

## CASE REPORT

## Kikuchi-Fujimoto Disease

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### ABSTRACT

Kikuchi-Fujimoto disease is a relatively rare self-limiting histiocytic necrotizing lymphadenitis of unknown etiology. The disease predominantly presents as unilateral cervical lymphadenopathy accompanied with constitutional symptoms. The diagnosis is made by excluding other causes of necrotizing lymphadenopathy. We report a case of Kikuchi-Fujimoto disease in a young south Indian female who also had a Multinodular Goitre. This case is being discussed to highlight a diagnostic dilemma that may arise and a diagnosis of metastatic carcinoma may be made if one is not aware of Kikuchi-Fujimoto disease.

### INTRODUCTION

Kikuchi-Fujimoto disease is an uncommon idiopathic generally self-limiting histiocytic necrotizing lymphadenitis of unknown etiology<sup>1</sup>, although viral and autoimmune etiology has been proposed. It is commonly seen in young women of Asian origin as a painless unilateral lymphadenopathy accompanied by constitutional symptoms with a predilection to cervical lymph nodes<sup>2</sup>. No specific laboratory tests contribute to the diagnosis. Kikuchi-Fujimoto disease is a diagnosis arrived on histopathological examination by excluding other necrotizing lymphadenopathies like tuberculosis, systemic lupus erythematosus and lymphomas<sup>3</sup>. It can clinically sometimes be easily mistaken as Lymphoma or metastatic carcinoma. Kikuchi's disease almost always runs a benign course and disease recurrence is uncommon.

### CASE REPORT

A 21 year old south Indian female presented with Multinodular Goitre with right sided cervical lymphadenopathy in the posterior triangle. She was clinically euthyroid. There was no history of fever or other constitutional symptoms. There was no other significant past medical, surgical and family history. Physical examination revealed Grade 1 Multinodular Goitre which was firm in consistency. Her Thyroid Function tests were normal and her Thyroid Antibody titre was negative. Ultrasound of Neck showed multiple, hypoechoic areas in both lobes of thyroid with right sided posterior cervical discrete

lymphadenopathy. FNAC Thyroid was suggestive of Nodular Colloid Goitre. FNAC of right Cervical Lymph node was suggestive of non specific lymphadenitis. An excision biopsy of the enlarged right cervical lymph node was done and was sent for histopathological examination.

Histopathology revealed lymph node with partial maintenance of architecture along with patchy areas of necrosis, surrounded by karyorrhectic debris and sheets of histiocytes and monocytoid lymphocytes. Neutrophils and eosinophils were characteristically absent. There were no granulomas or presence of atypical cells. The findings were diagnostic of Kikuchi-Fujimoto lymphadenitis. The patient was treated with antibiotics post-operatively and she responded well to treatment. She is fine after follow up of one year.

### DISCUSSION

Kikuchi-Fujimoto disease is an uncommon cause for lymphadenopathy in young women. The exact etiology is unknown, although a viral etiology is hypothesized. In one study by Huh *et-al*, HHV-8 was detected by molecular methods in 30% of Kikuchi-Fujimoto lymphadenopathies<sup>4</sup>. It is a self-limiting disease with very rare recurrence<sup>5</sup>. It is important to differentiate Kikuchi-Fujimoto disease from other necrotizing lymphadenopathies. Systemic lupus lymphadenopathy can be differentiated by the presence of vasculitis, hematoxylin bodies on histology and serum anti-nuclear antibody positivity. Tuberculosis and Leprosy can be differentiated by presence of granulomas whereas lymphomas can be differentiated by the presence of malignant lymphoid cells<sup>3</sup>.

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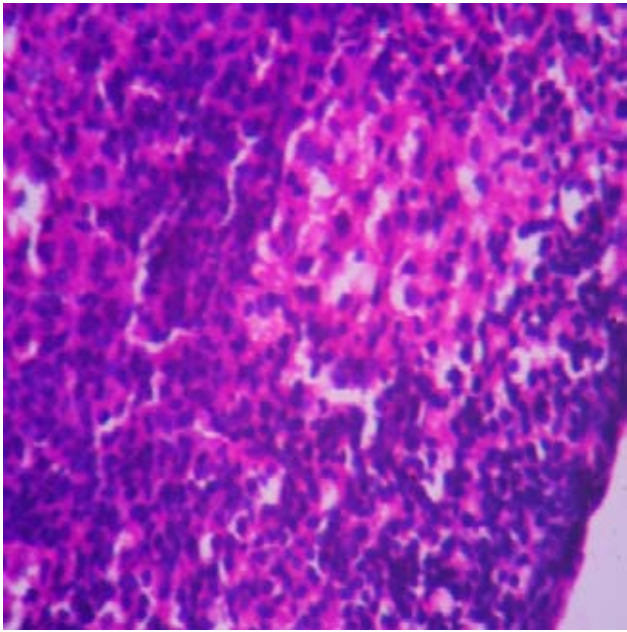
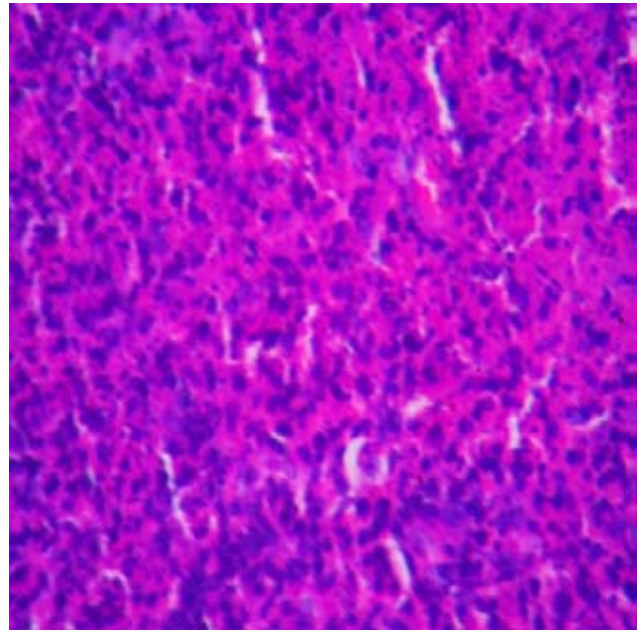


Fig.1 (A) Low magnification showing necrosis and karyorrhectic debris (Haematoxylin and Eosin X 10);



(B) Low magnification showing histiocytes surrounding necrosis (Haematoxylin and Eosin X 10).

## REFERENCES

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