Children with dermatomyositis are more likely to have a chronic disease course, says Dr. Feldman. A persistent Gottron’s rash—that can predict disease course and chronicity—patients with a persistent rash at 3 months had significantly longer time to remission, and those with persistent rash at 12 months were significantly more likely to have a chronic disease course, he said.

The study also showed that in children, disease remission was almost always permanent.

New York — Don’t feel guilty about overdiagnosing and overtreating Kawasaki disease, Dr. Jeffrey R. Starke said at a meeting sponsored by the American College of Emergency Physicians.

“If you look at the risk–benefit ratio of treatment versus the complications if we don’t treat, it clearly is favorable on the side of overtreatment, especially in children younger than 12 months who are at high risk for developing severe coronary artery abnormalities,” Dr. Starke said.

These youngest patients also are more likely to present with incomplete Kawasaki disease. This diagnosis should be considered in infants under 6 months with fever for longer than 6 days and unexplained systemic inflammation. An incomplete Kawasaki disease diagnosis also should be considered in children with fever for over 5 days and two or three, rather than four, of the features of Kawasaki disease (see box).

In such a patient, if the C-reactive protein is 3 mg/dl or greater and/or the erythrocyte sedimentation rate is 40 mm/hour or more, supplemen
tal laboratory criteria should be obtained. If three or more are present, the patient should have an echocardiogram and treatment should begin. If there are fewer than three of the laboratory criteria, an echocardiogram is needed. If the echo shows cardiac abnormalities, treat. If it is negative and the fever abates, disease is unlikely. If fever persists, repeat the echo, said Dr. Starke, vice chairman of pediatrics at Baylor College of Medicine, Houston.

Standard treatment with intravenous immunoglobulin (IVIG), 2 g/kg as a single infusion is quite safe, though expensive, which is another reason to err on the side of treatment. On occasion, treat
tment can begin before an echocardiogram. Aspirin is rou
tinely given, though a recent review of IVIG treatment showed that IVIG dose, even as other symp
ptoms are improving,” he said.