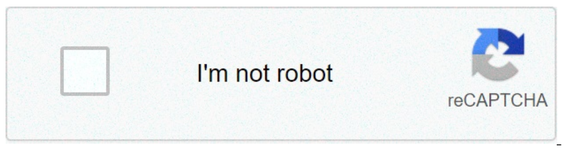

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Kawasaki z900rs performance parts

URL of this page: Also called: Mucocutaneous lymph node syndrome Kawasaki disease is a rare illness that usually affects small children. Other names for it are Kawasaki syndrome and mucocutaneous lymph node syndrome. It is a type of vasculitis, which is inflammation of the blood vessels. Kawasaki disease is serious, but most children can fully recover if they are treated right away. What causes Kawasaki disease? Kawasaki disease happens when the immune system injures the blood vessels by mistake. Researchers do not fully know why this happens. But when it does, the blood vessels become inflamed and can narrow or close off. Genetics may play a role in Kawasaki disease. There may also be environmental factors, such as infections. It does not seem to be contagious. This means that it cannot be passed from one child to another. Who is at risk for Kawasaki disease? Kawasaki disease usually affects children under the age of 5. But older children and adults can sometimes get it. It is more common in boys than girls. It can affect children of any race, but those with Asian or Pacific Islander descent are more likely to get it. What are the symptoms of Kawasaki disease? The symptoms of Kawasaki disease may include High fever lasting at least five days A rash, often on the back, chest, and groin Swollen hands and feet Redness of the lips, lining of the mouth, tongue, palms of the hand, and soles of the feet Pink eye Swollen lymph nodes What other problems can Kawasaki disease cause? Sometimes Kawasaki disease can affect the walls of the coronary arteries. These arteries bring supply blood and oxygen to your heart. This can lead to An aneurysm (bulging and thinning of the walls of the arteries). This can raise the risk of blood clotss in the arteries. If the blood clots are not treated, they could lead to a heart attack or internal bleeding. Inflammation in the heart Heart valve problems Kawasaki disease can also affect other parts of the body, including the brain and nervous system, the immune system, and the digestive system. How is Kawasaki disease diagnosed? There is no specific test for Kawasaki disease. To make a diagnosis, your child's health care provider may use many tools: A physical exam, which includes looking at the signs and symptoms Blood and urine tests to rule out other diseases and check for signs of inflammation Tests to check for damage to the heart, such as an echocardiogram and electrocardiogram (EKG) What are the treatments for Kawasaki disease? Kawasaki disease is usually treated in the hospital with an intravenous (IV) dose of immunoglobulin (IVIG). Aspirin may also be part of the treatment. But do not give your child aspirin unless the health care provider tells you to. Aspirin can cause Reye syndrome in children. This is a rare, serious illness that can affect the brain and liver. Usually treatment works. But if it is not working well enough, the provider may also give your child other medicines to fight the inflammation. If the disease affects your child's heart, he or she might need additional medicines, surgery, or other medical procedures. What is Vasculitis? (National Heart, Lung, and Blood Institute) The information on this site should not be used as a substitute for professional medical care or advice. Contact a health care provider if you have questions about your health. Kawasaki disease is a condition that causes inflammation in the blood vessels, typically in young children. It also affects the lymph nodes. Early symptoms of Kawasaki disease include a high fever and peeling skin or a rash. Related Definitions Kawasaki disease (KD), also known as Kawasaki syndrome, is an acute febrile illness of unknown etiology that primarily affects children younger than 5 years of age. The disease was first described in Japan by Tomisaku Kawasaki in 1967, and the first cases outside of Japan were reported in Hawaii in 1976. Clinical signs include fever, rash, swelling of the hands and feet, irritation and redness of the whites of the eyes, swollen lymph glands in the neck, and irritation and inflammation of the mouth, lips, and throat. KD is a leading cause of acquired heart disease in the United States. Serious complications include coronary artery dilatations and aneurysms. The standard treatment, intravenous immunoglobulin and aspirin, substantially decreases the development of these coronary artery abnormalities. KD occurs worldwide, with the highest incidence in Japan, and it most often affects boys and younger children. KD may have a winter-spring seasonality, and community-wide outbreaks have been reported occasionally. CDC has maintained a KD surveillance system since 