SOCIEDADE DE INFECIOLOGIA PEDIÁTRICA

12º Encontro de Infeciologia

Casos Clínicos

DOENÇA DE KAWASAKI E FLEIMÃO RETROFARÍNGEO: UMA DOENÇA?

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Doença de Kawasaki (DK)

Introdução

- ***Tomisaku Kawasaki***, 1967

- Vasculite sistémica aguda de pequenas e médias artérias
- Etiologia desconhecida
- Sexo masculino, 6meses-5anos, Países Asiáticos

- Complicações não-cardíacas
- Complicações cardíacas: morbimortalidade significativa
  - Causa mais comum de doença cardíaca adquirida nos países desenvolvidos
  - Aneurismas das artérias coronárias em 15-25% dos doentes não tratados
  - Mortalidade 2-3%

Introdução

- O diagnóstico é clínico!
  - Doença Kawasaki Clássica
  - Doença de Kawasaki Incompleta

- **<u>Manifestações atípicas</u>**
  - Fleimão retrofaríngeo
  - Choque
  - Artrite
  - Insuficiência renal

- Pior prognóstico pelo atraso no diagnóstico!

Caso Clínico

Caso clínico

Identificação

- M.A., sexo masculino, 6 anos.

Antecedentes Familiares

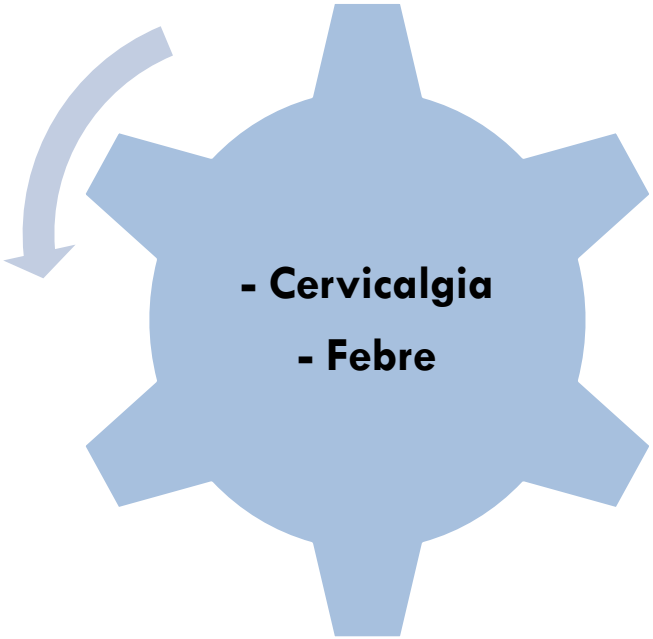
- Irrelevantes.
- Pais não-consanguíneos.
- Nega doenças de carácter heredo-familiar.

Antecedentes Pessoais

- OMA de repetição; miringotomia com colocação TTT em Julho/2014.
- PNV actualizado.
- Nega medicação habitual.

