

Acute Myocardial Infarction in an Adolescent with Kawasaki Disease

Infarto agudo de miocardio en un adolescente con enfermedad de Kawasaki

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This image corresponds to the coronary angiography of a 17-year-old adolescent who was admitted due to an acute coronary syndrome. It shows giant coronary aneurysms involving the origin of both the right and left coronary arteries (Figures 1 and 2). The patient had no major risk factors for coronary heart disease, but in an exhaustive clinical interview, his parents referred a febrile condition with cutaneous erythema and conjunctivitis three years ago. At that time, the possibility of Kawasaki disease (KD) was not considered, nor were diagnostic studies or specific treatment carried out. Kawasaki disease, first described in 1967, is an acute, self-limited vasculitis which involves small- and medium-caliber arteries, affecting coronary arteries and other cardiovascular structures. In 1975, Kato et al. explained the coronary damage as a sequela of KD. About 1 in 5 affected patients –usually children and young people– who have not received specific treatment (intravenous immunoglobulin) may develop coronary artery aneurysms. (1-3) Today, KD is the leading cause of childhood-acquired heart disease in developed countries, displacing rheumatic fever. Unfortunately, many cases of KD are not diagnosed and mistakenly attributed to other childhood conditions presenting fever and erythema. (4)

Conflicts of interest

None declared (See authors' conflicts of interest forms on the website/ Supplementary Material).

Fig. 1. Left Coronary Artery

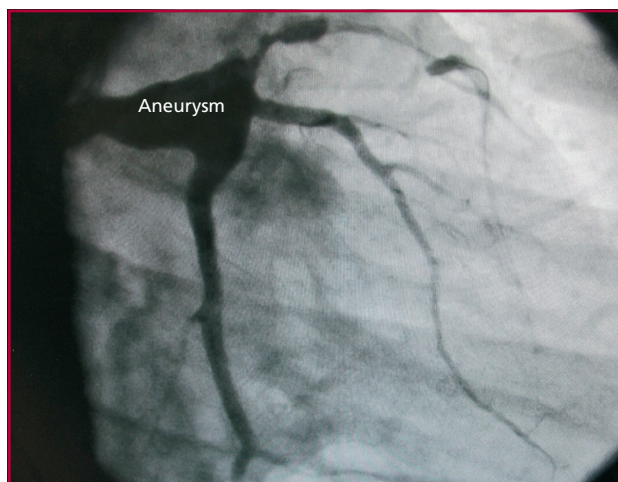
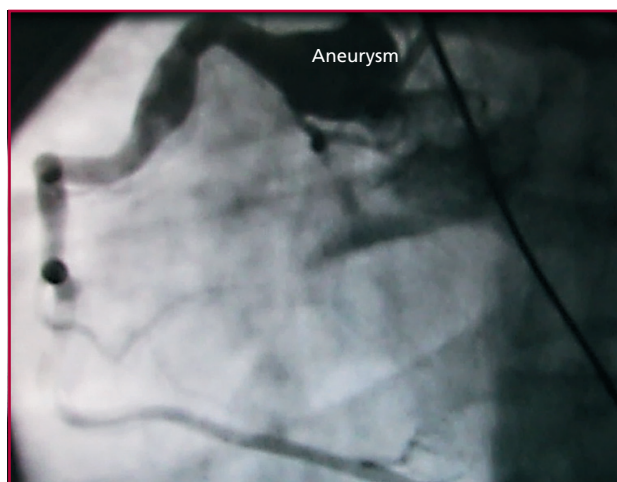


Fig. 2. Right Coronary Artery



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