

## Missed or delayed diagnosis of Kawasaki disease during the 2019 novel coronavirus disease (COVID-19) pandemic

### To the Editor:

Due to “stay-at-home” orders and the risk of novel coronavirus disease 2019 (COVID-19), many parents now hesitate or fear seeking in-person consultations for their children. This has led to reductions in emergency department visits and hospital admissions for other critical illnesses. In addition, healthcare providers have focused on COVID-19 management during the pandemic. Because of Bayesian thinking, other diseases may be underdiagnosed or undergo delayed treatment.

Because COVID-19 now leads as the probable diagnosis for first-line providers encountering febrile patients, the potential for missed or late diagnosis and treatment of Kawasaki disease in children is particularly concerning.<sup>1</sup> Prompt diagnosis of Kawasaki disease and treatment with intravenous immunoglobulin (IVIG) prevents coronary artery aneurysms (CAA).<sup>2,3</sup> Without timely treatment, CAAs could occur in up to 25% of children with Kawasaki disease.<sup>3</sup>

We respectfully remind caregivers of the following principles for the care of children with suspected or definite Kawasaki disease: (1) Keep a high suspicion for Kawasaki disease in all children with prolonged fever, but especially in those younger than 1 year of age. (2) Administer IVIG within 10 days, and ideally within 7 days, from onset of fever. (3) In the presence of ongoing systemic inflammation, children with Kawasaki disease presenting with greater than 10 days of fever and/or CAA may warrant IVIG treatment. (4) Continue to obtain recommended echocardiograms according to published guidelines.<sup>3</sup> (5) Watch for late manifestations of Kawasaki disease, review the clinical history, and seek pediatric cardiology consultation.<sup>4,5</sup> (6) In the case of delayed diagnosis, refer to the American Heart Association management guidelines or contact an expert in Kawasaki disease.<sup>3</sup> (7) Offer telemedicine services, remote echocardiogram, and direct-to-consumer visits that allow for nonverbal communication when evaluating children with confirmed or suspected Kawasaki disease.<sup>6-8</sup>

With this, we hope to avoid a future surge in the prevalence of CAAs in patients due to missed or delayed diagnosis of Kawasaki disease.

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