**Dane Horsfall -Monash Practice SAQ 12 (12 Marks):**

You are managing a 5 year old girl with fevers, her mother has been reading about Kawasaki’s disease and is concerned she may have it. Below is a photo of her hand.



1. Other than Kawasaki’s Disease, list three (3) diagnoses for this rash (3 Marks)

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| 1. |
| 2. |
| 3. |

1. List six (6) diagnostic criteria for Kawasaki’s Disease (6 marks)

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| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

1. Describe three (3) specific treatments for Kawasaki’s Disease (3 Marks)

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| 1. |
| 2. |
| 3. |

**ANSWERS:**

A. Other than Kawasaki’s Disease, list 3 diagnoses for this rash (3 Marks)

- Staph scalded skin syndrome or toxic shock, can be strep

- Drug induced – Stevens-Johnsons or similar

- Consider traumatic burn, neglect, (?NAI), although stem not suggestive

- Gonococcal/syphilis

-desquamation post hand foot and mouth disease (0.5 if just list HF and M without mentioning desquamation post)

-exfoliative dermatitis

-erysipelas

-scarlet fever

-other reasonable answers

Don’t accept erythema multiforme since **limited desquamation**

B. List the Diagnostic criteria for Kawasaki’s Disease (6 marks)

**C** onjunctivitis

**R** ash

**A** denopathy

**S** trawberry tongue

**H** ands and feet

And Burn fever > 5/7

C. Describe 3 specific managements for Kawasaki’s Disease (3 Marks)

- INTRAVENOUS IMMUNOGLOBULIN (IVIg): 2g/kg as a single IV infusion on diagnosis.

- given within the first 10 days of the illness

- second dose of 2g/kg IVIg should be given to patients who do not respond to the first dose

*Don’t require dose for full mark*

- CORTICOSTEROIDS: use controversial. Consider for high risk patients in discussion with local paediatric team. High risk as suggested by: *0.5 marks for steroids, 0.5 marks for drug name and dose or ‘for high risk’*

* + Signs of shock.
  + Patients < 12 months of age.
  + Asian ethnicity.
  + ALT > 100 IU/L
  + Albumin < 30 g/L
  + Any patient with evidence of cardiac involvement on echocardiography at time of presentation.

Prednisolone **2mg/kg** (max 60mg) orally daily for a minimum of 5 days and until CRP normalises.  (Evidence for optimal dose/duration is limited)

IV methylprednisolone **1 mg/kg/dose** BID x 5 days then taper

A steroid course of >10 days will require weaning and consideration of concurrent proton pump inhibitor or H2 receptor blocker.

-ASPIRIN: 3-5mg/kg as a daily dose until normal echo on follow up (minimum 6 weeks).   
The association of Reye syndrome with aspirin remains a consideration, thus risks must be balanced against clinical benefit.

-Plasmapheresis need to qualify that it is used for IVIG resistant KD

Ref: <https://www.rch.org.au/clinicalguide/guideline_index/Kawasaki_disease/>

**Results:**

Pass mark > 10

Passed 15/29 = 52%

Range 5.5 – 12