

Incomplete Kawasaki disease presenting with abdominal pain diagnosed by echocardiography

A 4-year-old boy without any medical history presented to local emergency department with fever for 10 days and aggravated abdominal pain for 3 days. Gastroenteritis was suspected and intravenous antibiotic was prescribed. Three days later, he suffered cardiac arrest and after successful cardiopulmonary resuscitation, he was immediately transferred to our hospital. Electrocardiogram showed sinus tachycardia, Q wave was observed in V2-4 (Fig. 1a). Transthoracic echocardiogram (TTE) and 3-dimensional TTE revealed giant dilatation of left anterior descending coronary artery (LAD; 16 mm) with massive intraluminal thrombus (Fig. 1b, Video 1, 2), dilated right coronary artery (RCA; 6 mm), enlarged left ventricle with abnormal wall motion (left ventricular ejection fraction: 48%) (Fig. 1c, Video 3). Patient was diagnosed with incomplete Kawasaki disease and myocardial infarction. Intravenous immunoglobulin, clopidogrel, warfarin, and diuretic were administered.

Six months later he continued to have limited, aggravated physical activity. Coronary computed tomography angiography confirmed giant dilated and distal-blocked LAD (17 mm) (Fig. 1d, e). Positron emission tomography also revealed large myocardial perfusion defect in left ventricular apical segment and survival of some mid anterior myocardial cells (Fig 2. arrows).

Considering deterioration of left ventricular function and evidence of myocardial ischemia, coronary artery bypass graft surgery was scheduled. The patient was transferred to cardiovascular surgery department.

Video 1. Left anterior descending coronary artery aneurysm with massive intraluminal thrombus.

Video 2. Three-dimensional view of left anterior descending coronary artery aneurysm and thrombus.

Video 3. An enlarged left heart.

Hao Yang, Hui Wang, Xiaoling Zhang, Li Rao
Department of Cardiology, West China Hospital of Sichuan University, Chengdu-*China*

Address for Correspondence: Li Rao, MD, PhD
Department of Cardiology, West China Hospital of Sichuan University

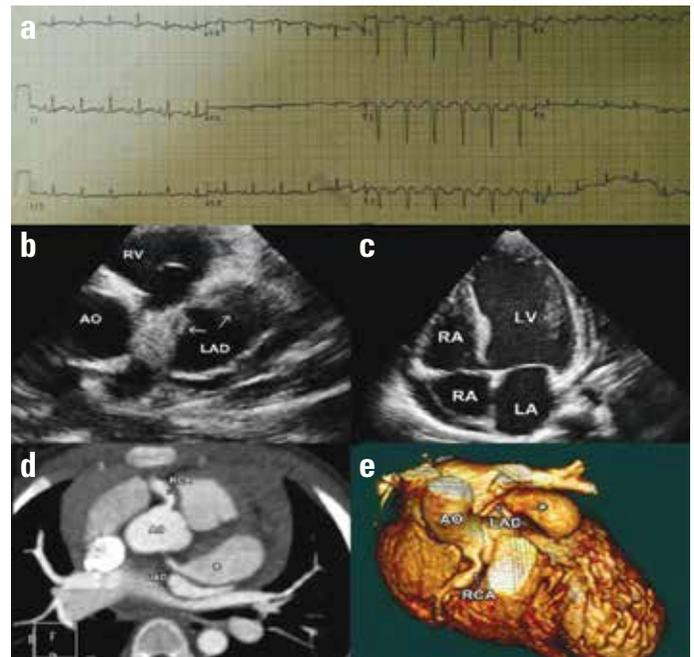


Figure 1. (a) Electrocardiogram after cardiopulmonary resuscitation, (b) arrows indicate massive mural thrombus, (c) dilated left ventricle, (d) coronary computed tomography angiography 6 months after diagnosis.

AO - aorta; LA - left atrium; LAD - left anterior descending coronary artery; LV - left ventricle; RA - right atrium; RCA - right coronary artery; RV - right ventricle; * coronary artery aneurysm

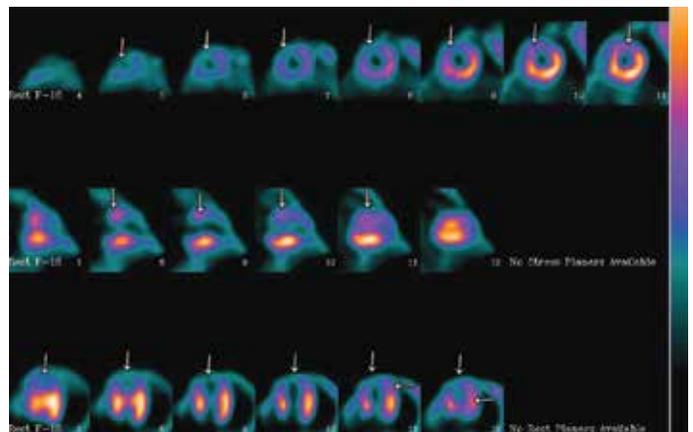


Figure 2. Myocardial ischemia and large myocardial perfusion defect in the left ventricle

37 Guo Xue Xiang, Chengdu 610041-*China*
Phone: +86 028 8558294 Fax: +86 028 85582944
E-mail: lrlz1989@cd120.com

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