A CASE REPORT-KIKUCHI'S DISEASE (LYMPHADENITIS SHOWING FOCAL RETICULUM CELL HYPERPLASIA)

W.M.TILAKARATNE*1, W.M.U.R. KARUNADASA1, A.H.T.S.KARUNATHILAKE2

Department of Oral Pathology, Faculty of Dental Sciences, University of Peradeniya1; OMF unit, General Hospital, Ratnapura2.

Kikuchi’s disease (KD) or Kikuchi-Fujimoto disease or Histiocytic necrotizing lymphadenitis is a self-limiting, reactive lymphadenopathy, which was first described in 1972.

An 18-year old male patient from Kahawatte, presented with a painful lump in right side submandibular region of one-month duration. He also had fever accompanied with chills and sweating, diarrhea, weight loss and generalized myalgia.

On examination, the patient appeared ill, febrile with tender right sub mandibular lymph node which was 4 x 6 cm in size. No other lymph nodes were enlarged. Mouth opening was restricted and painful. ESR and neutrophil counts were elevated.

As fever did not abate after antibiotics for one month, the enlarged lymph node was removed surgically under general anaesthesia and IV antibiotics were given. There have been no recurrences or any other complaints pertaining to the affected region, upto date.

Histopathologically KD is characterized by paracortical necrotic foci surrounded by histiocytic aggregates. KD is associated with systemic lupus erythematosus (SLE), of which the diagnosis can precede, postdate or coincide with the diagnosis of KD. Also associated rarely with cutaneous lupus erythematosus, childhood haemophagocytic syndrome, B-cell lymphoma. Usually surgical treatment is unnecessary, as the disease is self-limiting.

The prevalence of KD is much underestimated as spontaneous regression of symptoms may hinder diagnosis. Many cases may not have been reported to a physician in the absence of pain.

KD, though uncommon, must be kept in mind when examining a lymph node that exhibits areas of necrosis.