Calcified Occlusion of the Coronary Arteries in a Young Woman Diagnosed with Kawasaki Disease

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A 15-year-old woman with a history of Kawasaki disease at the age of 8 years had been treated with intravenous gamma globulin and aspirin, and coronary angiography (CAG) had been performed twice. The previous CAG revealed a giant aneurysm of the right coronary artery (RCA) and left main trunk coronary artery. At the third follow-up CAG, total occlusion of the RCA and left anterior descending coronary artery with severe calcification was observed (Picture 1). The coronary lesion was progressive without symptoms despite long-term treatment with aspirin. Therefore, she underwent two-vessel coronary artery bypass grafting.

Prior to the use of aspirin and intravenous gamma globulin, aneurysms of the coronary artery were relatively common. However, such treatment appears to have reduced the incidence of aneurysms to less than 10 percent (1). In the present case, despite treatment, coronary artery disease was progressive. If a coronary lesion is more widespread, transplantation should be considered (1).
References


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