INTRODUCTION
Kawasaki disease (KD) is one of the most common vasculitides of childhood. It results from systemic inflammation of medium- and small-sized blood vessels and presents as fever and mucocutaneous alterations. KD is usually a self-limited condition, although it has cardiac complications with significant morbidity and mortality. The diagnosis is clinic and not always straightforward. Rarely, retropharyngeal phlegmon has been described as first manifestation of Kawasaki disease, which makes the differential diagnosis more difficult.

CASE REPORT 1
♂, 6y
2-day history
Fever, Cervical pain
Exam: Neck swelling, Torticollis

Leucocytes 13 900/µL, Neutrophils 81,4%
CRP 135,4 mg/L, ESR 68 mm/h
Albumin 25,0g/L
Cultures - negative
Serology Mycoplasma, EBV, CMV, B19 virus – negative
TC
Improvement; residual alteration
IGIV
Penicillin + Clindamycin

Rash, Edema of the hands, Arthritis
Conjunctivitis, Mucositis

Cardiology
(7th week)
Coronary artery hyperechogenicity

Retropharyngeal cellulitis

CASE REPORT 2
♀, 4y
3-day history
Fever, Cervical pain
Exam: Neck swelling and stiffness, Torticollis

Leucocytes 16 900/µL, N-91,7%
CRP 226,8 mg/L, ESR 73 mm/h
ALT 226 U/L, GGT 279 U/L
Cultures - negative
EBV, CMV, B19 virus – negative

CONCLUSION
These cases highlight an atypical presentation of KD, which can lead to a misdiagnosis or a delayed diagnosis. A high index of suspicion is essential for a prompt diagnosis and appropriate treatment institution in preventing serious cardiac involvement.

In these cases, although cardiac involvement was unaparent, the typical KD features, absence of pus from the drainage and negative cultures and lack of clinical response to antibiotics with marked improvement with immunoglobulin therapy suggested this diagnosis. In addition, the alteration displayed on TC, in particularly, the extension of retropharyngeal low density into more deep neck spaces as well as changes in more adjacent soft tissue, further supported the diagnosis of KD instead of an infective etiology.

References: