Kawasaki Disease with a Giant Coronary Aneurysm

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A 35-year-old man with a history of Kawasaki disease and Williams syndrome presented at our hospital but was asymptomatic. He did not have hypertension, dyslipidemia, diabetes mellitus or a history of smoking. A chest X-ray showed cardiomegaly (cardiothoracic ratio: 50.3%) and scoliosis (Picture A). An echocardiogram showed a coronary aneurysm in the left coronary artery (LCA). Further investigations were conducted using 64-multidetector row computed tomography (CT); however, the procedure was performed without having the patient hold his breath because he suffered from mental retardation that had been caused by Williams syndrome. Volume-rendered, axial and sagittal enhanced CT images showed a coronary aneurysm (red arrow; maximum 53 mm) in the left main coronary trunk artery.
(Pictures B, C). Multi-planer reconstruction showed ecstasia of the LCA caused by the coronary aneurysm (Picture D). Although the patient was asymptomatic, a giant coronary aneurysm resulting from Kawasaki disease was observed and an appropriate surgical correction was therefore considered (1).

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Reference