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出國報告（出國類別：進修）

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頑固型川崎氏症合併左右巨大冠狀動脈瘤  
(1 歲 9 個月男童個案報告)

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服務機關：臺中榮總兒童心臟科

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派赴國家：越南(胡志明市)

出國期間：107/01/30-107/02/04

報告日期：107/03/08

## 摘要（含關鍵字）

1歲9個月男童在1歲大時因診斷典型川崎氏症在外院住院治療，當時臨床症狀發燒超過5天、雙眼非化膿性結膜炎、嘴唇乾裂、草莓舌、全身紅疹、手指頭腳指頭紅腫以及頸部淋巴結腫大超過1.5公分；實驗室檢查也符合川崎氏症診斷，心臟超音波檢查左右冠狀動脈擴大約3-4 mm。此病童開始接受免疫球蛋白靜脈注射治療；但發燒仍然持續，再接受兩次免疫球蛋白靜脈注射及類固醇脈衝治療才退燒出院。出院後在外院門診追蹤9個月後，左右冠狀動脈進展到動脈瘤，而來到本院進一步檢查及評估，心臟超音波和 MDCT 電腦斷層檢查顯示左冠狀動脈瘤 2.6 cm、右冠狀動脈瘤 1.2 cm 為巨大冠狀動脈瘤，為此年紀十分罕見個案，持續藥物治療及密切追蹤中。

註：關鍵字（川崎氏症、冠狀動脈瘤）。

## 本文參考格式：

### 目次

#### 一、 目的

參加 2018 亞太先天性及結構型心臟病國際會議報告台灣特殊個案以及國際新知進修。

#### 二、 過程

在國際會議舉辦日前，整理收集相關臨床個案撰寫報告論文摘要投稿，經大會審核錄取個案口頭報告及海報張貼邀請，於今年 1 月底至 2 月初前往胡志明市參加此大型亞太國際會議。

#### 三、 心得

本人第一次有機會出國參加國際會議，了解到全球不同國家心導管技術及知識，看到目前最新的發展及臨床應用，真的是眼界大開。亞洲區的越南、中國、印度甚至非洲地區因為人口數非常多，在心導管臨床經驗豐富，技術及統計資料都值得我們參考；歐美地區也有很多心臟科醫師前來參加此次的亞太大會，分享國外的先天性及結構型心臟病專業知識及技術，能促使自己必須要更加努力學習進修，期許自己在台灣要有很好的專業能力和技術去幫助病人，在國際上能有機會去分享台灣的臨床經驗及技術，也非常感謝指導我的老師（林明志中榮兒醫部主任及詹聖霖中榮兒童心臟科主任）。

