川崎病(Kawasaki Disease)的診斷及處理流程

### 疑似 acute Kawasaki disease

- 符合 Criteria
  - IV gamma-globulin：2g/kg over 10-12 hours
  - Aspirin 80-100mg/kg/day until afebrile, then 3-5 mg/kg/day
- 會診 CV Echocardiography

#### 不符合 Criteria
- 考慮安排下列檢查：
  - CBC/DC, ESR or CRP,
  - Urine routine, liver function tests, cultures,
  - serologic tests, Slip-lamp examination
  - Echocardiography

#### 異常
- Echocardiography 發現 coronary artery 異常
- 於出院後 1-3 週追蹤 Echocardiography
- 依個別情況考慮是否持續使用 Antithrombotic and/or anticoagulant therapy
- 於 6-8 週後,當 Platelet count 恢復正常時停用 Aspirin
  - 每 1-2 年於門診追蹤

#### 正常
- 依個別狀況考慮是否持續使用 Antithrombotic and/or anticoagulant therapy
- 於 6-8 週後,當 Platelet count 恢復正常時停用 Aspirin
  - 每 1-2 年於門診追蹤

### Diagnostic Criteria
Fever lasting for at least 5 days:
Presence of at least four of the following five signs:
1. Bilateral bulbar conjunctival injection, generally nonpurulent
2. Changes in the mucosa of the oropharynx, including injected pharynx, injected and/or dry fissured lips, strawberry tongue
3. Changes of the peripheral extremities, such as edema and/or erythema of the hands or feet in the acute phase; or periungual desquamation in the subacute phase
4. Rash, primarily truncal; polymorphous but nonvesicular
5. Cervical adenopathy, ≥1.5 cm, usually unilateral lymphadenopathy

Illness not explained by other known disease process

*Experienced physicians may make the diagnosis of Kawasaki disease (and institute treatment) before the 5th day of fever in patients with classic features of the illness.