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Guidelines for Risks and Prevention of Sudden Cardiac Death (JCS 2010) : Digest Version

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Association of Sinus Node Dysfunction, Atrioventricular Node Conduction Abnormality and Ventricular Arrhythmia in Patients with Kawasaki Disease and Coronary Involvement

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Kawasaki disease is an acute self-limited vasculitis of childhood that is characterized by fever, bilateral nonexudative conjunctivitis, erythema of the lips and oral mucosa, changes in the extremities, rash, and cervical lymphadenopathy. Coronary artery aneurysms or ectasia develop in 15% to 25% of untreated children and may lead to ischemic heart disease or sudden death. Kawasaki disease was first described in 1967 by Tomisaku Kawasaki and has replaced acute rheumatic fever as the leading cause of acquired heart disease among children in developed countries. The annual incidence of Kawasaki disease in children of Japanese descent is about 150 per 100,000 children younger than five years, and in the United States it affects approximately 10 to 15 per 100,000 children younger than five years. Diagnosis relies on clinical criteria and supporting ancillary studies.