1976 and uses several data sources to track and better understand KD in the United States: CDC analyzes large hospital discharge databases to describe the incidence and epidemiology of KD in the United States. Because most children with KD are hospitalized, the hospitalization rate is a good estimate of KD incidence. CDC uses a passive KD surveillance system based on voluntary reporting of KD cases by health care providers and local and state health authorities. This system provides CDC with additional information, such as case symptoms and presence or absence of coronary artery abnormalities, that may not be available in hospital discharge data. CDC conducts special studies to further describe the incidence and epidemiology of KD in the United States. In the continental United States, population-based and hospitalization studies estimate an incidence of KD ranging from about 9 to 20 per 100,000 children under 5 years of age. In the year 2016, approximately 5440 hospitalizations with KD were reported among children under 18 years of age in the US; 3935 of these children were under 5 years of age, for a hospitalization rate of 19.8 per 100,000 children in that age group. The CDC standardized KD case report form is available as a pdf document for healthcare workers to submit a report. Healthcare workers who wish to submit a report can do so by completing either the print form print formpdf icon (i.e., print out and complete manually) or the electronic formpdf icon (i.e., enter the data directly on the computer and then print out the completed form. Note: You may not be able to download and save the completed form if your computer’s software does not allow this feature). The completed form should be sent to the mailing address provided on the form or sent by fax to 404-471-8768. Kawasaki disease (KD), also known as Kawasaki syndrome or mucocutaneous lymph node syndrome, is the most common cause of acquired heart disease in children in developed countries. KD affects children and a smaller percentage of teens, creating inflammation in the blood vessels, particularly the coronary arteries. The average age of those affected is 2, 75% are younger than 5 and boys are 1.5 times more likely than girls to get KD. Although the illness occurs worldwide and across all racial or ethnic groups, it’s more frequent in Japan and in children of Asian descent. Named after Dr. Tomisaku Kawasaki, a Japanese pediatrician, the condition wasn’t recognized as a separate syndrome until 1967. It may have been around for a long time before that. Prompt treatment is critical to prevent significant heart problems. Most children recover fully. Facebook Twitter Linkedin Pinterest Kawasaki disease is a rare illness that most commonly affects children ages 0 to 5, but can sometimes affect children up to the age of 13. It is a type of vasculitis. Vasculitis means inflammation of the blood vessels. It can affect the whole body, including the blood vessels of the heart (coronary arteries). The cause of Kawasaki disease is unknown. Without treatment, affected children are at higher risk of developing problems with the coronary arteries. Other areas of the heart may also be affected. With timely treatment, most children recover with no lasting problems. Who is risk for Kawasaki disease? Children of any race or ethnic group can get Kawasaki disease. It is more common in children whose families are from East Asia or Asian ancestry. Most children who get Kawasaki disease are younger than 5 years old. It occurs in boys more often than in girls. What causes Kawasaki disease? The cause of Kawasaki disease is not known. Researchers think it may be the result of an infection. What are the symptoms of Kawasaki disease? These are common symptoms of Kawasaki disease: Fever of 102.0° F to 104.0° F (38.8°C to 40.0°C) that lasts for at least 5 days Red rash A swollen lymph node, usually in the neck Swollen hands and feet Red eyes Red and dry cracked lips Red tongue with white spots (called “strawberry tongue”) Irritability Fast heart rate Diarrhea or vomiting Skin peeling The symptoms of Kawasaki disease can look like other health conditions. Make sure your child sees his or her healthcare provider for a diagnosis. How is Kawasaki disease diagnosed? Your child's healthcare provider can usually diagnose Kawasaki disease by his or her symptoms and physical exam. To diagnose Kawasaki, other causes for the symptoms must be ruled out. A fever for 5 days must be present in addition to having 4 out of 5 of the following: Red eyes Changes in the lining of the mouth Skin changes in the hands and feet Rash Swollen lymph nodes Other recommended tests include: Lab tests. Blood and urine samples are taken to check for signs of inflammation. These are also used to help rule out