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KIKUCHI'S HISTIOCYSTIC NECROTIZING LYMPHADENITIS OF BREAST- A RARE CASE REPORT

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ABSTRACT

Histocystic necrotizing lymphadenitis (HNL) is a self limiting, rare, benign disorder of the lymph nodes with idiopathic etiology, predominantly seen in young women. We report a rare case of kikuchi Fujimoto disease, also known as histiocytic necrotizing lymphadenitis which is a rare entity, occurring most commonly in young Asian adults. A 25year female patient presented to our hospital with chief complaints of tender, palpable right breast lump. The biopsy report confirmed the diagnosis of kikuchi Fujimoto disease (KFD).

KEYWORDS: Breast lump, Kikuchi Fujimoto disease, HNL, Necrotizing Lymphadenitis.

BACKGROUND

Histocystic necrotizing lymphadenitis (HNL) is a self limiting, rare, benign disorder of the lymph nodes with idiopathic etiology, predominantly seen in young women. A number of viral agents have been implicated as cause including cytomegalovirus (CMV), Human Herpes virus (HHV), Epstein Barr virus (EBV), Para influenza virus, Varicella Zoster virus (VZV) but studies failed to specify a specific pathogen.[1-6] KFD usually affects women more often than men by a ratio of 4:1 ratio.[7-11]

Lymphadenopathy in KFD is typically accompanied by a low-grade fever in approximately 35% of patients. Additional symptoms can include rash (10%), myalgias (7%), and fatigue (7%) Laboratory findings are usually within normal limits; Although KFD classically involves the cervical chain; retroperitoneal, mediastinal, and axillary nodal involvement have also been reported.

The diagnosis of KFD is solely based on the histopathological examination of excised lymph node. The role of FNAC is limited, due to its low diagnostic accuracy, estimated at 56%. There is no specific treatment for Kikuchi disease it is self-limiting disease which resolves in 1 to 4 months. Supportive care with anti-pyrectics is the mainstay of treatment.[12-16]

CASE REPORT

A 25-year-old female who presented with a painful lump in the right breast of one month duration, accompanied with fever, chills, and generalized weakness. The patient had no significant relevant medical or family history. She had no history of tuberculosis.

On examination, patient was febrile with temperature of 102.8°F. Basic hematologic investigations were performed. A complete blood count (CBC) revealed

A) Mild anemia (Hb 10.6 Gms %) with significantly leukocytopenia (WBC count of 2,300 mg/dL) and

B) Elevated ESR.

A peripheral blood smear was normal. Liver and renal function tests were normal, chest radiograph was normal.

FNAC was inconclusive and showed plenty of inflammatory cells mixed with macrophages. There was no evidence of malignancy. ANA was positive.

HRUS breast scan revealed hypo echoic lesions of 4×3cm in upper outer quadrant of right breast. As FNAC was inclusive, excisional biopsy was performed.

Gross histopathology of the excised lump shows yellow fibro fatty tissue measuring 4.5×4×1.8cm.

Microscopic examination showed reactive lymphoid follicles. The paracortical and inter follicular area were expanded and showed necrotising lesions, scattered crescentric histocytes

along with karyorrhectic debris with absence of polymorphic plasma cells. The microscopic picture was suggestive of Necrotising lymphadenitis & ANA positivity clinched the diagnosis.

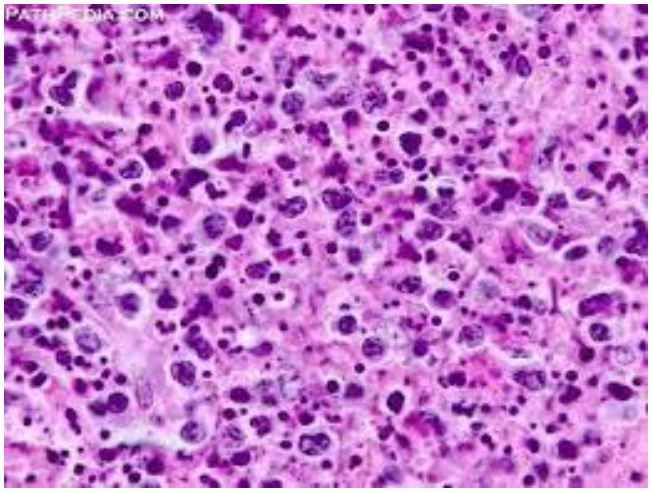

Fig.1: Hstopathology: Reactive follicles with lymphocyte infiltration.

CONCLUSION

Based on the above case report Kikuchi-Fujimoto disease which is a rare, disorder must be considered among the differential diagnosis when a young female patient presents with breast lump in sub-tropical regions like India where Tuberculosis (TB) is common. The early detection of the disease can be helpful for prognosis and treatment

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