

CLINICAL IMAGE

Uncommon presentation of Kikuchi disease

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Abstract

Kikuchi disease is common among Asians and women aged about 30 years. General symptoms include cervical lymphadenopathy and fever; 64% of the cases are self-limiting. However, this case is axillary lymphadenopathy, which is the main symptom in males. Thus, Kikuchi disease may be considered in the differential diagnosis of axillary lymphadenopathy.

KEYWORDS

axillary lymphadenopathy, Kikuchi disease, malignant lymphoma, young man

An 18-year-old previously healthy man presented with a persistent fever of 38°C for 1 month and swollen axillary lymph nodes. On examination, the largest lymph node was 2.5 × 1.9 cm, freely mobile, firm, non-tender, and indolent; neither pruritus nor lymphadenopathy in the supraclavicular fossa was observed. Blood test results revealed a white blood cell count of 2500/μl (3600–8900/μl) and lactate dehydrogenase level of 1283 U/L (124–222 U/L). Contrast-enhanced CT showed swollen lymph nodes in the cervix and axilla. Axillary lymph nodes

were particularly prominent (Figure 1). Malignant lymphoma was considered, and axillary lymph node biopsy was performed. Histopathological examination revealed focal necrosis between the cortex and follicles (Figure 2), and neutrophils and eosinophils were conspicuously absent (Figure 3). Kikuchi disease was diagnosed based on histopathologic features. The patient was treated with

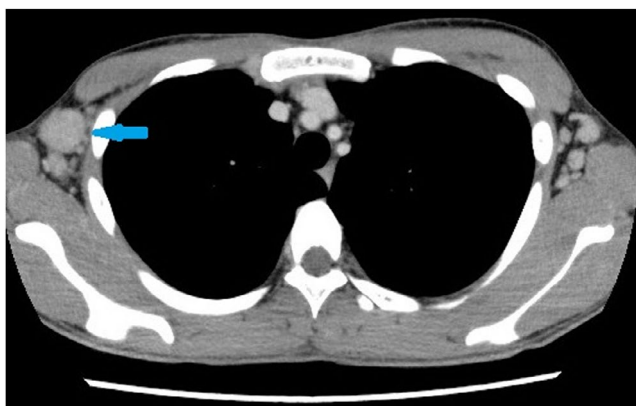


FIGURE 1 Transverse section of contrast-enhanced CT scan. Axillary lymphadenopathy: arrow (2.5 × 1.9 cm)

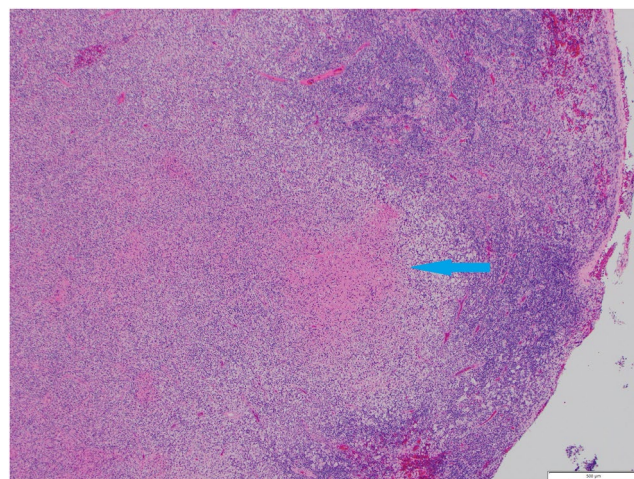


FIGURE 2 Hematoxylin–eosin stain; (original magnification, ×40). Focal necrosis is observed between the cortex and follicles (arrow)

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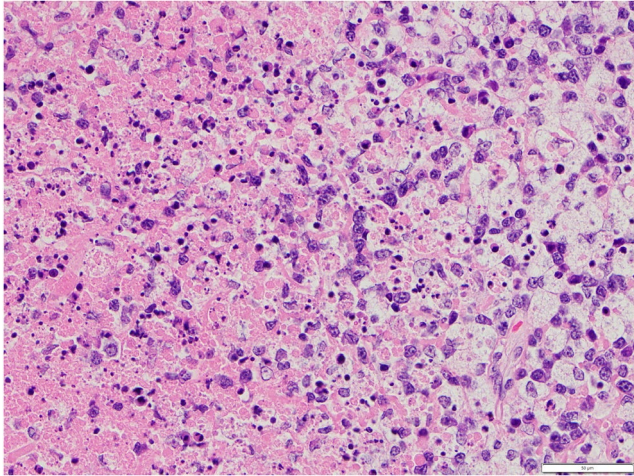


FIGURE 3 Hematoxylin–eosin stain; (original magnification, $\times 400$). Neutrophils and eosinophils are conspicuously absent

acetaminophen (500 mg) three times for the first two weeks. Afterward, acetaminophen was prescribed as an adjunct therapy, and the patient recovered spontaneously with little or no use of this drug.

Kikuchi disease is more common among Asians and women around the age of 30 years. The general symptoms include cervical lymphadenopathy and fever,¹ and 64% of cases of this disease are self-limiting.¹ Lymphadenopathy is frequent, with concomitant involvement of axillary and/or supraclavicular lymph nodes.² However, this case is rare as axillary lymphadenopathy is the main symptom in males. Thus, Kikuchi disease may be considered in the differential diagnosis of axillary lymphadenopathy.

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CONFLICTS OF INTEREST

All the authors have no pertinent conflict of interest to report for this manuscript.

AUTHOR CONTRIBUTIONS

TF, MS, TM, and TN have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data, involved in drafting the manuscript or revising it critically for important intellectual content, have participated sufficiently in the work to take public responsibility for appropriate portions of the content, and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

ETHICAL APPROVAL

None.

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

DATA AVAILABILITY STATEMENT

None.

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