ORIGINAL RESEARCH PAPER
Volume - 15 | Issue - 08 | August - 2026 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

KAWASAKI DISEASE IN CHILDREN WITH APPARENT INCREASE IN OCCURRENCE OF INCOMPLETE AND ATYPICAL FORMS

Paediatrics

Dr Sandesh Guleria* MD, DM , Pediatric Clinical Immunology and Rheumatology, Assistant Professor (Pediatrics), IGMC, Shimla, HP.*Corresponding author

Dr Ambika Sood MD Department of Pediatrics, Indira Gandhi Medical College, Shimla, HP, India.

Dr Vipin Roach MD Department of Pediatrics, Indira Gandhi Medical College, Shimla, HP, India.

ABSTRACT

Kawasaki disease (KD) is a common medium vessel vasculitis. Recent studies have shown an increase in proportions of children diagnosed with incomplete KD. We analyzed 1.5 years data on children with KD in our centre. Half of the children in our cohort had incomplete KD and four children had atypical KD. This may be due to the fact that with increasing awareness and improvement in imaging modalities, more children with incomplete KD and atypical presentation are being diagnosed.

KEYWORDS

INTRODUCTION

Kawasaki disease (KD) is a common childhood vasculitis (1). Recent studies have shown an increase in proportions of children diagnosed with incomplete KD (2-4). We analyzed the data on children with KD in our centre, a tertiary care centre in North India. Case records of 16 children with KD, registered from July 2019 to December 2020, were reviewed. Four children who had Kawasaki-like disease associated with Coronavirus disease-2019 were excluded from the study.

RESULTS

Sixteen children (11 boys, 5 girls; mean age 4.5 years) had KD. Eight (50%) children had incomplete KD. Fever (100%), oral changes (81.2%), rash (69%), desquamation (62.55), conjunctival injection (56.2%) and arthritis (31.2%) were common clinical features. Laboratory investigations showed neutrophilic leucocytosis (10/16), thrombocytosis (10/16), elevated erythrocyte sedimentation rate (12/16) and C-reactive protein (13/16). Six (37.5%) children had cardiac abnormalities. Three children had coronary artery aneurysms. Two children had pericardial effusion and 1 child had myocardial dysfunction. 14/16 children received intravenous immunoglobulin (IVIG). Two children received methylprednisolone pulse (30 mg/kg) followed by tapering dosages of prednisolone and 1 child was given injection infliximab (5 mg/kg), in addition to IVIG.

Few children in our cohort had atypical presentation. One child with classic KD had concomitant chicken pox. Another child had overlap of KD with HSP and 3rd child developed insulin dependent diabetes mellitus 1 month after having KD. Five children had arthritis, which was predominantly large joint, asymmetrical, additive and non-erosive.

DISCUSSION

KD has overtaken rheumatic fever as the most common cause of acquired heart disease, especially in developed world (3). Incomplete and atypical forms of KD are also difficult to diagnose. A previous, 3 years study (2013-2016) from our centre had reported 12 cases of KD with 41.6% incomplete KD (5). Present study found that KD is the most common childhood vasculitis at our centre with apparent increase in its occurrence and increase in the proportion of children with incomplete and atypical KD over the time. This may be due to the fact that with increasing awareness and improvement in imaging modalities, more children with incomplete KD and atypical presentation are being diagnosed.

In conclusion, KD is the most common childhood vasculitis at our centre with apparent increase in its occurrence and increase in the proportion of children with incomplete and atypical KD over the time.

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