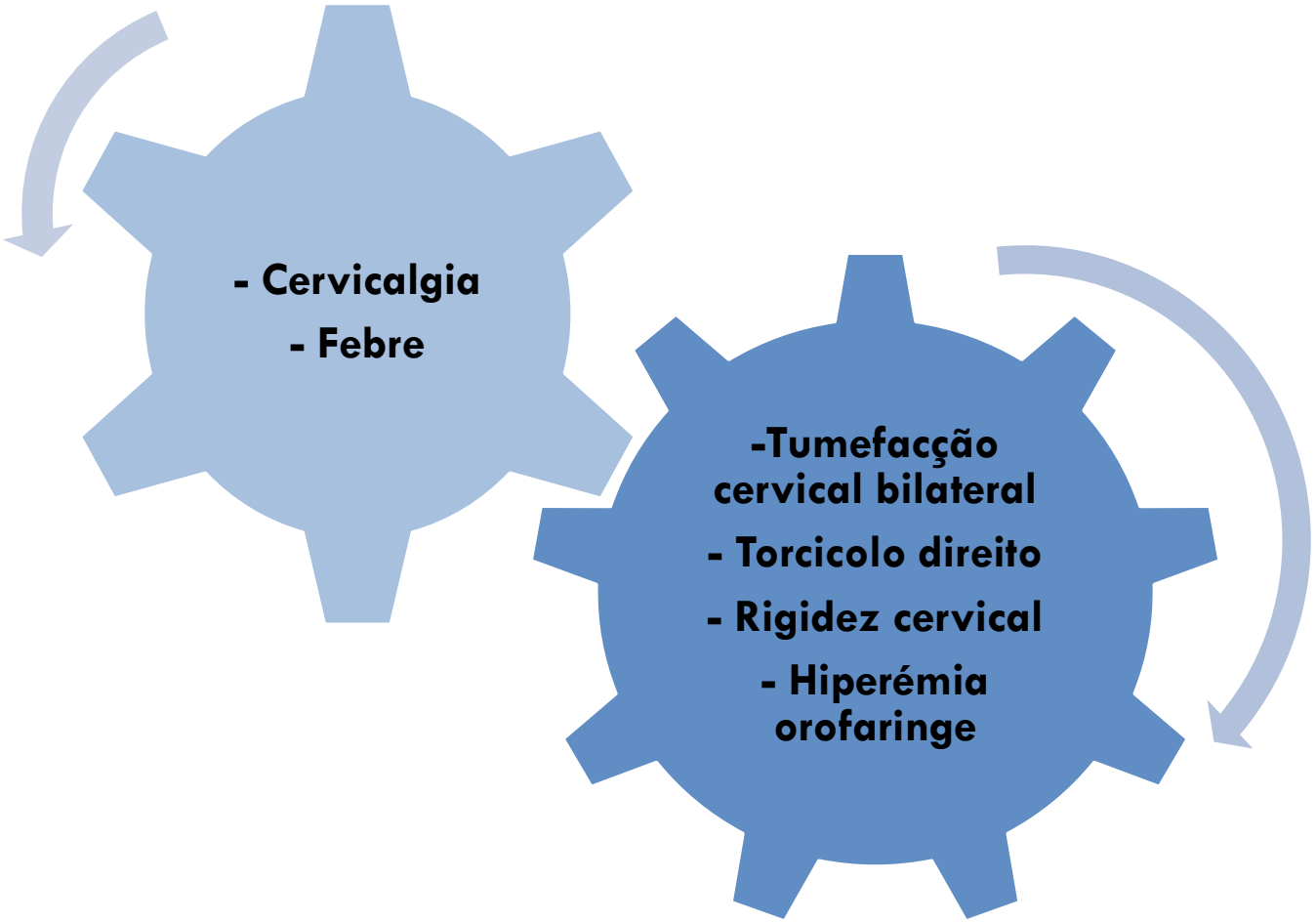
História Doença Actual

Quadro com 2 dias evolução



História Doença Actual

Quadro com 2 dias evolução



Meios Complementares Diagnóstico

Analiticamente

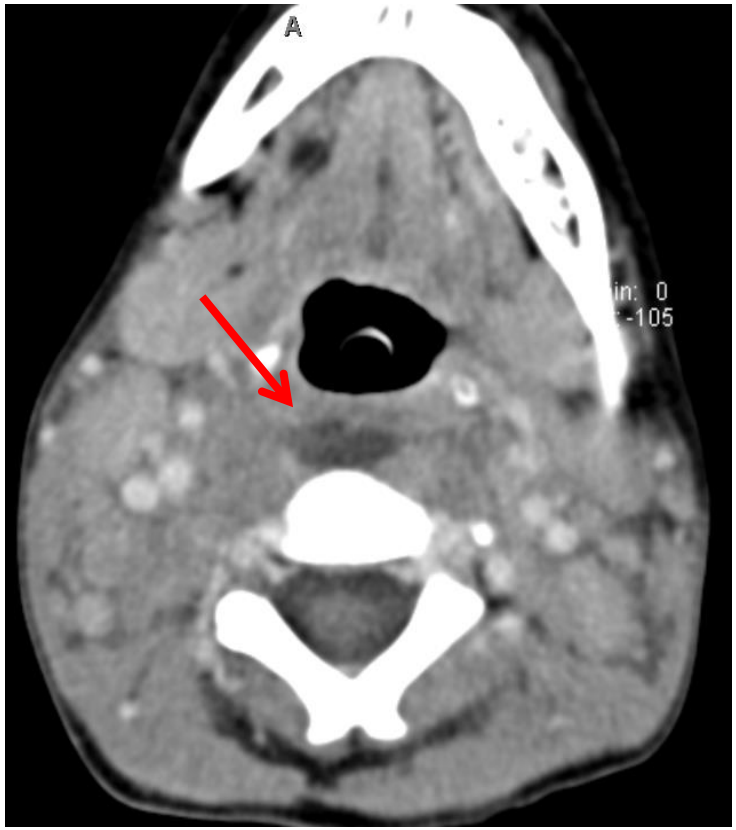
Análises Laboratoriais	
Hemoglobina	12,3 g/dL
Leucócitos, Neutrófilos	**13 900/uL, 11 320/uL**
PCR	**135,4 mg/L**
Ac. heterófilos	Negativo
Ag. SGA	Negativo

