG therapy was started and the symptoms rapidly improved.

Discussion: Kawasaki disease is systemic vasculitis syndrome of unknown etiology that was first reported by Tomisaku Kawasaki. Generally, the disease commonly occurs in infants aged ≤ 5 years. The disease is diagnosed when 5 of the 6 items in the Kawasaki Disease Diagnostic Criteria are met. This patient met the diagnostic criteria but the rapid streptococcal test result was positive, which made it extremely difficult to differentiate Kawasaki disease from scarlet fever. In this case, the diagnosis was finally reached after discussion with pediatricians. Even in adults, Kawasaki disease must be considered with patients who have a persistent fever and rash for 5 or more days.