Bilateral Coronary Aneurysms in Kawasaki Disease

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Kawasaki disease, more commonly encountered in Asia, often affects coronary vessels and leads to coronary aneurysms. Coronary aneurysms or ectasia occur almost in half of the patients afflicted by the disease. Patients with significant ectatic or aneurysmal involvement of the coronary vessels are at risk for sudden cardiac death during the 3rd-4th week after the onset of the disease (1-2%). Coronary aneurysms are detectable in 15-20% at 3 months after the disease and in 8% at 3 years later. In a large angiographic study in patients with Kawasaki disease, the authors described coronary aneurysms, stenoses and/or occlusion at 2 years in 25% of patients. Use of immunoglobulin during the acute phase of the disease significantly reduces the occurrence of aneurysm (5-8%), particularly of the giant aneurysms (1%) and improves the prognosis in these patients.

FIGURE 1. Aneurysmal dilation of the proximal segments of both the right and left coronary arteries in a patient with Kawasaki disease.

REFERENCES