

Gigantic coronary aneurysms: a late complication of Kawasaki disease

Olbrzymie tętniaki tętnicy wieńcowej: późne powikłanie choroby Kawasaki

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A 31-year-old man was admitted to the Emergency Department complaining of typical ongoing chest pain. Electrocardiogram showed a significant ST depression in precordial leads. Cardiac troponin T was raised. The patient was admitted to the Coronary Care Unit with a diagnosis of non-ST elevation myocardial infarction. He had no known coronary artery disease (CAD) risk factors, but had a history of prolonged unexplained febrile disease when he was five years old. Coronary angiography was performed which showed huge coronary artery aneurysms, especially in the left main and left anterior descending arteries (Figs. 1A, B). Anticoagulation, high dose statin, double antiplatelet therapy with acetylsalicylic acid and clopidogrel, and beta-blocker were commenced. Coronary aneurysms can be seen in 0.3–5% of the patients undergoing coronary angiography and they are mainly caused by atherosclerosis (50%), Kawasaki disease (17%), mycotic and infectious septic emboli (11%), and rare vasculitis and connective tissue diseases such as Marfan syndrome, Takayasu's arteritis, polyarteritis nodosa, and systemic lupus erythematosus. Given the prior history of prolonged unexplained fever in this patient, and the absence of any CAD risk factors or other systemic or infectious manifestations, the current multiple aneurysms are probably late complications of Kawasaki disease.

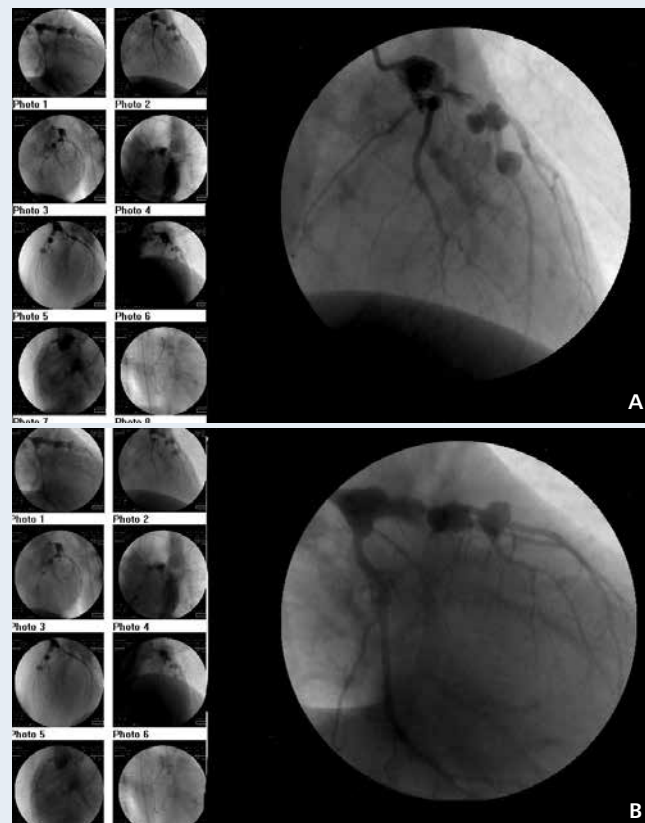


Figure 1. Multiple coronary aneurysms in the left main (A) and left anterior (B) descending arteries

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