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Clinical Image
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# Giant Aneurysm in Kawasaki Disease

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## Clinical Image

A 5-month-old male child, presented with fever, papulonodular skin rash and congested conjunctiva. Investigations revealed neutrophilic leukocytosis and thrombocytosis. Echocardiography showed giant coronary aneurysms (Figure 1).

A diagnosis of 'Incomplete Kawasaki Disease (KD)' was made. Intravenous immunoglobulin, aspirin, prednisolone and enoxaparin were started. Repeat echocardiogram showed coronary aneurysm progression (RCA 9 mm Z-score 13.7, LAD 8 mm, Z-score 9.3). Subsequently the child succumbed to sudden cardiac death.

Giant coronary aneurysms (≥ 8 mm in diameter or Z-score ≥ 10) are seen in only 0.25% to 2% of KD [1].

In KD coronary events (thrombosis, MI, death) reportedly occurred in 1% of those with Z-score <10 and dimension <8 mm, while in 48% of those with both Z-score and dimension above that range [2].

Coronary thrombosis, a dreaded complication of giant aneurysms, is the likely cause of sudden death in this case. This highlights the unpredictable outcome of giant aneurysm in KD despite optimal treatment.

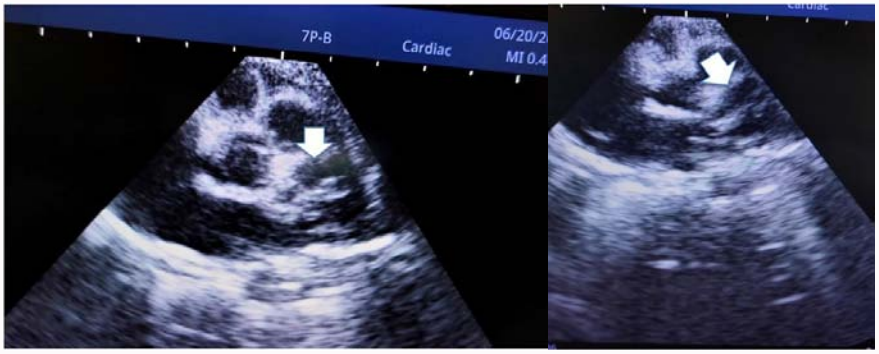


**Figure 1:** Echocardiography showed giant coronary aneurysms.

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