

MUCOCUTANEOUS LYMPH NODE SYNDROME (KAWASAKI SYNDROME)

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ABSTRACT

The authors present a Kawasaki syndrome in an adolescent, which is very rare. He failed to respond to antibiotic treatment with amoxicillin, but did respond to salicylates and antihistaminics. Thanks to the early diagnosis and the effective treatment, later complications could be avoided.

KEY WORDS

mucocutaneous lymph node syndrome, Kawasaki, early diagnosis, treatment with salicylates

INTRODUCTION

The mucocutaneous lymph node syndrome was first reported by Kawasaki in 1967. This disease occurs primarily in childhood. The typical clinical symptoms are high fever of the continua-type, inductive edema of the extremities, palmar and plantar erythema, polymorphous generalised exanthema, enanthema of the labial and oro-pharyngeal mucosa, bilateral conjunctivitis, acute non-purulent unilateral cervical lymphadenopathy and desquamation of the skin on the finger tips during the regression of the disease (1,2).

We present the classical Kawasaki syndrome in an adolescent, which is quite rare at this age.

CASE REPORT

A 16-year-old male patient was registered at our department 4 days after the appearance of the first

clinical symptoms. He complained of an infection of the upper respiratory tract accompanied by high fever (38-39°C), lesions of the mucous membranes and an unilateral lymph node hypertrophy on the neck. He failed to respond to the treatment (amoxicillin, paracetamol, diphenhydramin) recommended by his family doctor and by the specialist for internal diseases. Additionally, two days later a disseminated exanthema and edema of the extremities appeared. The family-anamnesis was negative, his parents mentioned only a pneumonia in early childhood, till the present disease he enjoyed a good health.

State at admission: numerous, disseminated, well defined maculopapules 0.2-2 cm in size, which extended to palms and soles. On the lower extremities there were point-like petechias. The lips were inflamed, red and swollen; there were some rhagades. The oral mucosa was inflamed too, the conjunctivae were injected (Fig.1-3).

