Kawasaki Disease Presenting as Acute Scrotum

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To the Editor: Kawasaki Disease (KD), being a vasculitis of medium-size vessels, can possibly affect any organ. We encountered a five-mo-old child presenting with 7 d of fever and erythema of the scrotal sacs, with pain and desquamation of the overlying scrotal skin. The scrotal sacs were tender on palpation and the temperature of the overlying skin was raised. The scrotal sacs were also enlarged bilaterally. Initially the child had been referred to surgeon with suspicion of testicular torsion and later treated with antibiotics for scrotal abscess. However, the child showed no improvement. When we encountered the case, we observed maculo-papular rash on body, bilateral pedal edema and mucositis of lips and oropharynx. There was desquamation of skin in the perineum and lower part of the trunk. Child was extremely irritable. Mother gave history of bilateral non-purulent conjunctivitis. Transillumination test and Prehn's sign were negative. Ultrasound Doppler of the testes showed increased vasculature of the testis bilaterally. Echocardiogram revealed dilatation at the origin of left anterior descending artery. A diagnosis of KD was made and intravenous immunoglobulin was given along with oral aspirin. The child showed dramatic response. He became afebrile and the inflammation of scrotal sacs subsided within 72 h. There are three similar case reports describing the association of KD with orchitis [1–3]. This case is a message that orchitis with erythema of the scrotal sac can be

Fig. 1 Desquamation of the superficial skin of scrotum along with diffuse erythema

seen in KD. Awareness of this possibility will save many unnecessary surgical explorations. The desquamation of the overlying scrotal skin (Fig. 1) serves as an important clinical marker to differentiate KD-induced orchitis from other causes of orchitis or torsion of testis.

Compliance with Ethical Standards

Conflict of Interest None.

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