A Conversation with Tomisaku Kawasaki, MD

Tomisaku Kawasaki, MD, is famous the world over for describing in 1967 what we now know as Kawasaki disease, the most common cause of acquired heart diseases in children. Dr. Kawasaki, who is 87 years old, now directs the Kawasaki Disease Research Center in Tokyo. This interview was conducted with the translation assistance of Dr. Masato Takahashi of Los Angeles and Dr. David Burge, who were there to interview Dr. Kawasaki for an Australian television special about his life’s work.

– Stanford T. Shulman, MD

Dr. Kawasaki: In January 1961, I cared for a 4-and-a-half-year-old boy who could not be diagnosed. In retrospect, he had what we now know as typical Kawasaki disease symptoms: conjunctival injection, red lips, strawberry tongue, and red mouth (no exudates), painful enlarged cervical node, red indurated palms and soles, and diffuse red rash without vesicles. This most closely resembled scarlet fever, but the rash was different from that. Initially, I categorized this as “GOK,” “God only knows!” I thought about this case a lot.

For the next year, I didn’t see any similar case. But, in February 1962, I saw another patient and then realized that this was a unique clinical entity not in the textbooks. Then I encountered five more patients from February to July 1962.

Dr. Shulman: What did you do with these cases?

Dr. Kawasaki: I presented the seven patients at a meeting of the Japan Medical Society. I belonged to both the Chiba and Tokyo branches of the Society, and I chose Chiba because I thought I would get a more friendly reception, but, the Tokyo professors denied the existence of a new entity and thought it a mild form of Stevens-Johnson syndrome. They indicated they had also been observing similar cases. The professor of pediatrics at Tokyo University denied the new syndrome, all respected his opinion, but then he died and Kawasaki disease became recognized as a new diagnosis.

Dr. Shulman: That’s quite a story! Why do you think you were able to recognize this entity?

Dr. Kawasaki: Reflecting on a more than 10-year continuous experience, I strongly felt this was not a previously recognized entity. Probably the use of measles vaccine made it easier to recognize cases of this new entity because measles cases became less common in the population. Three features distinguished these cases from scarlet fever: absence of tonsillar exudate, lack of response to penicillin, and the rash which was not typical of scarlet fever.

After my 1967 report of 50 cases published in the Japanese Journal of Allergology with expensive color photographs, many physicians from Tokyo and all over Japan volunteered that they had seen similar patients. Cases began to be reported here and there.

Dr. Shulman: When did you begin to recognize that the new disease had cardiac complications?

Dr. Kawasaki: Two patients at my hospital, Japan Red Cross Hospital, cared for by other physicians and not diagnosed, died suddenly, and their autopsies showed coronary artery aneurysms with complete thrombotic obstruction. They were labeled infantile periarteritis nodosa.

Then, one of my own patients died suddenly with the same autopsy findings. I could not believe that all of the patients who had recovered had the same disease, and I initially thought the fatalities had a different disease. Those cases were not included in the 1967 report but were reported separately.

Dr. Shulman: Changing topics, it was a relief to hear that you were safe following the earthquake on March 11, 2011. Can you speak a little bit about what happened to you that day?

Dr. Kawasaki: I was not surprised that we had a major earthquake; we Japanese are used to them. I was at my office with my secretary, Mrs. Sato, when the quake hit. The building was secure, but the bookshelves collapsed, and books and papers were all over the floor.

I was able to call my wife to say I was safe. My daughter Madoka was not able to reach me, so she walked to the office. I initially tried to walk home but decided it was unsafe. I tried to take the subway home, but it was too crowded, and I was pushed out and fell between the car and the platform, losing my glasses.

My daughter, my secretary, and I all slept on the floor, on beds made of cardboard boxes. There was no heat, and it was very cold. I was able to take a different subway line home early the next morning.

Dr. Shulman: It sounds harrowing. Thank you so much for making time for this interview, Dr. Kawasaki.

Dr. Kawasaki: You’re welcome. ■


REFERENCE