INTRODUCTION: The severity of leptospira infections varies from subclinical illness to severely potential fatal status spectrum of renal and liver failure. Less common features include Kawasaki syndrome, cerebrovascular accidents, rhabdomyolysis, thrombocytopenic purpura, acute cholecystitis and erythema nodosum. Kawasaki disease is a form of vasculitis with several unusual characteristics. Its epidemiologic and clinical features strongly suggest an infectious etiology.

Case: Two years old previously healthy boy, admitted to our clinic with sudden onset of fever (39-40°C), lasting a week. In physical examination, he had cervical lymphadenitis, conjunctivitis, tonsillitis, maculopapular rash and dry fissured lips. Few days later edema of both hands and feet was observed. Laboratory studies revealed Hb 10g/dL, WBC 19300/mm3, platelet 1172000/mm3, ESR 160mm/hr and CRP 14.4mg/dL. Physical examination and laboratory investigations led to the diagnosis of Kawasaki disease. IVIG 2gm/kg and aspirin 80mg/kg/day was given as a treatment modality. Two dimentional echocardiogram was observed normal. Serologic investigation revealed L.hepdomandis and L.canicola. High dose penicilin(400 000 U/kg/day) was given for 10 days.

CONCLUSION: Although presentation of leptospirosis is non-specific, Kawasaki disease shoud be considered as its one of rare but important complication