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Kikuchi's disease in a young female – atypical picture.

KEYWORDS

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ABSTRACT *Kikuchi-Fujimoto disease is an uncommon disorder with worldwide distribution, characterized by fever and benign enlargement of the lymph nodes, primarily affecting young adults.[1]Kikuchi-Fujimoto disease is a form of necrotizing lymphadenitis. Although the disease usually affects young women aged less than 30 years, it may also affect men with a wide range of age. Clinically generalized lymphadenopathy in the head and neck region may present. Lymph node specimens show areas of necrosis without neutrophilic infiltration.[2]*

Case presentation

Our patient was 32-year-old young and healthy lactating female with one year old child except cervical lymphadenopathy. She had swelling and mild tenderness of lymphnodes in the posterior cervical region since the past 1 month. She was afebrile and haemodynamically stable. Significant findings were lymphadenopathy, palpable in the posterior cervical regions.multile nontender lymphnodes , largest measuring 1 cm. Preoperative FNAC showed non-specific reactive lymphadenitis. Blood investigation were normal. She had been previously fit and well and was on no medication.

Lymph node biopsy was performed for the diagnosis. Pathological examination of a lymph node specimen was reported as established Kikuchi-Fujimoto disease (histiocytic necrotizing lymphadenitis). Follicles showed polymorphous lymphoid population ,interspread amidst areas of neutrophilic infiltrate and cellular debris .

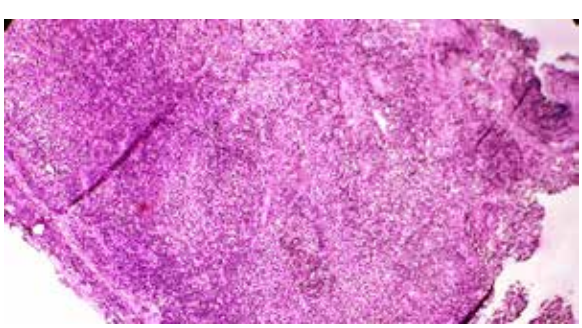

Fig 1. Photomicrograph showing Lymph node with intact capsule

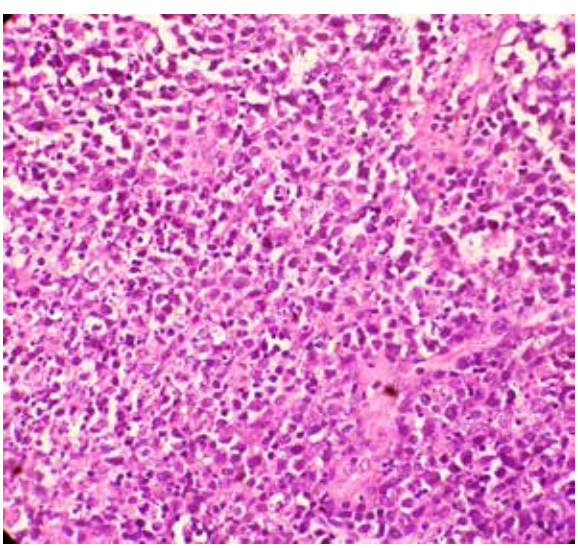

Fig 2. High power view showing presence of karyorrhetic debris.

Discussion

Kikuchi-Fujimoto disease should be considered as one of the differential diagnoses in patients with prolonged fever and cervical lymphadenopathy. It should be differentiated from tuberculous lymphadenitis in regions where tuberculosis is prevalent. [3]

A definite diagnosis is made by tissue biopsy, indeed whole lymph node biopsy. Histopathological assessment of affected lymph nodes reveals characteristic findings. There are three main patterns identified, proliferative, necrotizing and xanthomatous. The proliferative picture is seen in approximately a third of cases and has a dominant inflammatory infiltrate. Half of cases show necrotizing pattern and

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the xanthomatous type is rare and has abundant foam cells . Immunoblast cell changes seen in lymph nodes mimic those of malignancy and are a source of diagnostic confusion. Cellular protein structures have been noted in the cytoplasm of lymphocytes and histiocytes that have also been found in those cells of patients with SLE. This adds strength to the hypothesis that KFD is a self-limiting SLE-like disorder.[4]

Diagnosis of the disease is based on necrotizing inflammation found upon histological examination of the lymph node, typical clinical picture and exclusion of other causes. There is no specific treatment, but the course of the disease is usually benign with spontaneously recovery within a couple of months.[5]

Conclusion

KFD is uncommon, but should feature in a list of differential diagnoses of tender lymphadenopathy, especially affecting the cervical region. Its treatment differs significantly from the other conditions that would be on that list such as SLE, lymphoma and TB. Lymph node biopsy will aid accurate diagnosis, but if confusion with SLE occurs differentiation can be made with the aid of blood tests for complement levels amongst others.

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