



POSTER PRESENTATION

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# Incidence and clinical features of kawasaki disease in Catalonia (Spain)

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## Introduction

Kawasaki disease (KD) is an acute self-limited systemic vasculitis relatively common in childhood. In Japan, last published survey shows an incidence up to 239.6/10<sup>5</sup> children <5 years old (yo). In Madrid (Spain) a retrospective study with no well defined reference area showed an incidence of 15.1/10<sup>5</sup> children <5yo.

## Objectives

To ascertain the incidence and clinical features of KD in Catalonia, autonomous region in northeast Spain with 7.5 million inhabitants.

## Methods

Observational population-based study including all Catalan hospitals with Pediatric Units, both public and private management. Retrospective data retrieval was performed for the last 10 years (2004-2013). The presence of coronary aneurysms (CA) in echocardiology was based in the body surface area according to the American Heart Association.

## Results

Data from 399 patients from 33 different hospitals was analyzed. Of those, 233 (58.4%) patients had complete KD, 159 (39.8) incomplete KD and 7 (1.7%) were considered atypical KD. The mean annual incidence was 3.5/10<sup>5</sup> children <14yo and 8/10<sup>5</sup> children <5yo (mean age 37±33months(m), range 1.3-191.3m). KD was more frequent among boys (59.6%, p<0.01). Mean delay

between onset of the disease and diagnostic was 7.2±5.3 days. Ethnic distribution was: Caucasian 279 patients(69.9%), North African 26 (6.5%), Amerindian 21 (5.2%), Asian 14 (3.5%) and Sub-Saharan 4 (1%). Ethnicity was not available in 55 (13.8%) patients. Distribution of classical manifestations for KD was: fever in 100% of patients, changes in extremities 40.3% (desquamation in 31% of them), exanthema 84.2%, conjunctival injection 79.7%, changes in lips and oral cavity 55.6% and lymphadenopathy 28.8%. Other clinical findings reported were: sterile pyuria in 80(20%) patients, nausea and vomiting in 96(24%), abdominal pain in 85(21.3%), gallbladder distention in 14 (3.5%), transaminase elevation in 120(30%), jaundice in 21(5.1%), irritability in 118(29.5%), aseptic meningitis in 16(4%), sensorineural hearing loss in 2 patients, uveitis in 11(2.7%) and arthritis or arthralgia in 55(13.8%). Cardiologic findings were: perivascular brightness of the coronary wall in 42(10.5%) patients, pericarditis in 9(2.3%), myocarditis in 4(1%), mitral regurgitation in 28 (7%) and CA in 53 patients(13.3%), 26(49%) of them disappearing before the 2<sup>nd</sup> month after the onset of KD. 4 patient had giant CA. Intravenous immunoglobulin (IVIG) was administered in 389(97.5%) patients with response to the 1<sup>st</sup> dose in 332(83.2%). Day of IVIG administration was 7.5±3.1. Other treatment plans were: 2<sup>nd</sup> (69% response) and 3<sup>rd</sup> IVIG doses, oral or iv corticosteroids and abciximab (administered in 3 of the patients with giant CA). 97.7% of patients received anti-platelet dose aspirin in the convalescent phase.

## Conclusion

This is the first population-based study on the epidemiology of KD in Catalonia (Spain). It seems to be a higher incidence of CA in our cohort despite high rates

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of treatment response. Further analysis is required. Incidence rates, other clinical features and treatment plans are similar to dose described in studies in other European countries.

### Disclosure of interest

None declared.

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