

# Periungual dryness without resultant desquamation in a child with kawasaki disease: a new clinical finding?

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Kawasaki disease (KD) is a multisystem vasculitis with predominant muco-cutaneous manifestations. Desquamation of the skin is usually observed 10-14 days after the onset of the disease (1). Periungual desquamation may precede by dryness at the fingertips (2). Dryness may rarely persist without resultant desquamation.

A 4.5-year-old-girl presented with fever for 15 days along with redness of the eyes, cracking of the lips, and swelling over the dorsum of the hands and feet for 7 days. No rash, redness of the tongue, or preceding history of upper respiratory tract infection was observed. The patient had received oral amoxicillin-clavulanate for 7 days without any improvement. Examination revealed a febrile child with dry, cracked, and reddened lips. Dryness of skin was observed in the periungual location on both the toes without any desquamation. Systemic examination was unremarkable. The patient had hemoglobin 89 g/L, total leukocyte count  $13.9 \times 10^9/L$ , platelet count  $674 \times 10^9/L$ , erythrocyte sedimentation rate 58 mm in the first hour, total serum protein 7.1 g/dL with albumin of 4.2 g/dL. No coronary artery abnormalities were observed on 2-dimensional transthoracic echocardiography. The patient developed periungual desquamation on the right toe, whereas dryness persisted on the left toe. A diagnosis of incomplete Kawasaki disease (KD) was made, and the patient received 2 g/kg intravenous immunoglobulin (IVIG).

Kawasaki disease classically presents with muco-cutaneous manifestations that sequentially appear over time (3). Desquamation occurs during the sub-acute phase of the disease and is typically periungual and sheet-like (1). However, flaky desquamation can also occur (1). We have recently reported dryness of the fingertips as a premonitory sign of skin peeling in KD (2). However, in the present case, the dryness progressed to desquamation in one toe (Figure 1a), whereas it continued to persist in the other toe without resulting in any desquamation (Figure 1b). Recognition of this finding may facilitate the early diagnosis and treatment of KD.

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**Figure 1. a, b.** Periungual desquamation over big toe of right foot (a); Periungual dryness over big toe of left foot (b)

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