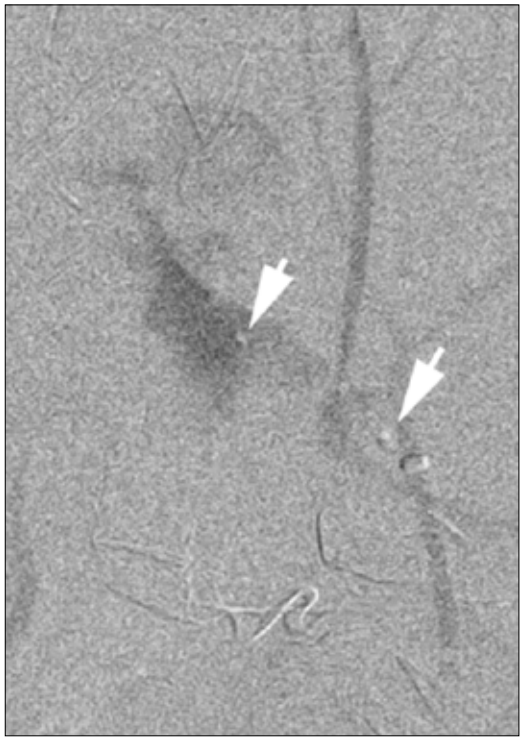

**Figure 3. Aortogram shows the Amplatzer vascular plug (arrow) that positioned in the common hepatic artery as well as celiac artery origin**

**Figure 4. Post embolization aortogram shows cessation of the bleeding (arrow)**

immediately. The patient's transaminases peaked on post-procedure day 1 and on post-procedure day 2 the patient continues to improve.

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# Long-term adverse effect of Kawasaki syndrome: Two- vessel coronary artery by pass surgery for coronary artery aneurysm in a 16-year old male patient

## *Kawasaki sendromunun uzun dönemdeki olumsuz etkisi: 16 yaşındaki erkek çocukta koroner arter anevrizması nedeniyle yapılan iki damar koroner arter baypas operasyonu*

Kawasaki disease, which is a rare systemic vasculitic syndrome with an unknown etiology, affects any type of blood vessel in the body including arteries, veins, and capillaries. It comprises about 9% of all vasculitic syndromes in childhood. The most common manifestations of disease are coronary artery vasculitis leading to coronary aneurysm (15-25%) and dilatation of aortic root. A 16- year -old male with a history of Kawasaki disease in childhood was admitted to our clinic with one year duration of CCS II exertional retrosternal chest pain and dyspnea. His physical examination revealed a blood pressure and heart rate of 130/75 mmHg and 70 bpm respectively with normal cardiac and lung auscultation. At admission, electrocardiography (ECG), telecardiography and routine biochemical laboratory findings were normal. The exercise ECG test showed 2 mm horizontal ST depression in inferolateral derivations. Coronary angiography revealed 7.16x7.71 mm aneurysm in left anterior descending (LAD) artery concomitant with 95% stenosis of the aneurysmatic segment (Fig. 1, 2) and subtotal occlusion

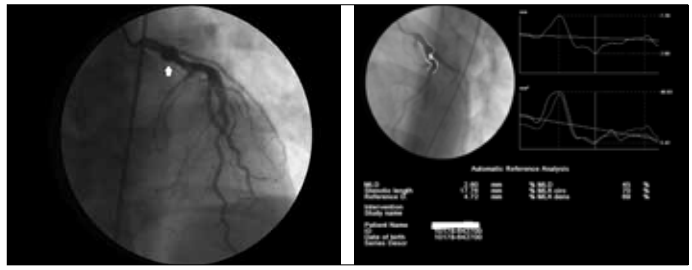

**Figure 1, 2. Coronary angiography views of a 7.16x7.71 mm aneurysm in left anterior descending artery and concomitant 95% stenosis in aneurysmatic segment**

