Refractory Kawasaki disease treated with Infliximab

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Introduction

Kawasaki disease (KD) is a self-limited systemic pediatric vasculitis. Its aetiology remains unknown. Current estimates indicate that 10 to 20% patients do not respond to single dose of intravenous immunoglobulin (IVIG) and 50% of these develop coronary aneurysms. At least three different scoring systems for the development of IVIG resistance have been proposed and been validated exclusively in Japanese patients. However, predictive power of these models is modest, with positive predictive values ranging from only 32 to 59%. The optimal therapy of these refractory cases is still controversial.

Case Presentation

9 month-old, male
3 day evolution
High Fever

Major criteria:
Polymorphous rash, Periungual desquamation
Bilateral nonsuppurative conjunctivitis
Cervical lymphadenopathy
Dry fissured lips, Strawberry tongue

Minor criteria:
Irritability
BCGitis
Perineal desquamation

Kobayashi Score: 4 Points
IVIG at D4 (2 Points)
Age < 12 months (1 Point)
Na⁺ 132 mEq/L (1 Point)
LOW risk

Asymptomatic
ESR 7 mm/hr
PCR < 0,2 mg/L

Coronary dilatation
Myoglobin, Troponin and BNP were negative
No left ventricular disfunction, No mitral regurgitation

References


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