

Development of cardiovascular diseases caused by Kawasaki syndrome: a case report

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Kawasaki is a relatively rare mucocutaneous acute childhood lymph node infection of unknown cause¹. Immunological disorders can occur, which create antibodies that attack endothelial cells and smooth muscle cells of blood vessels. Due to inflammatory changes, the wall of blood vessels is damaged, and there is a risk of a blood vessel aneurysm or thrombosis. It starts with febrility, conjunctivitis, skin rash, enlarged lymph nodes on the neck, and less frequently described complications on the heart in the sense of coronary artery aneurysms. Peripheral arterial and aortic aneurysms occur rarely but can lead to severe complications such as aneurysm rupture or acute ischemia¹. Although most aneurysms due to Kawasaki disease are diagnosed within a few weeks of diagnosis, it can develop later in life. In this case, the first symptoms appear in a 10-year-old boy who is hospitalized due to a high temperature that only decreases with the use of antipyretics, despite the use of antibiotics. Other symptoms include conjunctivitis and pleural effusion. Ten years after the diagnosis, the patient was hospitalized due to a thoracoabdominal aneurysm. The operation was successfully performed in Budapest, and the resection of the thoracoabdominal aneurysm was performed with reimplantation of the intercostal visceral and renal arteries along with a left nephrectomy and reconstruction up to the bifurcation. Seventeen years later, he was hospitalized in the vascular cardiology department due to ischemia of the left hand due to thrombosis from a previously known aneurysm of the subclavian and axillary artery, manifested as pain and tingling in the fingers of the left hand. ABI plethysmography, MSCT coronary angiography, ergometry and scintigraphy were performed, according to which it was decided to discharge the patient with regular controls and rivoxaban. Two weeks later, he was re-hospitalized due to progressive pain and tingling in his arm, and it was decided to perform an emergency subclavian bypass with a VSM graft. After the operation, the patient was discharged in good general condition. The aim of the paper is to describe the case of a 38-year-old patient with the development of multiple coronary artery aneurysms and limb artery aneurysms, as well as a thoracoabdominal aneurysm because of Kawasaki disease.

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LITERATURE

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