

This Week's Citation Classic

Kawasaki T, Kosaki F, Okawa S, Shigematsu I & Yanagawa H. A new infantile acute febrile mucocutaneous lymph node syndrome prevailing in Japan. *Pediatrics* 54:271-6, 1974.
[Dept. Pediatrics, Japanese Red Cross Med. Ctr., and Dept. Epidemiology, Inst. Public Health, Tokyo, Japan]

This paper was the first paper in English describing what was thought to be a new disease afflicting infants and young children in Japan since 1960. The paper was also unusual because it included color and not black-and-white photos which illustrated clinical features of the disease. [The SC[®] indicates that this paper has been cited in over 235 publications since 1974.]

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"On January 5, 1961, I saw at our hospital a 4-year, 3-month-old boy with high fever, cervical adenopathy, conjunctival congestion, cracked lips, and rash. Looking back, I now know that this patient was a typical mucocutaneous lymph node syndrome (MCLS) patient. Today this syndrome is more commonly known as Kawasaki syndrome or Kawasaki disease. At that time, however, I was unable to make a correct diagnosis and discharged the patient with diagnosis unknown.

"The clinical features of this patient made a strong impression on me and I could not forget them. In 1961, this was the only case that I had experienced, but in March 1962, a case of suspected sepsis was brought to me by another doctor. When I saw this case, I realized at a glance that the appearance was very similar to the case which I had seen the previous year. Fortunately, I subsequently experienced very similar cases.

"In the process of trying to categorize the features of the syndrome, I did not always see typical patients. When I saw atypical patients, my confidence was shaken. My experiences led me to question my initial observations but gradually my experiences led me to believe that my initial conclusions had been correct.

"Finally in 1965, the pediatricians in my hospital agreed that it was a new syndrome. In January 1967, at a meeting of the Tokyo Pediatric Association, a doctor reported on 'three cases of Stevens-Johnson syndrome.' At that meeting, several doctors said that the diagnosis of Stevens-Johnson syndrome was not correct. One of the doctors said that it was acute juvenile rheumatoid arthritis and discussion centered around this diagnosis. No conclusion could be reached. However, one of the doctors had read the manuscript of the paper which I had submitted and which had already been accepted for publication. My manuscript described the new syndrome and the doctor pointed out that the three cases were the same as the new syndrome which I had described in my paper.

"In March, my paper in Japanese¹ was published in the *Japanese Journal of Allergology*, describing my clinical observations of 50 cases. As a result, some pediatricians sent me personal communications agreeing with me that I had described a new syndrome.

"In 1970, the Ministry of Health and Welfare established a research committee for Kawasaki disease, and Itsuzo Shigematsu, an epidemiologist, carried out the first nationwide survey. In 1972, there was the second nationwide survey. The information from both surveys was combined and included in the paper which appeared in *Pediatrics*.

"Recently, awareness among pediatricians that there is a new disease has increased. Some of the patients of this disease suffer sudden death from coronary thrombosis based on coronary artery aneurysm. An interesting point is that fatal MCLS is indistinguishable from already known infantile periarteritis nodosa with coronary artery involvement. Pediatricians must become aware of this new disease if they are to know one of the causes of sudden death among children.

"This paper has been highly cited for the following reason. The etiology is still unknown but the disease is known in America and in all parts of the world. Awareness among pediatricians of the importance of this so-called 'mysterious disease' has increased and in order to discover the etiology of this disease, more and more research is being done, leading to citation of the paper."

1. Kawasaki T. M.C.L.S.—clinical observation of 50 cases. [In Japanese.] *Jpn. J. Allergol.* 16:178-222, 1967.