#### 四、 建議事項（包括改進作法）

- (1) 希望能給予公費補助出國。
- (2) 持續充實兒童心臟科專業知識及心導管技術實作。
- (3) 未來前往國外進修及撰寫 SCI 論文。

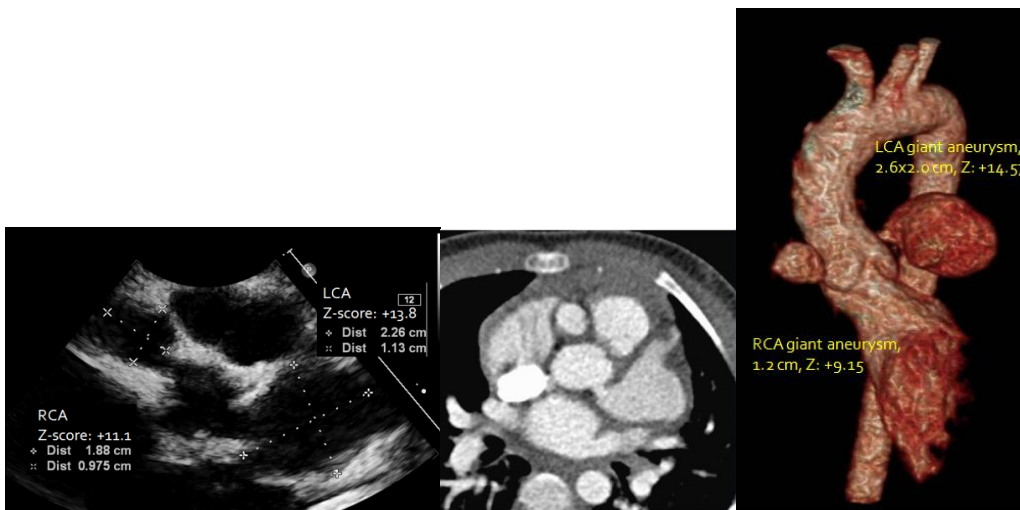
### 附錄

REFRACTORY KAWASAKI DISEASE WITH SUPER GIANT LCA AND RCA ANEURYSMS IN A 1-YEAR-9-MONTH OLD MALE TODDLER.

## History and physical

This 1-year-9-month old male toddler was admitted to a certain hospital because of suspected group A streptococcus infection related acute tonsillopharyngitis on September 12, 2016. During the hospitalization, he had high fever over 5 days with clinical symptoms including bilateral non-exudative conjunctivitis, strawberry tongue and fissured lips, generalized maculopapular rash and plaques, extremities change, and neck lymph node enlargement over 1.5 cm, and typical Kawasaki disease was diagnosed. The initial echocardiograms showed RCA 2.8 mm, LCA 3.1 mm on September 14, 2016. Initial lab data showed CRP of 15.17 mg/dl, WBC of 9100/cumm, Hb of 10.4 g/dl, PLT of 123k/cumm, Albumin of 1.9 g/dl, GPT of 155 U/L but no pyuria. He totally received IVIG treatment twice and methylprednisolone pulse therapy at the 3<sup>rd</sup> course. He had fever for 20 days totally. A RCA giant aneurysm was detected by echocardiogram follow-up, and he was receiving aspirin treatment there. Nine months after discharge, the patient visited VGHTC-PCV OPD for follow-up of Kawasaki disease with coronary artery aneurysm. At our VGHTC hospital, echocardiography showed LCA and RCA giant aneurysms. Then, MDCT showed LCA super giant aneurysm 2.6cm and RCA giant aneurysm 1.2cm. Now, we prescribe Aspirin and Warfarin treatment for the patient.

## Imaging



## Indication for intervention

According to 2017 AHA guidelines, further imaging with angiography (CT, MRI, invasive) may be considered for diagnostic and prognostic purposes during the first year and may be considered for periodic surveillance every 1 to 5 years thereafter (*Class IIb; Level of Evidence C*).

## Intervention

Due to the patient's parents worry and the risk of intervention, we decided to arrange the MDCT rather than catheterization angiography.

## Learning points of the procedure

MDCT is also a good choice to evaluate the sizes and number of coronary artery aneurysms under the safer condition.

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照片



## REFRACTORY KAWASAKI DISEASE WITH SUPER GIANT LCA AND RCA ANEURYSMS IN A 1-YEAR-9-MONTH OLD MALE TODDLER.

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## Case Summary

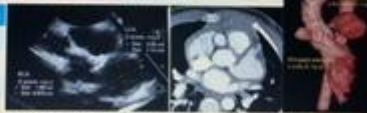
### History & Physical:

He had high fever over 5 days with clinical symptoms including bilateral non-exudative conjunctivitis, strawberry tongue and fissured lips, generalized maculopapular rash and plaques, extremities change, and neck lymph node enlargement over 1.5 cm. → **Typical Kawasaki disease** diagnosed.

### Treatment course:

He totally received IVIG treatment twice and methylprednisolone pulse therapy at the 3<sup>rd</sup> course. He had fever for 20 days totally. Now, the patient accepted **Aspirin and Warfarin** treatment

Lab	Data
CRP	15.37 mg/dl
WBC	9100/cumm
Hb	10.4 g/dl
PLT	123k/cumm
Albumin	1.9 g/dl
GPT	155 U/L
U/R	No Pyuria



According to 2017 AHA guidelines, further imaging with **angiography (CT, MRI, invasive)** for this case may be considered for diagnostic and prognostic purposes during the first year and may be considered for periodic surveillance every 1 to 5 years thereafter (Class IIb, Level of Evidence C)

