

2nd International Conference on

Internal Medicine & Hospital Medicine

September 13-14, 2017 Dallas, USA

A life-threatening case of Kikuchi-Fujimoto disease**Katie Yoganathan**

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We report a case of a 28-year-old lady, with previous history of tuberculosis as a child. She presented with an eight-day history of fever, nausea, and dry cough. She had travelled to India eight months previously, but no history of recent contact with tuberculosis. On examination, she was febrile but haemodynamically stable. There were multiple small, tender lymph nodes in the cervical region bilaterally. The rest of the examination was unremarkable. Initial investigations revealed mildly raised CRP, mild neutropenia and lymphopenia, and increased LDH. She was started on intravenous antibiotics and escalated to meropenem, but continued to deteriorate. All cultures, respiratory, viral, serological, and atypical screens were all negative, including AFB cultures. After 48 hours, she became pancytopenic, with deranged LFTs and clotting screen, and she developed a maculopapular rash. Cervical lymph node biopsy revealed features consistent with Kikuchi-Fujimoto disease. A second echocardiogram was performed when she became hypotensive which revealed an EF of 28% with hypokinetic and akinetic septal wall motion abnormalities. She was then transferred to a different site for left ventricular assisted device therapy. Pyrexia of unknown origin is usually due to an atypical presentation of a common disease. Kikuchi-Fujimoto disease is a rare, mostly self-limiting disease, presenting usually in women with cervical lymphadenopathy and fever. We report an unusual life-threatening case of Kikuchi-Fujimoto disease, which to the best of our knowledge has only been reported once in the literature 28 years ago. This case highlights the importance of keeping a broad differential in mind, in medically stable patients, as this patient deteriorated rapidly in the final stages of her stay in our hospital. If potential treatment had been initiated earlier, there could have been a different outcome. Therefore, clinicians need to be aware of this disease and how to manage a severe manifestation of this disease.

Biography

Katie Yoganathan went to Cardiff Medical School, where she completed her MBChB and also undertook an intercalated BSc in Cognitive Neuroscience of which she obtained a First Class Honors degree. She then did her two foundation years in various hospitals in the Oxford Deanery. She then completed a Masters degree (MSc) at the National Hospital of Neurology and Neurosurgery, which she obtained a Distinction Award. She then started working in the North-West London Imperial Deanery and is currently now at Charing Cross Hospital, London. She has published 3 case reports, 2 rapid response articles, and presented at various international conferences.

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