other health problems. Electrocardiography (ECG or EKG). This test records the electrical activity of the heart through small, sticky patches on the child's chest. The patches are connected to a machine with wires. The machine records the electrical activity. This helps check for problems with heart rhythm and heart structure. Echocardiography (echo). This test uses sound waves to create a picture of the heart. This can show problems with heart structure, valves, and heart function. This can also show problems with the coronary arteries. How is Kawasaki disease treated? Treatment will depend on your child’s symptoms, age, and general health. It will also depend on how severe the condition is. Treatment typically starts as soon as the problem is suspected. Your child may need to stay in the hospital for a few days or longer. Your child's healthcare provider may prescribe aspirin or intravenous (IV) gamma globulin (IVIG). Corticosteroids and other medicines may also be prescribed if aspirin and IVIG don't work well. Once your child is home, he or she may need to take low-dose aspirin for 6 to 8 weeks. Do not give your child aspirin without first talking with the child's healthcare provider. If your child develops heart problems, the provider may send you to a pediatric cardiologist. This is a doctor with special training to treat children’s heart problems. Your child may need medicine, procedures, or surgery. What are the complications of Kawasaki disease? Most children with Kawasaki disease get better within a few weeks. But serious complications may occur. Those involving the heart include: Weakening of one of the heart's arteries (coronary artery aneurysm) Heart muscle that doesn't work well or heart attack Inflammation of the heart muscle (myocarditis), lining of the heart (endocarditis), or covering of the heart (pericarditis) Heart valves that don't work well Heart failure Kawasaki disease may also affect other body systems. This includes the nervous, immune, digestive, and urinary systems. How is Kawasaki disease managed? If your child has a coronary artery aneurysm, he or she will need echocardiograms, sometimes for several years after the illness. Your child may need more treatment, including blood thinners to prevent clots. It is important to keep follow-up visits with your child's healthcare provider, even if your child is feeling well. There is a risk for early coronary artery disease after having Kawasaki disease, including early heart attacks. Your child will need to follow a heart-healthy lifestyle for life. This includes eating healthy foods, getting regular exercise, and not smoking. Your child should have regular follow-up with a cardiologist throughout his or her life. Talk with your child's healthcare provider about what to expect for your child. When should I call my child's healthcare provider? Call your child's healthcare provider if your child has the symptoms of Kawasaki disease. If your child is diagnosed with Kawasaki disease, keep all follow-up appointments. Also watch for signs or symptoms of complications, including: Tiredness Poor feeding or eating Trouble breathing Swelling Chest pain Key points about Kawasaki disease Kawasaki disease is a serious condition that affects young children. It can damage blood vessels throughout the body. Kawasaki disease is diagnosed by having certain symptoms. For example, a fever lasting at least 5 days. Your child’s healthcare provider will treat Kawasaki with aspirin, intravenous immune globulin (IVIG), or other medicines. A child with Kawasaki disease may have serious complications, especially ones affecting the heart. Next steps Tips to help you get the most from a visit to your child’s healthcare provider: Know the reason for the visit and what you want to happen. Before your visit, write down questions you want answered. At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you for your child. Know why a new medicine or treatment is prescribed and how it will help your child. Also know what the side effects are. Ask if your child’s condition can be treated in other ways. Know why a test or procedure is recommended and what the results could mean. Know what to expect if your child does not take the medicine or have the test or procedure. If your child has a follow-up appointment, write down the date, time, and purpose for that visit. Know how you can contact your child’s provider after office hours. This is important if your child becomes ill and you have questions or need advice. Medically reviewed by Suzanne Falck, M.D., FACP — Written by Valencia Higuera on March 15, 2017SymptomsCausesRisk factorsDiagnosisTreatmentComplicationsKawasaki disease is a rare syndrome of unknown origin that affects children. It involves inflammation of the blood