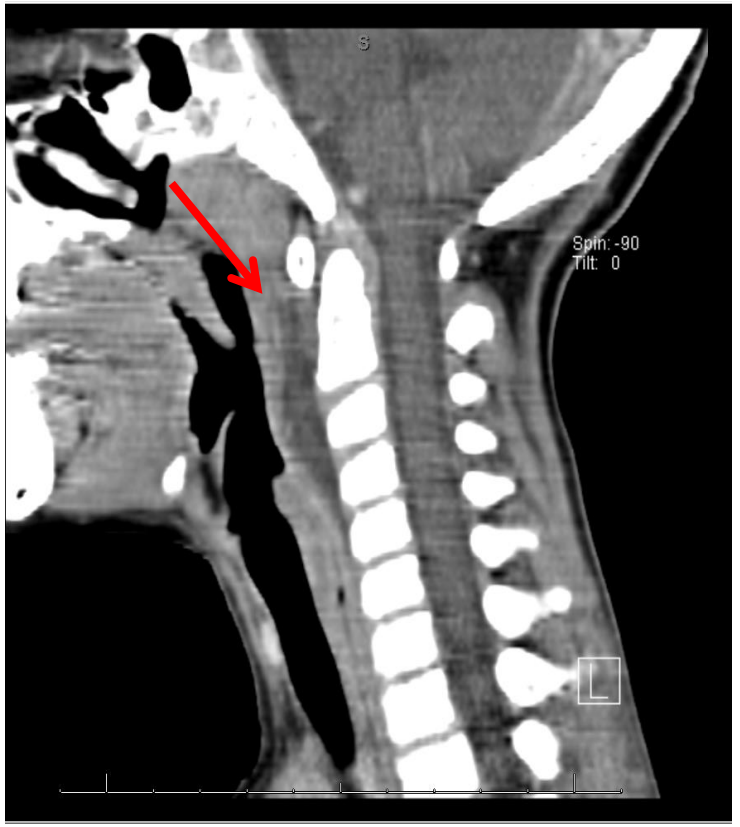
Ecografia pescoço

" Várias adenomegálias cervicais laterais bilateralmente…"