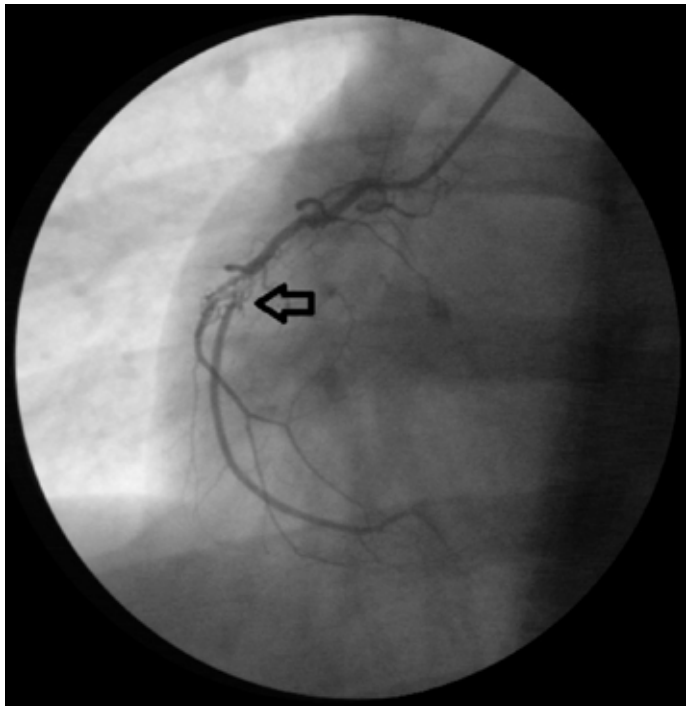

**Figure 3. Coronary angiography view of subtotal occlusion of right coronary artery after right ventricular branch**

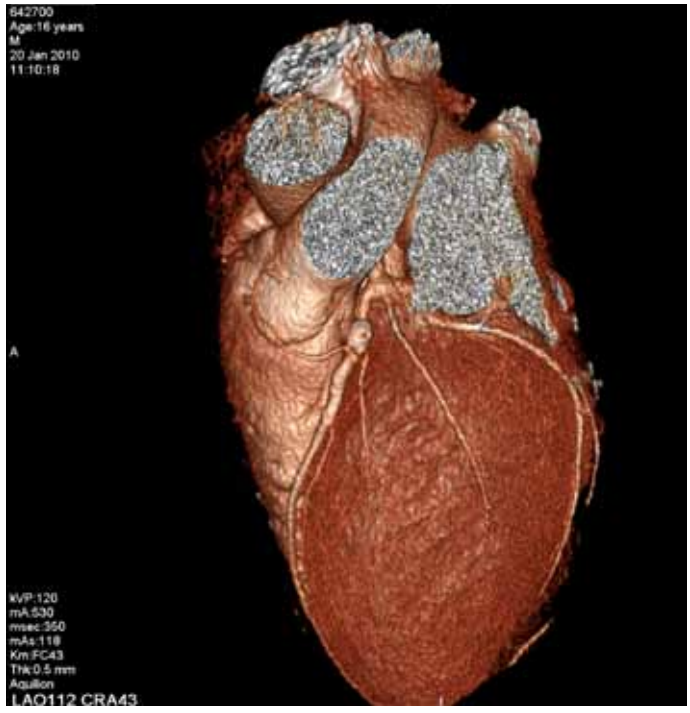


**Figure 4. Multislice computed tomography angiography view of saccular aneurysm of proximal portion of left anterior descending artery**

of right coronary artery (RCA) after right ventricular branch (Fig. 3). Multislice computed tomography angiography revealed saccular aneurysm of proximal portion of LAD (Fig. 4). Due to the large size (>7 mm) and concomitant critical stenosis in aneurysm of LAD, critical stenosis in RCA, and symptomatic course of the disease; patient was referred to two-vessel coronary artery bypass surgery. Long-term follow-up of patient was uneventful. The life -threatening complications of Kawasaki disease are severe coronary aneurysms leading to acute myocardial infarction and sudden cardiac death.

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