vessels, and it affects the arteries. It can have a serious long-term effect on the heart.According to The Kawasaki Disease Foundation, around 80 percent of patients are under the age of 5 years. Less commonly, it affects older children and teenagers.It does not usually affect children under 6 months, possibly because they are protected by antibodies from their mother.In the United States, 19 children in every 100,000 are admitted to the hospital with Kawasaki disease every year.Inflammation occurs in the walls of arteries throughout the body, including the coronary arteries, which supply blood to the heart muscle.As it affects the lymph nodes and skin and mucous membranes inside the nose, mouth, and throat, it is also called mucocutaneous lymph node syndrome.It is not contagious. Signs and symptoms develop in three phases. Acute phase, or phase 1 Symptoms appear from day 1 to 11. They emerge suddenly and are usually intense. They include: High body temperature, or fever, which continues for at least 5 days and may reach 104 degrees Fahrenheit or 40 degrees Celsius. The fever does not respond to over-the-counter (OTC) painkillers, such as ibuprofen or Tylenol (paracetamol)Conjunctivitis in both eyes, where the whites of the eyes become red, and the eyes may be itchy, watery, and soreSore throatSwollen, chapped, and dry lipsRed, swollen tongue, often with small lumps at the back, sometimes referred to as strawberry tongueSwollen lymph glands and lumpiness on the neckA rash on the arms, legs, and torso, and between the genitals and the anusA second rash on the palms of the hands and the soles of the feet, which may be accompanied by peeling skin Children who develop a rash may find it uncomfortable to move their legs. Sub-acute, second phase Symptoms appear from days 12 to 21. They are less severe, but they may persist for longer. The body temperature should return to normal. Symptoms may include: Peeling of the skin on toes and fingersVomitingDiarrheaAbdominal painJoint painJoint swellingJaundiceLack of appetite Complications are more likely to occur during this phase and the child may experience more pain and be moody. Convalescent, or third phase This phase lasts from about day 22 to day 60. Symptoms improve, and the patient gradually recovers until all signs of the disease are gone. The main concern is that Kawasaki can affect the vessels around the heart so the patient must undergo evaluation with an echocardiogram. Share on PinterestKawasaki disease affects the mucous membranes.Experts do not know what causes Kawasaki disease.One possibility is that it may be an abnormal response to a common virus that most people do not react to. Symptoms resemble those of a virus or an infection, but no specific viral or bacterial cause has been identified.Another is that it is an autoimmune disorder, where the body’s immune system attacks its own good tissue as if it were a pathogen, or organism that causes disease. The following may be considered risk factors for Kawasaki disease: Age: It is more likely between the ages of 1 year and 5 yearsGender: Boys are more likely than girls to develop itEthnic background: People of Asian ancestry, specifically Japanese or Chinese, and Black Americans are more susceptible to Kawasaki diseaseGenetics: If the parents had Kawasaki disease, their offspring may be more likey to have it, suggesting that it may be linked to an inherited geneEnvironment: In the northern hemisphere, from January through March, the rate is 40 percent higher than in August through October. Some suggest it may be a reaction to some toxins or medications, but clinical evidence is lacking. To have a diagnosis of Kawasaki disease, there must be a fever for 5 or more days as well as four out of five main other findings:Share on PinterestConjunctivitis can be a symptom of Kawasaki disease.ConjunctivitisChanges in the lips or mouthEnlarged lymph nodes in the neckRash on the bodyChanges on the hands or soles of feetCurrently, no one specific test can confirm Kawasaki disease.Since the symptoms are similar to other childhood diseases, including the measles, scarlet fever, and juvenile arthritis, some tests may be ordered to eliminate those diseases.A physician will consider the patient’s symptoms and carry out a physical examination.Blood and other tests can check for:An elevated white blood countInflammation in the jointsA high sedimentation rateMild anemiaThe presence of protein or white blood cells in the urineAn echocardiogram can check for damage to the heart and coronary arteries.TestsTests that may be carried out include:Urine test: This can help indicate whether something else may be causing symptoms.Platelet count: Platelets are cells in the blood that clump together to help stop bleeding, and in Kawasaki disease, they