

Picture Story

Kawasaki disease presenting with reactivation of BCG scar

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A 2½ month old baby boy presented to ward 1 Lady Ridgeway Hospital on 2/7/2008 with fever of 4 days duration. Redness over the BCG scar had been noted since day 2 of illness. Bilateral red eyes and red lips, irritability and excessive crying were noted since day 3 of illness. He developed a dry cough and watery diarrhoea on day 4 of illness. There was no oedema or erythema of extremities. He was born at term with a birth weight of 3.4kg and was feeding well.

His weight on admission was 5.3kg. He was febrile and irritable with bilateral red bulbar conjunctivae and red lips (Figure 1). His BCG scar was red and indurated. (Figures 2a & 2b).



Figure 1 Red lips



Figure 2a BCG scar on admission



Figure 2b BCG scar day after admission

There was no redness or oedema of extremities and no cervical lymphadenopathy. His cardiovascular, respiratory and abdominal examinations were normal.

His haemoglobin was 10g/dl, white blood count $12.8 \times 10^9/L$ (N 56%) and platelet count $331 \times 10^9/L$. His blood picture revealed a normocytic normochromic anaemia with neutrophil predominance. His ESR was 75mm 1st hour. 2D echocardiogram done on 3/7/2008 revealed a significantly dilated left coronary artery and a mildly dilated right coronary artery.

Intravenous immunoglobulin 10g (2g/kg) was given on 3/7/08 and he was started on aspirin 150mg daily (30-50 mg/kg/day). His fever settled within 24 hours and he was switched on to the antithrombotic dose of aspirin 25mg daily (3-5mg/kg/day). A repeat 2D echocardiogram done on 7/7/2008 revealed a persistently dilated left coronary artery (diameter 3.7mm) and a mildly dilated right coronary artery diameter 3.1mm).

Kawasaki disease (KD) was suspected in this infant mainly because of redness and induration of BCG scar, a known characteristic feature¹.

References

1. Plantin P, Blayo M, Dupre D, et al. BCG reactivation: A rare but specific sign of Kawasaki Disease. *Presse Med* 1998; 27(15):716

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