



MEDICINE IN IMAGES

Rosary-like giant coronary artery aneurysms in Kawasaki disease: Diagnosis with prospectively ECG-gated dual source CT angiography



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Aneurismas coronarios gigantes tipo rosario en la enfermedad de Kawasaki: diagnóstico mediante angio-TC de doble fuente con ECG-gated prospectiva

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A seven-year-old boy was admitted to our hospital with fever, sore throat, cervical lymphadenomegaly and bilateral non-purulent conjunctivitis of 4 days' duration. Laboratory results revealed: leukocyte count $19,700/\text{mm}^3$, hematocrit 31.5%, platelets $698,000/\text{mm}^3$, erythrocyte sedimentation rate 85 mm/h and C-reactive protein 171 mg/L. Echocardiography was unremarkable. A diagnosis of incomplete Kawasaki disease was made. Ten days later, a follow-up echocardiography revealed a proximal right coronary

artery (CA) aneurysm. In a coronary CT angiography, axial (A) and coronal oblique (B) maximum intensity projection images showed the rosary-like multiple CA aneurysms (small arrows), the largest size being $15\text{ mm} \times 10\text{ mm}$ in right CA and $10\text{ mm} \times 8\text{ mm}$ in left anterior descending (LAD) artery. A three dimension volume rendered image showed multiple CA aneurysms in right CA, LAD and, in the proximal circumflex artery (arrowhead) (C) (Fig. 1).

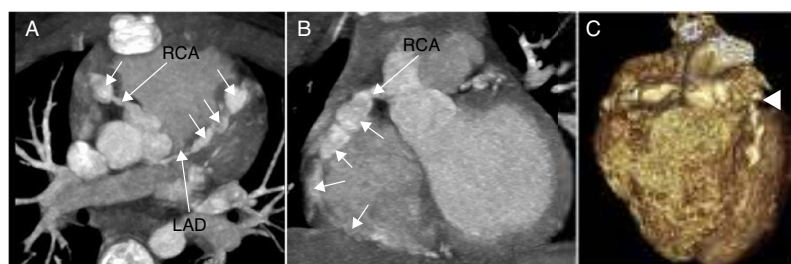


Figure 1

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