

KIKUCHI- FUJIMOTO LYMPHADENITIS: A CASE REPORT AND REVIEW OF LITERATURE

Christopher G. Tang MD FACS¹, Maya Samman¹, Andrew Blitzer MD DDS FACS¹

1. New York Center for Voice and Swallowing Disorders, New York, NY.

ABSTRACT

Objective: To describe a case of Kikuchi-Fujimoto lymphadenitis, to describe the presentation of this clinical entity, and review the differential diagnosis of a non-malignant neck mass.

Study Design: Level 5 - single case report

Methods: The medical records of a patient treated at a tertiary care academic facility was reviewed. A pubmed/MEDLINE search was performed for the key words “Kikuchi-Fujimoto Lymphadenitis”

Results: A 31 year old female presents with a several week history of a tender right neck mass. All other physical exam findings were normal. Patient was initially treated with a course of avelox, but did not improve. Two fine needle aspirates were performed which resulted in non-diagnostic findings. Over the course of 1 month the patient developed multiple nodes in the neck without resolution of the original neck mass. PET/CT confirmed the neck masses without any other significant findings. Patient was taken to the operating room for an excision of the initial neck mass which revealed Kikuchi’s disease.

Discussion: Kikuchi’s disease is a rare disease of unknown etiology that causes cyclic fevers, lymphadenopathy, skin rashes and headaches. Some studies have proposed either an infectious or autoimmune etiology, however, none have been confirmed. Kikuchi’s disease is self limiting and may overlap with Hodgkin’s lymphoma necessitating care when evaluating young patients with neck masses. An extensive review of the differential diagnosis of a benign neck mass is included.

CASE HISTORY /WORK-UP

Case History

- A 31-year old Caucasian female presented to head and neck surgery clinic with a chief complaint of lumps on the right side of her neck
- Experienced pain and swelling
- No relevant past medical history



Figure 1. (above) photo of patient’s swollen lymph node

Work-up

- First fine needle aspiration showed negative for malignant cells
- Second FNA showed an unusual smear where further diagnosis with CT and biopsy was required
- PET/CT showed mildly enlarged right cervical lymphadenopathy which caused suspicions for lymphoma
- Biopsy showed no evidence of non-Hodgkin lymphoma, but showed Kikuchi’s disease

Results

- Patient received no treatment
- Within a few months, symptoms subsided and patient recovered

DISCUSSION

Kikuchi Fujimoto Disease

- Also known as histiocytic necrotizing lymphadenitis
- Rare and benign idiopathic disease
- Patients can experience fever, lymphadenopathy, leukopenia, myalgia, arthralgia, and sometimes hepatosplenomegaly
- Commonly mistake for lymphoma
- Mostly affects young female adults
- Fewer than 50 cases reported

Treatment

- NSAIDs can be used for pain and fever
- Self limiting disease
- In certain cases, corticosteroids are recommended in low dosages