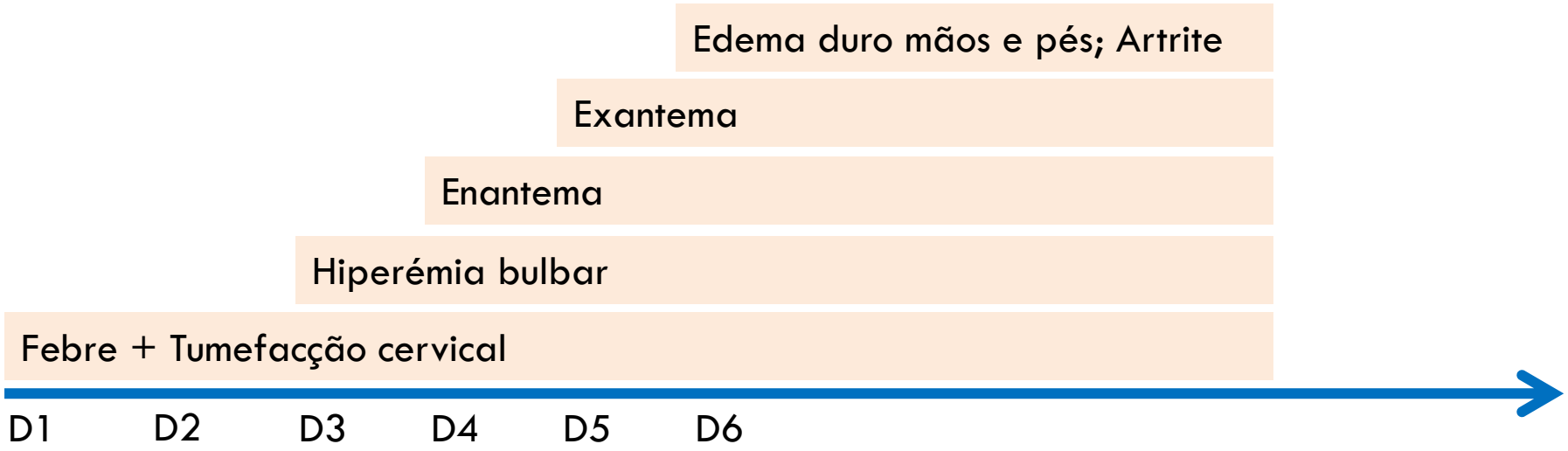
Meios Complementares Diagnóstico

- TC pescoço





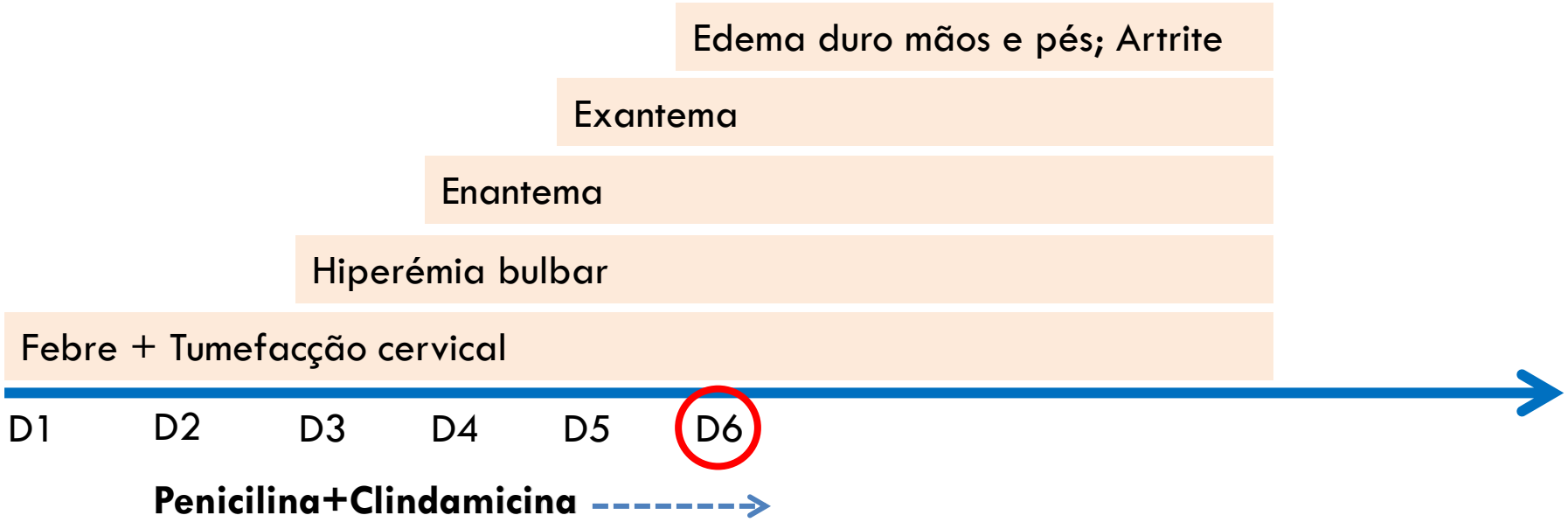
Evolução no Internamento



Penicilina+Clindamicina ------->

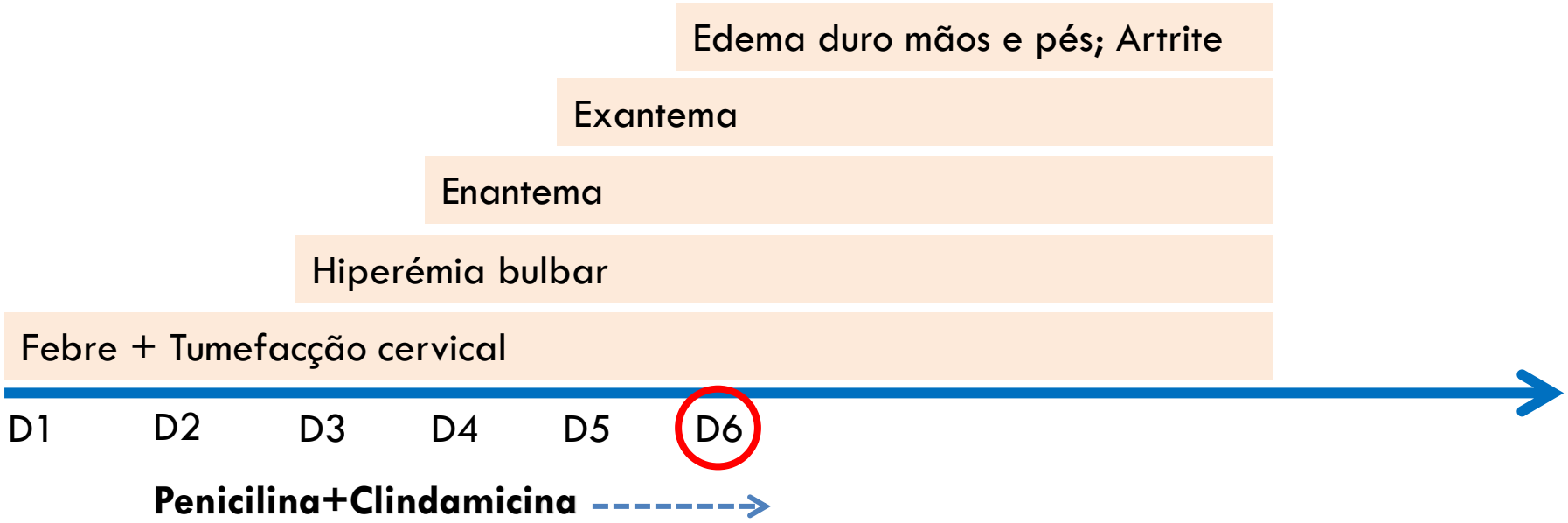
Investigação etiológica	
Cultura exsudado faríngeo	Negativa
TASO, Ac. Anti-Dnase B	**229 UI/mL, 581 U/mL**
Serologias EBV, CMV, Parvovírus B19, *M. pneumoniae*	Negativas
Hemoculturas	Estéreis

Evolução no Internamento



Análises Laboratoriais	
Hemoglobina	(12,3) **10,0 g/dL, NN**
Leucócitos, Neutrófilos	(13 900) **14 700/uL, 12 940/uL**
PCR, VS	(135,4) **213,9 mg/L, 88 mm/h**
Albumina	**25,0 g/L**
ALT, GGT	**55U/L, 111U/L**

Evolução no Internamento



Faringolaringoscopia

Sem alterações

TC pescoço

Inflamação residual

Evolução no Internamento

Doença Kawasaki ?

- Critérios clínicos
- Ausência explicação

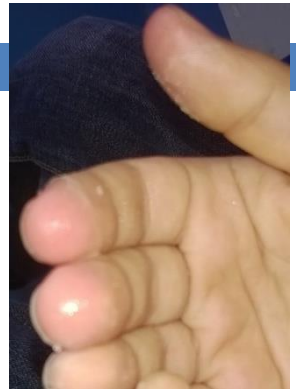
Avaliação Cardiologia

- S1: sem alterações
- S2: sem alterações
- S7: AC esq. hiperecogénica

Avaliação Oftalmologia

- Sem uveíte

Evolução no Internamento



Descamação

Edema duro mãos e pés; Artrite

Exantema

Enantema

Hiperémia bulbar

Febre + Tumefacção cervical

D1 D2 D3 D4 D5 D6 D8 D9

Penicilina+Clindamicina ----------→

Ig+AAS ----------→

Conclusão

Clinical
Communications: Pediatrics

RETROPHARYNGEAL EDEMA: AN UNUSUAL MANIFESTATION OF KAWASAKI DISEASE

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☐ **Abstract—Background: Kawasaki disease (KD) is an acute multisystem vasculitis of unknown etiology that typically affects young children. KD presenting as a retropharyngeal inflammatory process is very rare. Objectives: To report a case of KD initially presenting as a retropharyngeal edema mimicking a deep neck infection, and to review previously published reports in the literature. Case Report: We report a case of KD in a previously healthy 3-year-old child who presented with acute onset of fever and cervical adenitis, along with computed tomography scan findings of retropharyngeal edema and inflammation. KD was suspected due to persistent fever and no improvement in the patient's condition despite appropriate antibiotic therapy; and other classic findings of KD eventually developed. An echocardiogram obtained on the 10th day of illness revealed pericardial effusion but no coronary ectasia or aneurysm. Treatment with high-dose intravenous immunoglobulin resulted in dramatic clinical improvement. Follow-up echocardiograms obtained 2 and 8**

