Görüntülü olgu örnekleri — Case images

Progression of coronary artery aneurysms in incomplete Kawasaki disease

Atipik Kawasaki hastalığında koroner arter anevrizmalarının ilerlemesi

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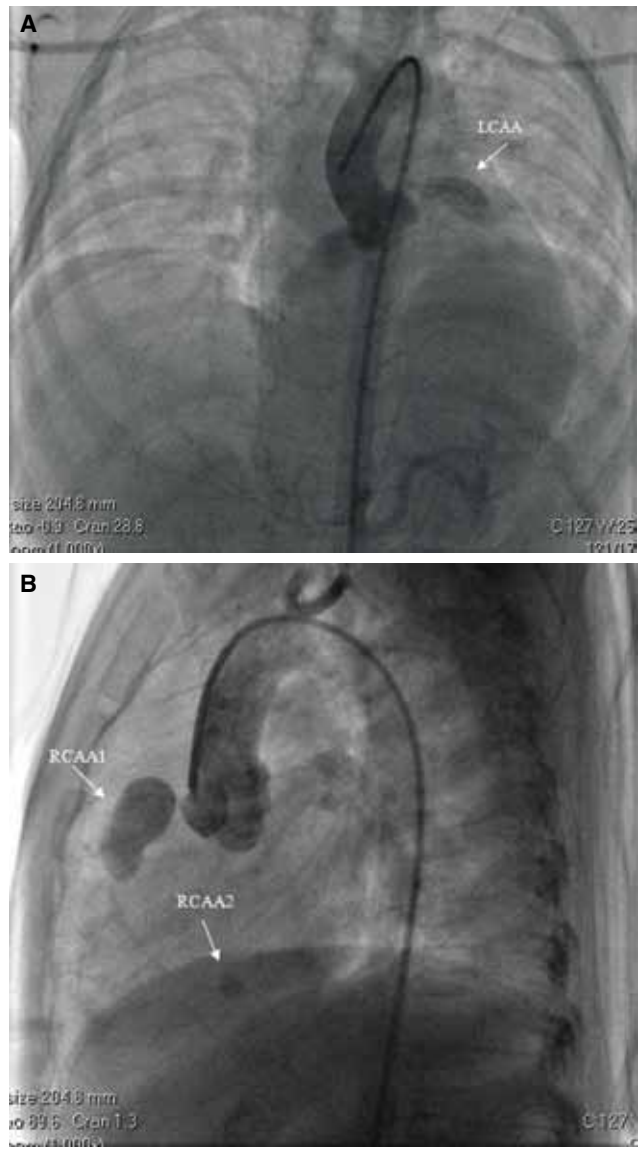
A 15-month-old female infant was referred to our pediatric cardiology clinic with high fever of 19-day history. Despite the absence of the classical signs, she was diagnosed with incomplete Kawasaki disease, since a saccular aneurysm of the left main coronary artery was detected on echocardiographic examination. Intravenous immunoglobulin therapy was administered, but coronary involvement did not regress. The patient was followed-up with oral anticoagulant therapy. After seven months of follow-up, transthoracic echocardiography showed persistence of the aneurysm in the left main coronary artery and another saccular dilatation in the proximal part of the right coronary artery. Angiography was performed to specifically visualize the coronary artery system, which showed three saccular aneurysms in the right and left coronary arteries (Fig. A). The aneurysm in the proximal part of the right coronary artery was of greatest concern due to its large size (Fig. B). Of note, angiography could display a small saccular aneurysm in the distal end of the right coronary artery which was not detected by echocardiography. Caution is necessary in detecting coronary aneurysms in Kawasaki disease, because echocardiography may miss distal aneurysms in coronary arteries. Thus, angiography or computed tomography angiography must be recommended immediately when clinical suspicion arises.



Figures. (A) Aortic angiogram with a cranial projection demonstrates a coronary artery aneurysm (arrow) in the left coronary artery (LCAA). **(B)** Angiogram shows a giant saccular aneurysm in the proximal part and a small saccular aneurysm in the distal end of the right coronary artery (RCA).