

Histiocytic Necrotizing Lymphadenitis: Case Report and Review of Literature

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Abstract

Kikuchi-Fujimoto's disease or necrotizing histiocytic lymphadenitis is a rare benign disease, revealed by the presence of cervical lymphadenopathy in an inflammatory context. Reporting the case of a young patient whose diagnosis was only possible by the pathological study of the surgical specimen.

Keywords: Kikuchi, Fujimoto disease, Necrotizing histiocytic lymphadenitis, Cervical lymphadenopathy.

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CASE REPORT

Miss S.T, 18 years old, with no particular pathological history, followed for 4 months for high lateral cervical lymphadenopathy, painless without compression syndrome, in a context of apyrexia and general condition maintenance.

Endoscopic examination of the upper aerodigestive tract and the remainder of the otolaryngologic examination did not find any abnormalities.

The biological workup did not show any inflammatory syndrome, nor any abnormalities in the blood count. The toxoplasmosis and rubella serodiagnoses as well as the rest of the viral schedule were negative.

The radiological assessment made of cervical ultrasound and cervico-thoracic CT showed the presence of several jugulo-carotid adenopathies; spinal and supraclavicular, some of which appear necrotic without other associated lesions.

An exploratory cervicotomy with excisional biopsy of a right retro spinal lymphadenopathy is performed and the pathological study as well as the immunohistochemical study concluded the appearance of necrotizing lymphadenitis or Kikuchi-Fujimoto's disease [FIG 1,2].

In consultation with the hematologists, corticosteroid therapy was administered, the outcome

was favorable marked by the total disappearance of all lymphadenopathy over a period of 4 weeks.

COMMENT

Kikuchi-Fujimoto's disease is a necrotizing histiocytic lymphadenitis, it mainly affects people under 40 years of age [1]. The ethnic and geographic association is not clearly demonstrated, but some researchers have identified HLA class II alleles (DPA101 and DPB102) as related to the disease and more frequently in Asians [2].

Mainly the mode of discovery is a firm cervical polyadenopathy painless and without local inflammatory or infectious monkeys, this clinical picture and sometimes associated with urticarial skin manifestations, myalgia, hepato-splenomegaly, and sweating [3]. All evolving in a feverish context in a third of cases [3], associated with weight loss which poses the problem of differential diagnosis with tuberculosis.

Laboratory examination may reveal moderate neutropenia, or rarely hyperleukocytosis and in a third the blood smear shows atypical lymphocytes. Serodiagnoses of infections of toxoplasmosis, rubella, syphilis and infectious mononucleosis are often negative, with frequent association with HIV infection [1].

Therapeutic management includes an excess biopsy of an lymphadenopathy under local anesthesia with anatomopathological study which finds a partially respected architecture of the lymph nodes with the

absence of polynuclear neutrophils and eosinophils [Fig 1, 2]. Immunohistochemical study found an abundance of CD68 + histiocytic cells; on the other hand, the lymphocytes in the pathological areas are essentially of the T suppressor type (CD8 +) [4]. 3 cases can be observed: the necrotizing form (> 50% of cases), the proliferative form (30% of cases) and the xanthogranulomatous form (<20% of cases) [1, 2].

The course in general is recovery after a few weeks spontaneously or after corticosteroid therapy, for severe forms treatment with intravenous immunoglobulins will be used. However, deaths have occurred in systemic forms of the disease according to the literature [3, 5].

CONCLUSION

Kikuchi-Fujimoto's disease is a rare disease but one that must be known by practitioners because it clinically poses problems of differential diagnosis with pathologies frequent in our context and given the severity of certain forms.

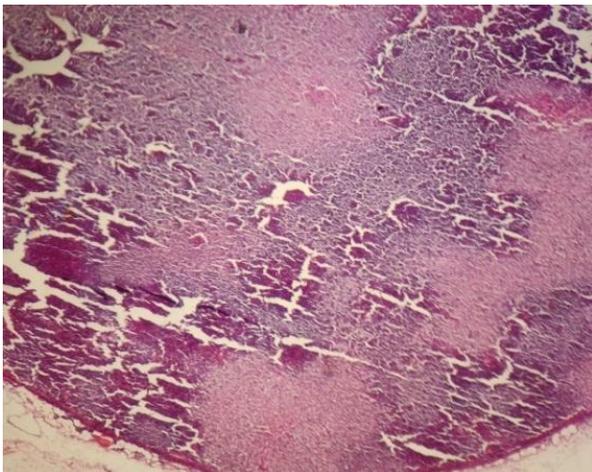


Fig-1: Hemalum Eosine /10

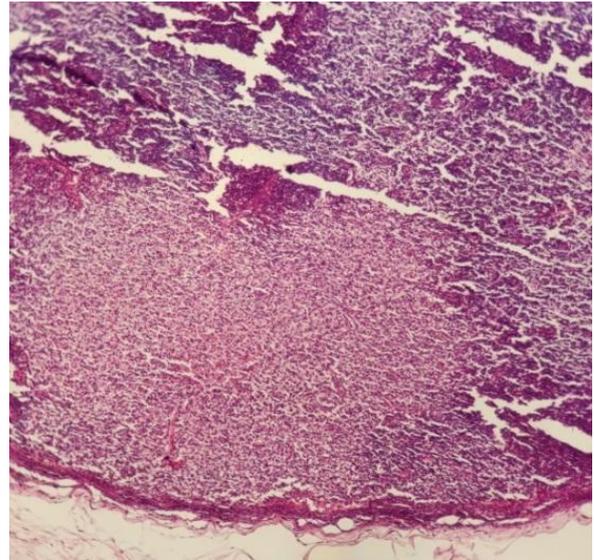


Fig-2: Hemalum Eosine /25

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