To the Editor

I have 2 comments on the interesting study of Al-Harbi on Kawasaki disease in Western Saudi Arabia. First, Al-Harbi stated in his study that only 12.5% (3/24) of the children with Kawasaki disease (KD) proved to have coronary artery abnormalities on echocardiography. Although this frequency is much less than the 44% reported, it is critical to identify predictive factors that predispose children with KD to have coronary artery lesions, and plan for administration of aggressive therapy to halt their progression. Al-Harbi only focused in his study on the delayed diagnosis of KD as a sole risk factor for development of coronary artery lesions in children with KD. However, many studies have disclosed various demographic, clinical, and laboratory factors contributing to that risk, namely; age <1 year, male gender, incomplete and/or atypical clinical manifestations, intravenous immunoglobulin non-responsiveness, total duration of fever longer than 8 days, low serum albumin, serum sodium concentration of <135 mEq/L at the patient’s first visit to hospital, and thrombocytopenia during the acute stage of disease.

Second, it is the usual scenario to lately diagnose KD in children, particularly in developing countries. Interestingly, the diagnosis of KD in Al-Harbi’s study was made 8.1 ± 3.3 days after the start of fever with a range from 4-15 days. Truly, the delay in the diagnosis of KD, particularly after the day 10 of illness could be easily attributed to the absence of pathognomonic physical signs, and specific laboratory tests in KD on one hand, and lack of awareness of KD among health workers in peripheral hospitals and primary health care centers on the other hand. However, the following 2 plausible explanations must not be overlooked: 1. Late diagnosis was found not to be linked to the type of medical provider, number of antibiotics received, or number of physician visits. Actually, patients with delayed diagnosis often exhibits the typical features of KD, but the onset of their symptoms is dispersed over time as opposed to the close clustering of symptoms in the early diagnosed patients. Certain independent predictors of late diagnosis were noticed to include age of <6 months, incomplete KD, and greater distance from the health center.

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No reply was received from the Author.

References