

Case of Nosocomially Acquired KD Reported

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SAN DIEGO — An 11-month-old Asian American boy acquired Kawasaki disease during an extended hospital stay, Wilbert H. Mason, M.D., reported in a poster session at an international Kawasaki disease symposium.

In a later interview, he said this marks the first case of nosocomially acquired Kawasaki disease that he is aware of. "We think of

Kawasaki disease as being developed in the community due to in an infectious agent of some sort," said Dr. Mason, professor of clinical pediatrics at the University of Southern California and head of the division of infectious diseases at Children's Hospital Los Angeles. "It's a lesson to us that there are a number of viral infections that can be nosocomially acquired, and you can add Kawasaki disease to the list of those."

The boy arrived at Children's Hospital after being transferred from another hos-

pital with increasing lethargy and weak cry. He was diagnosed with infant botulism and required ventilation for 5.5 months in the ICU.









The boy was transferred to a rehabilitation unit 181 days after hospital admission. On day 32 following the transfer, the boy developed high fever, rash, conjunctivitis, red lips and buccal mucosa, palmar erythema, and tachycardia with an extra heart sound. The patient appeared toxic. On day 4 of fever, he was diagnosed with Kawasa-

ki disease and received intravenous gamma globulin 400 mg/kg/ four times a day and aspirin 100 mg/kg/four times a day. Echocardiogram was normal. The patient responded well to therapy.

Dr. Mason noted that the rug in the rehab unit where the boy stayed had been replaced 42 days before the onset of Kawasaki disease. "The association may well be coincidental, and it should be viewed in that context." The symposium was sponsored by the American Heart Association. ■

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Reference: 1. Guidelines for the management of rheumatoid arthritis: 2002 update. *Arthritis Rheum.* 2002;46:328-346.

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