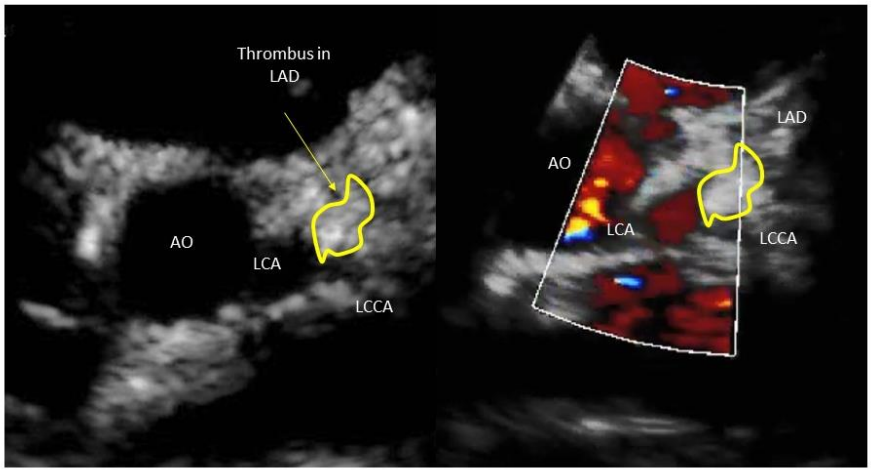
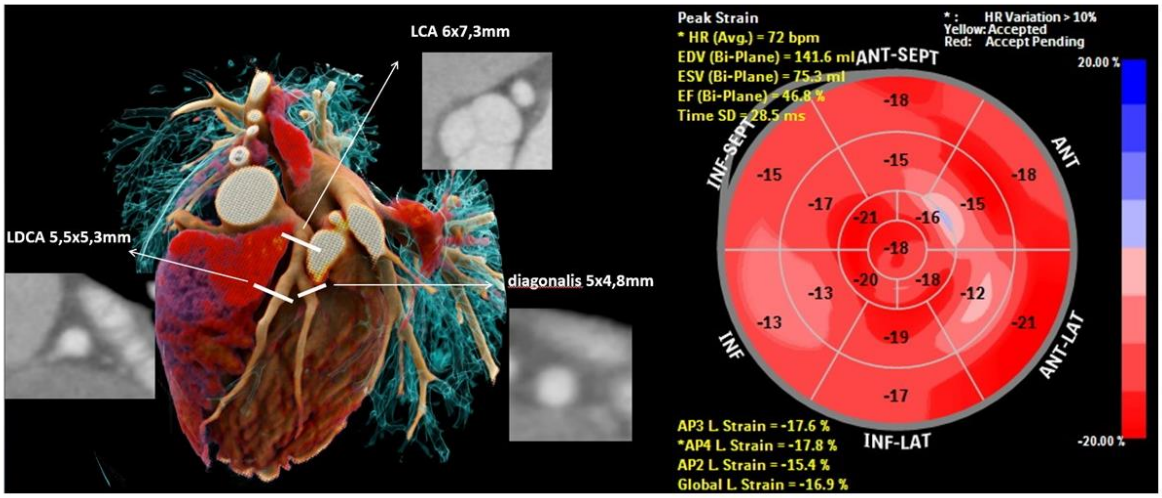
Supplementary Material

Supplementary Figure 1. Left coronary artery dilation and complete obstruction of left anterior descendent coronary artery caused by a large thrombus. A: two-dimensional echocardiogram; B: Color-Doppler flow mapping.

AO = aorta; LAD = left anterior descending coronary artery; LCA = left coronary artery; LCCA = left circumflex coronary artery.

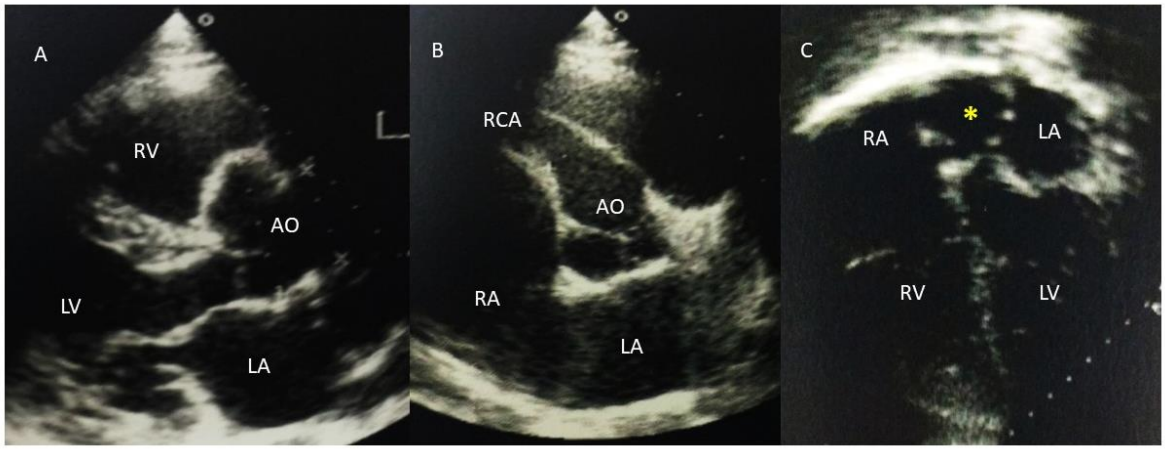


Supplementary Figure 2. Coronary artery vasculitis and myocarditis in acute phase of Kawasaki disease. A: computed tomography angiography in a 12-year-old patient, showing diffuse dilation of left coronary artery (LCA), left anterior descending coronary artery (LAD) and diagonal artery. B: Strain imaging echocardiography of the same patient, showing global and segmental compromise of left ventricle peak systolic longitudinal deformation. Left ventricle ejection fraction = 46.8%. Global longitudinal strain = -16.9%.



Supplementary Figure 3. Missed diagnosis of Kawasaki disease presenting in adulthood: two-dimensional echocardiogram of a 43-year-old female. A: right coronary sinus dilation in parasternal long axis view. B. Right coronary artery dilation in parasternal short axis view. C: Round structure (yellow asterisk) between right and left atrium in apical four-chamber view.

AO = aorta; LA = left atrium; LV = left ventricle; RA = right atrium; RCA = right coronary artery; RV = right ventricle.



Supplementary Figure 4. Missed diagnosis of Kawasaki disease presenting in adulthood: computed tomography of the same patient shown in Supplementary Figure 3, demonstrating right coronary artery dilation and a giant aneurism of one of its branches, the sinoatrial nodal artery. A = aneurysm; AO = aorta; LA = left atrium; LV = left ventricle; RA = right atrium; RCA = right coronary artery; RV = right ventricle.