Tzu Chi Medical Journal 26 (2014) 51

Contents lists available at SciVerse ScienceDirect

Tzu Chi Medical Journal

journal homepage: www.tzuchimedjnl.com

Pathology Page

Kikuchi–Fujimoto disease

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ARTICLE INFO

Article history:
Received 10 December 2012
Received in revised form
12 January 2013
Accepted 14 January 2013

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 × 0.8 to 1.5 × 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 histiocyte 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.

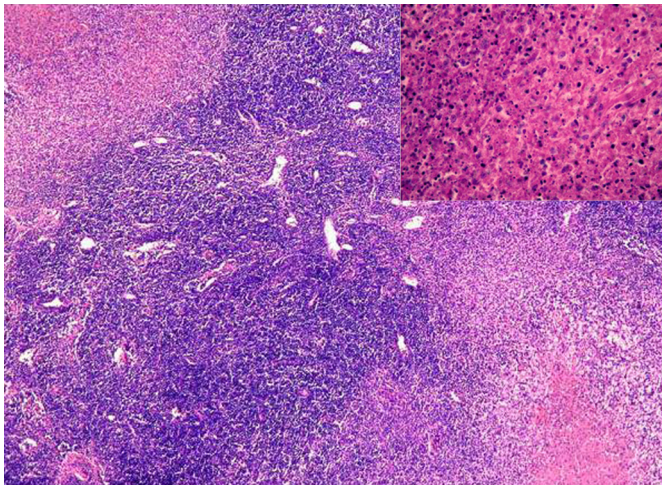

Fig. 1. Histopathology shows multiple patches of necrosis surrounded by histiocytes (hematoxylin and eosin ×100) and necrotic debris without neutrophils (inset, hematoxylin and eosin ×400).

Further reading

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Conflicts of interest: none.

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http://dx.doi.org/10.1016/j.tcmj.2013.01.003