Clinical Evaluations of 49 Cases with Kawasaki Disease: A Retrospective Cohort Study

Dear Editor,

I read the article titled *"Clinical evaluations of 49 cases with Kawasaki disease: A retrospective cohort study"* by Topçu et al. (1) with great interest. Kawasaki disease is an acute vasculitis that usually affects children under five, is a self-limiting and may proceed with multiple system involvements. It is the most prevalent vasculitis in childhood after the Henoch-Schönlein vasculitis. Furthermore, it is the most frequently acquired pediatric cardiac disease mostly in developed countries where acute rheumatic fever is less common. Even if it is a self-limiting disease, the complications of the disease, especially coronary artery aneurysm, increase the morbidity and mortality rates. Therefore, as a result of early suspicion of the disease, early diagnosis and treatment will significantly reduce the risk of coronary artery abnormality. In some cases suspected of Kawasaki disease, mucocutaneous inflammation criteria required for the diagnosis of Kawasaki diseasecannot be properly met (those cases with less than 4 diagnostic criteria); so, this particular case is defined as incomplete Kawasaki disease. It is particularly difficult to make a diagnosis to those infants admitted with such rare symptoms as hemiparesis (2). This general misperception about the incomplete Kawasaki disease is related with the fact that this particular case is regarded as the mild form of Kawasaki disease. However, more coronary artery involvement occurs in Kawasaki disease depending on the typical form of the disease (2). The most important reason for this is the delay of the diagnosis and treatment of the incomplete Kawasaki disease (3). In a study done in Japan, 15857 Kawasaki patients (83.9% Kawasaki patients, 16.1% incomplete Kawasaki disease patients) were evaluated based on the data of Japanese National survey, while prevalence of coronary artery disease in patients with Kawasaki disease 14.2%, the rate in patients with incomplete Kawasaki disease was as high as 18.4%. Once again in this study, when the cases with incomplete Kawasaki disease in different age groups were compared with regard to the prevalence of artery abnormality, it was found that coronary abnormality rates in children under 1 and above 4 years old were higher (4).

In Topçu et al.'s study (1), 34 (69.4%) of the 49 cases were diagnosed with complete and 15 (30.6%) incomplete Kawasaki disease. In the study, while 2 (12%) of the cases with incomplete Kawasaki disease had findings in the Echocardiogram, 11 (32.3%) patients diagnosed with complete Kawasaki disease had abnormal Echocardiogram findings. While there were more abnormal Echocardiogram findings in cases with complete Kawasaki disease in comparison with cases with incomplete Kawasaki disease and the difference was not statistically significant. This mild difference between incomplete Kawasaki disease rates can be explained by the increased awareness regarding incomplete Kawasaki disease in the center where the cases are monitored. Similarly, the fact that there are fewer abnormal Echocardiogram findings in cases with incomplete Kawasaki disease in comparison to cases with complete Kawasaki disease seems to be associated with the fact that the cases in the acute period received treatment.

This study demonstrated that a decrease in cardiologic complication rates would not be a surprise through an increased awareness for Kawasaki disease for which mucocutaneous inflammation criteria was not properly met and the ensuing treatment to be started in the acute period.

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