are usually high.Erythrocyte Sedimentation Rate (ESR) test: A sample of red blood cells is placed into a test tube of liquid. If the time taken for the red blood cells to fall to the bottom is fast, this can indicate an inflammatory condition, such as Kawasaki.C-reactive protein (CRP) test: A high level of C-reactive protein in the blood, produced by the liver, can indicate an inflammation.Sodium test: Low sodium may be present.Albumin test: There may be low levels of albumin, a protein, in the blood.Kawasaki disease can affect the heart.The following tests may be ordered:Electrocardiogram (ECG): This device records electrical activity and heart rhythms. Electrodes are attached to the patient’s skin, and impulses are recorded as waves and displayed on a screen or printed on paper.Echocardiogram: An ultrasound scan that checks the pumping action of the heart. Sound waves create a video image of the patient’s heart, and this helps the doctor see how well it is pumping. Kawasaki disease is usually treated in hospital, because of the risk of complications. Prompt treatment increases the chance of a faster recovery and reduces the risk complications. Some medications are used in treatment. Aspirin: Kawasaki disease leads to a very high blood platelet count, and a higher risk of clots forming in the bloodstream. Aspirin helps prevent blood clots and reduces the fever, rash and joint inflammation. A high dose will normally be necessary. The patient must be monitored for undesirable side effects. Aspirin therapy may continue for several weeks after recovery from symptoms. Intravenous immunoglobulin (IVIG): This decreases the risk of coronary aneurysms, but how it works remains unclear. Corticosteroids and tumor necrosis factor inhibitors: These may be used if other therapies do not work. The patient must receive plenty of fluids, to avoid dehydration. After initial treatment There will be some longer term treatment. If a coronary artery aneurysm develops, aspirin treatment will continue for longer, but if the patient develops flu or chickenpox during treatment they will have to stop taking aspirin. Although heart problems are rare, it is crucial to monitor the heart. If there are any indications of heart problems, the doctor may order follow-up tests, usually 6 to 8 weeks after symptoms started. If the heart problems persist, the doctor may refer the patient to a pediatric cardiologist, a doctor specialized in diagnosing and treating childhood heart problems. The following may be necessary: Anticoagulant medications, such as warfarin, heparin, or aspirin, to prevent blood clotsCoronary artery angioplasty, a procedure opens up an artery that has narrowed by inflating a small balloon inside the arteryAlongside the angioplasty, a stent may be placed in a clogged artery to help prop it open, reducing the risk of it blocking again In a coronary artery bypass graft, blood flow is rerouted round a diseased coronary artery by grafting a section of blood vessel from the chest, arm or leg to use as the alternate route. The bypass goes round the blocked artery, allowing blood to pass through into the heart muscle. Prompt treatment reduces the risk of complications, and most patients do not experience further problems. Share on PinterestAfter recovering from Kawasaki disease, the heart should be monitored for continuing health. Although heart problems are rare, The American Academy of Pediatrics notes that Kawasaki disease is the leading cause of acquired heart disease in infants and young children in the U.S. The Arthritis Foundation note that up to 1 in 4 children may develop problems in their coronary arteries, even with proper treatment, and Kawasaki disease is fatal in about 1 percent of cases. Left untreated, Kawasaki disease can cause serious complications, including an aneurysm. If an aneurysm develops, the blood vessels leading to the heart become inflamed, causing a section of the artery wall to weaken and bulge outwards. If the aneurysm does not heal itself, a blood clot can form, which raises the risk of a heart attack or internal bleeding if the aneurysm bursts. Other complications include: Heart muscles and heart valves malfunctionMyocarditis, an inflammation of the myocardium, or heart musclePericarditis, an inflammation of the pericardium, the lining around the heartHeart failure or heart attack Kawasaki disease can affect other body systems including the nervous, immune, digestive, and urinary systems. People who have had Kawasaki disease may be advised to have an echocardiogram every 1 to 2 years, to screen for heart problems. Patients normally recover within a few weeks, even if there are heart or other complications. Last medically reviewed on March 15, 2017

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