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The Curious Case of Kikuchi-Fujimoto Disease

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Abstract

Unusual and unexpected cause of fever and lymphadenopathy in 23-year-old female student from China.

Presented with 5-day history of fevers and right neck swelling. CT neck revealed multiple enhancing and enlarged right neck nodes from levels 1-5. No collection.

Treated as bacterial lymphadenitis with IV Meropenem and Clindamycin for one week.

Developed rash across trunk and limbs – thought to be reaction to antibiotics.

Intermittently febrile over course of the week but swelling improved.

Discharged with oral Clindamycin once afebrile for 24 hours.

Readmitted 3 days later with ongoing fevers and new left sided neck swelling and spreading of rash. EBV, CMV, HIV, Hep B&C and Parvovirus-B19 were all negative. SLE also ruled out.

Core biopsy of lymph node revealed a mixed lymphoid and histiocytic infiltrate with scattered blasts - features suggestive of Kikuchi's lymphadenitis.

Antibiotics stopped and treated conservatively.

Discussion

Kikuchi histiocytic necrotising lymphadenitis. Rare, benign, self-limited condition typically characterised by fever and focal lymphadenopathy. Higher prevalence in young Asian women.

Aetiology of KFD is still debated in the literature. More recent studies are suggestive of a viral or autoimmune aetiology based on the associated histology.

May mimic SLE and lymphoma which must be ruled out prior to confirming a diagnosis. KFD presents with symptoms that typically last 1-4 months, yet recurrence has been reported in 3-4% of affected individuals.

Excellent prognosis and management is supportive with rest and NSAIDs.

Conclusion

KFD is rare and relatively benign, but its clinical features can easily be mistaken for more sinister diseases such as lymphoma. As a result, recognition of this condition is crucial and establishing the diagnosis can therefore prevent further expensive and invasive investigations, as well as potentially harmful treatments and psychological stress to the patient.

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