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# Kikuchi-Fujimoto Disease – Rare Cause for Axillary Lymphadenopathy

KEYWORDS


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**ABSTRACT** ***Background:*** *Kikuchi's disease refers to histiocytic necrotising lymphadenitis more common cause for cervical lymphadenopathy. We present a case of bilateral axillary lymphadenopathy for 3 months duration who underwent biopsy confirmation for the same. Patient was treated symptomatically and with steroids.*

***Discussion:*** *Kikuchi's disease is a very rare disease and mainly presents with cervical lymphadenopathy. Unusual manifestations of isolated KFD include axillary and mesenteric lymphadenopathy, splenomegaly, parotid gland enlargement, skin rashes, arthralgias, myalgias, aseptic meningitis, bone marrow haemophagocytosis and liver dysfunction. Differential diagnosis like malignant lymphoma, tuberculous lymphadenitis and systemic lupus erythematosus (SLE) has to be considered on such unusual presentations.*

**Introduction:**
Kikuchi's disease refers to a rare non-cancerous enlargement of the lymphnodes. The disease is also known as Kikuchi-Fujimoto's disease (KFD), and histiocytic necrotizing lymphadenitis. This disease is a idiopathic self-limited condition of unknown etiology usually characterized by cervical lymphadenopathy and fever, most often affecting young patients. Differential diagnosis includes mainly malignant lymphoma, tuberculous lymphadenitis and systemic lupus erythematosus (SLE) which need to be aggressively treated; hence inspite of this disease being self limiting its diagnosis is crucial in order to prevent unwanted investigations and treatment of the patient adding to the mental and financial strain of the patient and family.

**Case History:**
We report a 30 yr old female a Asian homemaker who presented with bilateral axillary swelling of three months duration. She had bilateral multiple enlarged axillary lymphadenopathy. Examination of other systems was normal. Laboratory investigations were also normal. Fine needle aspiration cytology of the cervical node showed features suggestive of granulomatous lymphadenitis to in view of which lymph node biopsy was done and the histological features suggested the diagnosis of Kikuchi's disease. The Patient was treated symptomatically, steroids and complete remission occurred in few weeks.

**Discussion:**
It was first described in Japan by Dr Masahiro Kikuchi in 1972 and independently by Y. Fujimoto. [1] Kikuchi's disease refers to a rare non-cancerous enlargement of the lymphnodes. The disease is also known as Kikuchi-Fujimoto's disease (KFD), and histiocytic necrotizing lymphadenitis.[2, 3] it is an self-limited condition of unknown etiology, though some have proposed a autoimmune etiology. [4] This disease is characterized by cervical lymphadenopathy and fever, most often affecting young patients. Kikuchi's disease is a very rare disease and mainly seen in Japan. Isolated cases are reported in America, Europe and Asia. KFD is more common in females compared to males with a male to female ratio of 1:4. People under 30 years of age are more affected by this disease than any other age group.[5] Unusual manifestations of isolated KFD include axillary and mesenteric lymphadenopathy, splenomegaly, parotid gland enlargement, skin rashes, arthralgias, myalgias, aseptic meningitis, bone marrow haemophagocytosis and liver dysfunction. [6] Differential diagnosis includes mainly malignant lymphoma, tuberculous lymphadenitis and systemic lupus erythematosus (SLE) which need to be aggressively treated. The disease has a recurrence rate of 3% to 4%. [7] Treatment is generally supportive. Nonsteroidal anti-inflammatory drugs (NSAIDs) may be used to alleviate lymph node tenderness and fever. The use of corticosteroids has been recommended in severe form of disease. [8] Intravenous Immunoglobulin had some positive results. [9] The disease usually runs a benign course and the condition is self-limiting. Inspite of this disease being self limiting its diagnosis is crucial in order to prevent unwanted investigations and treatment of the patient adding to the mental and financial strain of the patient and family.

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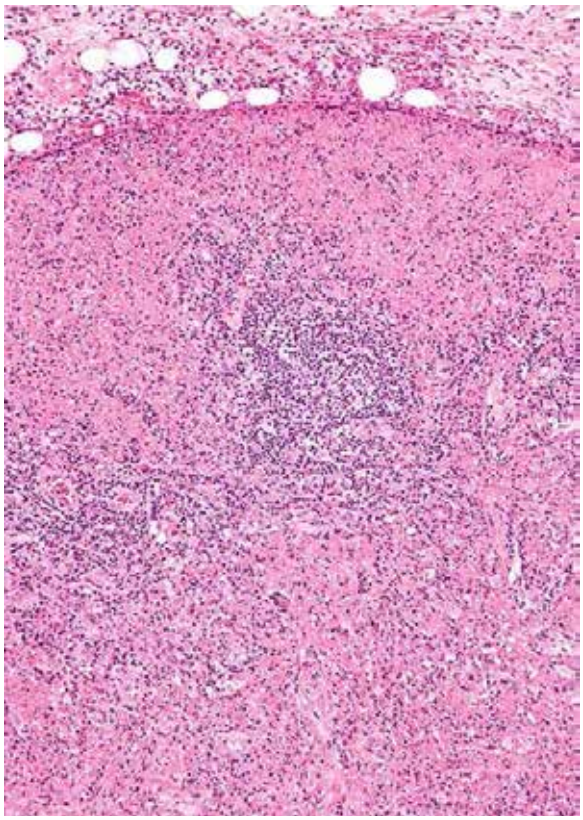

**FIG 1: Histopathological image of necrosis and foamy histiocytes.**

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