A 43-year-old woman with an 8-year history of overlap syndrome composed of systemic lupus erythematosus (SLE) and systemic scleroderma was admitted to the Buddhist Tzu Chi Hospital owing to multiple painful lymph nodes on the cervical region for 1 month, accompanied by worsening polyarthralgia and difficulty in swallowing. On physical examination, she had multiple tender lymph nodes with diameters ranging from 0.8 to 1.5 cm on both sides of the upper and lower cervical regions. She had difficulty rotating her neck because of severe neck pain. An excisional biopsy of a neck lymph node revealed histiocytic necrotizing lymphadenitis, typical of Kikuchi–Fujimoto disease (Fig. 1). The painful enlarged lymph nodes and arthralgia improved by the 10th day after treatment.

Kikuchi–Fujimoto disease is a benign, self-limiting disease characterized by necrotizing lymphadenitis with histiocytic infiltration, and it is predominant in the cervical regions. The etiology for Kikuchi–Fujimoto disease remains unclear and is associated with a variety of clinical conditions, including SLE, viral infection, bacterial infection, lymphoma, and tuberculosis. Clinically, patients with Kikuchi–Fujimoto disease have acute tender cervical lymphadenopathy, fever, arthritis, and erythematous skin lesions.

There are no previous reports of Kikuchi disease associated with systemic scleroderma. Kikuchi–Fujimoto disease associated with SLE has also been rarely reported; a review of the literature from 1991 to 2005 demonstrated that 32 (13.1%) of 244 patients with Kikuchi–Fujimoto disease were diagnosed with SLE. Kikuchi–Fujimoto disease can occur before, concomitantly with, or after SLE.

Conflicts of interest: none.
* Corresponding author. Department of Pathology, Buddhist Tzu Chi General Hospital and Tzu Chi University, Hualien, Taiwan. Tel.: +886 3 8565301x2190; fax: +886 3 8574265. E-mail address: yhhsu@mail.tcu.edu.tw.

Further reading