

Incidence of Kawasaki Disease Holding Steady

BY DOUG BRUNK
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SAN DIEGO — Preliminary results from an ongoing surveillance of Kawasaki disease in the United States suggest that no unusual increases in cases occurred between 1998 and 2003, Ryan Maddox reported in a poster session at an international Kawasaki disease symposium.

"For the most part, the findings were consistent with those of previous studies and in line with what we'd expect," Mr. Maddox, an epidemiologist with the division of viral and rickettsial diseases at the Centers for Disease Control and Prevention, Atlanta, told Family Practice News. "We're not seeing more cases reported, which is a good sign."

He pointed out that while the study involved patients in 29 states, 80% of the data came from clinicians in just four states: California, Illinois, Michigan, and Virginia. "Obviously, we can't make a claim about [nationwide] incidence based on that," he said, but added that a new case reporting form was available online (www.cdc.gov/ncidod/diseases/kawasaki/index.htm) which will make reporting easier. For the study, he and his associates analyzed the standardized CDC case reports of patients younger than 18 years who met the CDC's Kawa-

ki disease case definition and had illness onset between 1998 and 2003. This time period was chosen because it picked up where previous studies ended.

Between 1998 and 2003, 1,854 cases of Kawasaki disease were reported, which represents an estimated 10% of Kawasaki disease patients nationwide. Most patients (79.9%) were younger than 5 years, and 59.8% were boys.

Nearly all the patients (99%) were hospitalized for their disease, and 97.8% re-

ceived intravenous immunoglobulin. Coronary artery abnormalities were reported in 14.7% of patients, which is higher than the 10.3% reported in a surveillance study conducted between 1991 and 1993. Reasons for this increase may have to do with improved ways to detect coronary artery abnormalities since the earlier study.

"It appears that [the prevalence of] aneurysms remained fairly constant over this period," Mr. Maddox said. "However, [coronary] dilatations have been increas-

ing. That's something that can be picked up through echo testing, which may be better at detecting these dilatations [than before.] That could account for at least some of the increase we're seeing."

The investigators also observed that 23.2% of patients had illness onset in February or March, while 12.4% had onset in August or September. Some suggest Kawasaki disease could be caused by a virus, which could explain the increased prevalence during February and March. ■

Kawasaki Disease Doesn't Reduce Quality of Life

SAN DIEGO — Health-related quality of life in adolescents and young adults with Kawasaki disease is excellent regardless of coronary sequelae, according to results from a large cross-sectional study of Japanese patients presented at an international Kawasaki disease symposium.


Hiroshi Muta, M.D., and his colleagues received 246 completed Medical Outcome Study Short Form 36 surveys from Japanese patients aged at least 16 years who had been diagnosed with Kawasaki disease and had undergone coronary angiography or two-dimensional echocardiography.

The investigators divided respondents into three groups: those with normal coronary measurements on angiography or echocardiography, those who had had aneurysms, and those who had experienced episodes of ischemia. The investigators observed no differences in health-related quality of life among patients in all Kawasaki disease groups compared with the normal Japanese population after adjusting for age and gender, Dr. Muta said at the symposium, sponsored by the American Heart Association.

However, 29% of Kawasaki disease patients reported cigarette use and 12% were overweight (a body mass index of 25 kg/m² or more), which only accelerates their risk.

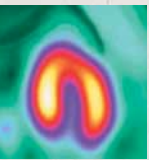
"Long-term follow-up is necessary, since the risk of arteriosclerosis increases with age," he said.

—Doug Brunk



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