Original Research Paper Surgery

Case Report on Kikuchi Fujimoto Disease - A Rare Presentation of Cervical Adenopathy

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ABSTRACT

Kikuchi Fujimoto Disease or Histiocytic Necrotizing Lymphadenopathy is a benign, idiopathic and self limiting disease causing lymphadenopathy in young women.

It is clinically diagnosed more frequently in females, with type and severity varying with each case.

We report a case of 30-year-old female who presented herself at the Surgical OPD of ACS Medical College and Hospital, Chennai with Kikuchi Fujimoto Disease with no obvious etiology. Through this case report the authors recommend better awareness of the disease amongst clinicians and pathologists to establish a proper diagnosis of cervical adenitis and to facilitate early intervention.

KEYWORDS : Kikuchi Fujimoto, Histiocytic Necrotizing Lymphadenopathy, SLE.

Case report -
A 30 year old healthy and moderately built female hailing from near-by town presented to our Out Patient Department complaining of a painful swelling on the right side of her neck present for about a month with no obvious etiology. The swelling started as a small one associated with some pain and fever, for which she took treatment from a nearby doctor following which the pain and fever subsided but there was no regression in the size of the swelling. She also noticed that she developed another similar swelling just below the present swelling a little later.

She neither had loss of appetite nor did she notice any loss in her weight. She did not give any history of contact with Tuberculosis. She had no history suggestive of oropharyngeal sepsis.

Physical Examination -
Patient was afebrile, moderately built and healthy and vitals were normal.

She was normotensive and euglycemic and did not suffer from any other systemic illness.

Systemic examination did not reveal any abnormality.

Oral hygiene was good and tonsils were normal.

Clinical Examination of the neck -
There were a total number of 4 nodes in the posterior triangle of the right side of the neck varying from 1 to 3 cm. Two of them seemed to be adherent to one another. The nodes were slightly tender and were soft to firm in consistency. Mobility was slightly restricted and skin over them was normal. No other nodes were palpable elsewhere in the body.

Management-
A provisional diagnosis of ?Tubercular adenopathy was made and she was subjected to investigation and evaluation.

Laboratory Reports revealed hemoglobin : 11.7 gm% ; Total WBC count : 3700 cells/cumm ; WBC : low range total count. No immature cells. Differential count : P 51%, L 45%, E 04% ; Peripheral smear study : mild anaemia with hypochromic, normocytic RBC s. No parasites ; Platelet : normal in number and morphology. Impression: mild anemia with leukopenia. No abnormal cells. ESR - 25mm/hr ; Random blood sugar - 90mg/dl ; Blood urea - 24mg/dl ; Serum Creatinine - 0.8mg/dl ; HbA1c - 6.2% ; Chest X-Ray & ECG – normal ; Mantoux – Negative ; USG Abdomen – Normal.

After a short course of antibiotics, a node excision was planned to aid the diagnosis and the same was done under GA. The excised specimen was sent for Histopathological examination revealed

1)Vide - Lab No- 5300/16 ; Date - 3/11/16
Gross Finding: Received 2 Grey white soft tissue bits, one measuring 3x1x1 cm and other measuring 1x 0.5x 0.5 cm

Histopathology Report: Sections studied show partially effaced architecture of lymph node with sinus histiocytocis and marked fibrosis. No evidence of tuberculosis in the sections studied.

2)Vide - Lab No- AC01.H1624493 LRN 4194643
Specimen: Cervical node biopsy - slides and block for opinion

Microscopic Description - Sections show lymph node with mattled appearance and few reactive follicles and foci of paracortical hyperplasia. There are foci of histolytic proliferation with few karyorrhectic debris and few histolytic cells in vacuolated appearance. Deeper sections show a similar appearance. Stains for AFB and fungi are negative.

Impression - Cervical lymph node shows features consistent with Kikuchi's Lymphadenitis.

Timely and accurate diagnosis is essential for early intervention. Our patient improved in two week duration with anti-inflammatory drugs and has been placed under follow up.

Discussion
Kikuchi Fujimoto's disease is a rare and self limiting cause of benign lymphadenopathy, more often seen in otherwise healthy young women.[1] It usually presents as unilateral or bilateral cervical lymphadenopathy. Constitutional symptoms like fever and pain are usually present.[2] Peripheral smear study usually shows leucopenia. The condition was first reported by Dr.Masahiro Kikuchi in Japan in 1972

and independently by Fujimoto. Though they are self limiting illnesses, few cases may rarely progress to SLE and hence need to be followed up.[5,6]

Etiology is unknown, however infectious and autoimmune etiologies have been proposed.[3]

The usual presentation is Cervical lymphadenopathy and is therefore easily misdiagnosed for Tuberculous lymphadenopathy or other Lymphoproliferative disorders.[4,7] There is no effective treatment and usually will need prescription of NSAID's for symptomatic relief. The usual course of illness may last from a few weeks to upto 4 months.

Conclusion

This case presentation has been made to emphasize on the fact that, although KFD is rare, awareness of this disease is essential to consider this entity as an important differential diagnosis in lymph node swellings of the neck, which may easily be misdiagnosed as a tuberculous or lymphoproliferative lesion. Also to emphasize on the fact that though these are benign and self limiting diseases, a small proportion of these may progress to SLE, hence making a dedicated follow up mandatory.

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On general examination of the 30 year old female – the case report