syndrome is an acute febrile illness primarily affecting children. The principal signs and symptoms recognizable during the acute phase of the illness are described. Kawasaki disease is fatal in up to 3% of cases due to cardiac complications secondary to a systemic vasculitis. In a prospective series, ophthalmologic examinations on 10 children with Kawasaki disease showed that eight had anterior uveitis during the acute phase of the illness. All cases resolved within two to eight weeks. Because of these findings, 15 patients who had had Kawasaki disease with documented bilateral conjunctival injection, but who had never undergone slit-lamp examinations, were recalled for ophthalmologic evaluation. Results of these follow-up examinations were normal in all 15 children.

References


Discussion

Robert C. Polomeno, M.D.
Jean-Louis Jacob, M.D.
Zave Chad, M.D.
Normand Lapointe, M.D.
Montreal, Quebec, Canada

Anterior Uveitis and Kawasaki Disease

We congratulate Dr. Burke and his colleagues for an excellent presentation. We agree with the authors that anterior uveitis is a frequent manifestation of Kawasaki disease and part of a systemic vascular disease.

Between 1979 and April 1981, we have seen eight patients with Kawasaki disease associated with anterior uveitis at the two pediatric hospitals in Montreal. There were 4 boys and 4 girls with a mean age of
3 3/4 years, the range being from 4 months to 7 years. Our patients fulfilled the diagnostic criteria for Kawasaki disease. All had conjunctival injection.

The uveitis was bilateral in 7 cases and unilateral in the remaining patient. The anterior chamber inflammation varied between plus 1 to plus 3 cells and flare. One patient had keratic precipitates. The uveitis responded to topical steroids and mydriatics in six patients. The uveitis lasted 4 days to a few weeks. There was no recurrence 2 months to 2 years later. Also no patient had posterior synchiae or evidence of cyclitis.

Histocompatibility typing in 4 patients with Kawasaki disease and anterior uveitis showed it to be associated with HLA-A1 and HLA-DR5 in 3 patients. HLA-DR5 has recently been described as a genetic marker for defining those at risk for early onset pauciarticular arthritis and iritis.1 To our knowledge, no tissue antigen has been associated with Kawasaki disease in Caucasians. The gene for HLA-A1 is absent in the Japanese population; this may explain the absence of reported uveitis in patients with Kawasaki disease in Japan.1 HLA-DR5, found in 3 patients, might point to a distinct marker for Kawasaki disease in view of the association of HLA-DR5 with uveitis in oligoarthritis.

The finding of uveitis and the possible association with specific genetic markers may indicate that Kawasaki disease is a self-limited immunologically mediated vascular disease triggered by an undefined agent.

References