KAWSASAKI SYNDROME PRESENTING WITH ORBITAL CELLULITIS
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PURPOSE: To report a case with Kawasaki syndrome mimicking orbital cellulitis.

METHOD: Case report

RESULTS: A 6-year-old boy was referred to our hospital with the diagnosis of orbital cellulitis. He had a history of fever for 7 days despite of antibiotic therapy (ampicillin-sulbactam and ceftriaxone 100 mg/kg/day for 3 days and vancomycin 60 mg/kg/day for 4 days). At the beginning he had only pharyngitis and conjunctivitis but it evolved to an orbital mass restricting right eye movement and periorbital inflammation, resembling to orbital cellulitis. Examination at presentation revealed conjunctivitis with secretion, periocular inflammation and edema, right preauricular lymphadenopathy and right restriction in upgaze. Laboratory findings included a white blood cell count of 19 000 cells per mm3, with 81.5% neutrophils, 15.0% lymphocytes, 1.2% monocytes and 0.4% basophils. His erythrocyte sedimentation rate was 52 mm/h and the C-reactive protein level was 46.3. Magnetic resonance imaging (MRI) resembled to be orbital cellulitis and pansinusitis. Antibiotherapy was continued with vancomycin (60 mg/kg/day) and meropenem (100 mg/kg/day). But on day 10 of the disease desquamation on his finger tips and rush appeared and dermatology consultation confirmed Kawasaki disease diagnosis. His platelet count was increased to 650,000 per mm3. No coronary artery lesions were detected on echocardiography.

CONCLUSION: The diagnosis of Kawasaki disease is based on six clinical criteria: fever, conjunctivitis, cherry tongue, and desquamation in extremities, rash, and cervical lymphadenopathy. Presentation with orbital cellulitis is reported in literature only twice.