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Images in Congenital Heart Diseases

Formation of a "lake" aneurysm following Kawasaki disease

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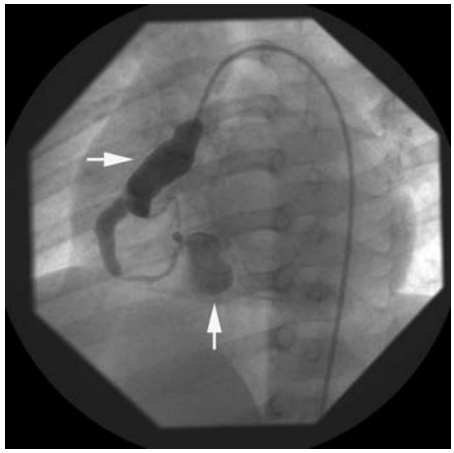
A TEN-MONTH-OLD CAUCASIAN MALE CHILD presented to our hospital after 18 days of a febrile illness, for which he had received two courses of intravenous gamma globulin after 14 days of fever. Kawasaki disease was eventually diagnosed, but, following admission to our centre, he remained febrile until he was given two doses of methyl prednisolone. Acute phase reactants remained markedly elevated, with the erythrocytic sedimentation rate at 140 millimetres per hour, the normal value being less than 17. Rapid C-reactive protein was measured at 61 milligrams per litre, the normal being less than 10, and the platelet count was 775×10^9 per litre, with normal values ranging from 200 to 550. Echocardiography demonstrated giant, fusiform aneurysms of both coronary arteries, with the aneurysm involving the main stem of the left coronary artery measuring more than 7 millimetres in diameter, and that involving the right coronary artery more than 11 millimetres. Selective angiography of the right coronary artery (Figure) confirmed the presence of a large proximal fusiform aneurysm (horizontal arrow). Beyond this, the calibre of the vessel normalized, but then expanded more distally into a very large "lake" aneurysm (vertical arrow). The angiogram made in the left coronary artery also revealed multiple large fusiform aneurysms throughout the vessel. Repeat angiography five months later, showed considerable regression of all the fusiform aneurysms, albeit that the lake aneurysm appeared unchanged. Eight months after the onset of symptoms, the child remains on low molecular weight heparin and is clinically well, without evidence of myocardial ischaemia.



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