INTRODUCTION

Kawasaki disease (KD) is an acute, febrile, self-limited, multisystem vasculitis of unknown etiology that typically affects young children (1). The diagnosis of KD is made based on fever for at least 5 days and at least four of the five clinical features: bilateral, non-exudative conjunctivitis; polymorphous skin rash; erythematous lips or mucous membranes; erythema and induration of the hands and feet and later desquamation; and cervical lymphadenopathy. The diagnosis of KD can be difficult, especially in incomplete (atypical) cases (2). KD presenting as a retropharyngeal inflammatory process is distinctly unusual (3–11). We describe a case of KD initially presenting as a retropharyngeal edema mimicking a deep neck infection, and review previously published reports in the literature.

Unusual manifestations of Kawasaki disease with retropharyngeal edema and shock syndrome in a Taiwanese child

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KEYWORDS
Kawasaki disease;
Retropharyngeal edema;
Shock

We report a 3-year-old girl with Kawasaki disease who presented with retropharyngeal edema and shock syndrome. This is the first reported case in Taiwan. The patient initially presented with fever, cough, and pyuria followed by rapidly progressive enlarged bilateral cervical lymphadenopathy. On the third day of the fever, computed tomography for airway compression sign found widening of the retropharyngeal space mimicking a retropharyngeal abscess. Later, an endotracheal tube was inserted for respiratory distress. A skin rash over her trunk was also noted. On the fifth day of the fever, the clinical course progressed to hypotension and shock syndrome. Because of more swelling of bilateral neck lymph nodes, computed tomography was arranged again and revealed partial resolution of the edematous changes in the retropharyngeal space. Edema of the hands and feet, bilateral bulbar conjunctivitis, and fissured lips were subsequently found. The diagnosis of Kawasaki disease was confirmed on the eighth day of fever. There was no evidence of bacterial infection. She was administered intravenous immunoglobulin (2 mg/kg) and high dose aspirin (100 mg/kg/day). One day later, the fever subsided, and her blood pressure gradually became stable. Heart echocardiography on the Day 13 revealed dilated left coronary artery and mitral regurgitation. Follow-up echocardiography six months later showed normal coronary arteries. To date, the patient has not experienced any complications. This case illustrates that retropharyngeal edema and shock syndrome can be present in the same clinical course of Kawasaki disease. Clinicians and those who work in intensive care units should be aware of unusual presentations of Kawasaki disease to decrease rates of cardiovascular complications.
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"Doença de Kawasaki e Fleimão Retrofaríngeo: uma doença?"

- O envolvimento sistémico da DK confere uma grande variabilidade na apresentação clínica.
- Cada vez mais estão descritas manifestações atípicas da DK.
- Nem tudo o que parece é! Portanto, a ausência de resposta clínica deve-nos fazer rever o diagnóstico inicial.
- Na DK, o diagnóstico precoce e instituição terapêutica apropriada permite reduzir as sequelas cardíacas, com melhoria do prognóstico.

Bibliografia

- Emily WL *et al*. Retropharyngeal edema: an unusual manifestation of Kawasaki disease. *The Journal of Emergency Medicine* 2010; 39:181-185.
- Laura P *et al*. Retropharyngeal involvement in Kawasaki disease – a report of four patients with retropharyngeal edema verified by magnetic resonance imaging. *International Journal of Pediatric Otorhinolaryngology* 2014; 78:1774-8.
- Li-ching F *et al*. Unusual manifestation of Kawasaki disease with retropharyngeal edema and shock syndrome in a Taiwanese child. *Journal of Microbiology, Immunology and Infection* 2014; 47:152-157.
- Mary BFS *et al*. Kawasaki Disease. *Pediatrics in Review* 2013; 34:151-162.
- Robert MD. Kawasaki disease: Clinical features and diagnosis. Disponível em www.uptodate.com (2014).
- *Stephanie B* et al. Kawasaki Disease. *J Am Acad Dermatol* 2013; 69:501.e1-11.
- Supika K *et al*. Atypical presentation of Kawasaki disease in young infants mimicking a retropharyngeal abscess. *Emerg Radiol* 2012; 19:159-163.