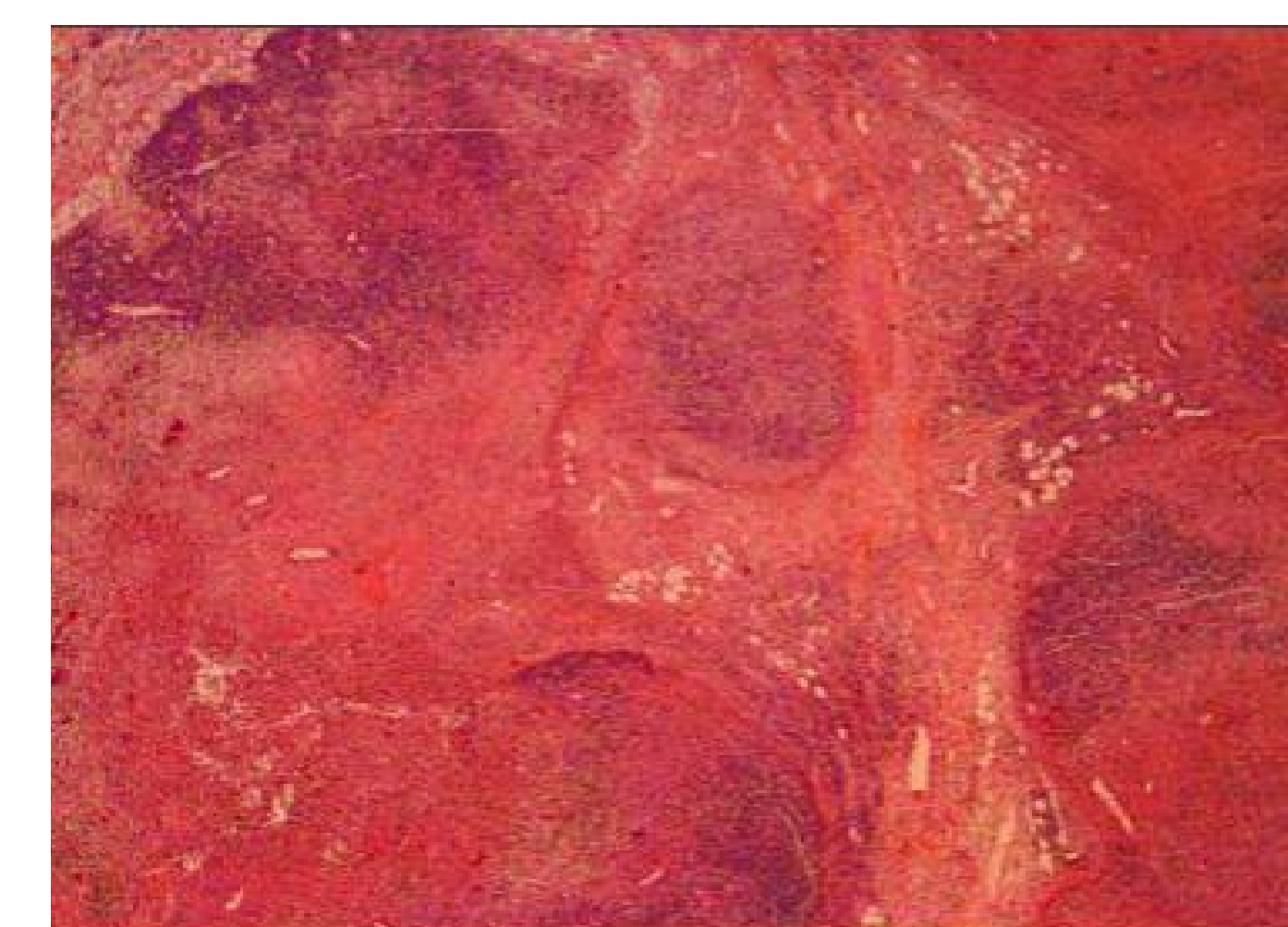


Figure 2. (above) photo of low power view of confluent necrosis



Figure 3. (above) photo of neck showing extreme cervical lymphadenopathy

BENIGN NON NEOPLASTIC NECK DISEASES

Cat- Scratch Disease

- Infection caused by transmission of *Bartonella henselae* from contact with cat saliva
- Patients can experience lymphadenopathy, headache, fever, fatigue, and blisters
- Presentation include enlarged or swollen lymph nodes and IFA blood test
- Treatments include antibiotics such as azithromycin and doxycycline

Toxoplasmosis

- Disease caused by *Toxoplasma gondii* parasite, causing flu- like symptoms
- Adults with weakened immune systems experience confusion, seizures, ocular toxoplasmosis, lymphadenopathy
- Diagnosis via blood tests for toxoplasmosis antibodies
- Treatments include Pyrimethamine and sulfadiazine

Histoplasmosis

- Airborne infection caused by the fungus *Histoplasma capsulatum*, found in bird droppings
- Patients can experience fever, cough, fatigue, chest pain,
- Diagnosis via blood tests, biopsy of lung, liver, or bone marrow
- Self- limiting disease, but antifungals can be given intravenously

Additional differential diagnosis include tuberculosis, infectious mononucleosis, sarcoid, and HIV

CONCLUSIONS AND ACKNOWLEDGEMENTS

Kikuchi- Fujimoto Disease is a rare, self limiting disease that causes lymphadenopathy. It is an important diagnosis to be included in the differential of an enlarging neck mass given all the other possible diagnoses.

E-mail: christophertang@gmail.com, maya.samman@gmail.com

Phone: 408-421-7071, 201-403-0796

REFERENCES

1. Mayo Clinic Staff, Causes and Conditions: Toxoplasmosis, <http://www.mayoclinic.org/diseases-conditions/toxoplasmosis/basics/definition/con-20025859>
2. Kaplan, S., Rawlings, J., Padlock, C., Regnery, R., & Reynolds, M. (2002, March 15). Cat-scratch disease in children—Texas, September 2000–August 2001. *Morbidity and Mortality Weekly Report*, 51(10), 212–214. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5110a4.htm>
3. Boone, John, Kuzma, Charles S., Kikuchi Disease. <http://emedicine.medscape.com/article/210752-overview>
4. Mahajan, Tina, Merriman, Richard C., Stone, Marvin J. (2007). Kikuchi- Fujimoto disease (histiocytic necrotizing lymphadenitis): report of a case with other autoimmune manifestations. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1849878/>
5. National Organization for Rare Disorders: Kikuchi’s Disease. <https://rarediseases.org/rare-diseases/kikuchis-disease/>
6. Histoplasmosis: MedlinePlus Medical Encyclopedia. <https://www.nlm.nih.gov/medlineplus/ency/article/001082.htm>