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A frequent sign, an infrequent pathology. Kikuchi-Fujimoto Disease in a clinical case

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Introduction: Kikuchi-Fujimoto disease was first described in Japan in 1973 by Kikuchi and Fujimoto. It is most often a benign and self-limited pathology, which is characterized by fever and adenopathies. It affects mostly young women and it is only very rarely observed in children. There has been only one case of a pediatric patient reported in Argentina.

Objectives: to observe, analyze and understand a rare, benign pathology, which generates anxiety and anguish due to its manifestation.

Case Description: Healthy twelve-year old female patient, with a medical history of cervical adenopathy at 3 years of age. This was assumed to be an inflammatory adenitis with focal necrosis of probable viral origin (diagnosed through lymph node biopsy).Currently, she seeks primary care due to mobile, non-tender lateral cervical adenomegalies, with a twenty-day evolution, which are all associated with leukopenia without neutropenia. She refers pain to the touch (intermittent fever, myalgia and livedo reticularis in lower limbs). Not responsive to antibiotics treatment. In subsequent controls, plateletpenia and a slight anemia are detected. Neck-ultrasound shows hypervascular adenomegalies, with a tendency to confluence and a loss of hilum. VIH, VHB, VHC, TOXO, CMV and E. BARR serologies come back negative, as do rheumatological antibodies and PPD. A smear and a bone marrow aspiration eliminate the possibility of an oncological disease. A biopsy is performed, which determines the existence of histiocytic necrotizing lymphadenitis. A histological comparison is performed with the previous sample, and found to match. Kikuchi-Fujimoto is diagnosed.

Discussion and conclusion: Prevalence of ECKF has not been correlated with gender in infancy. It can affect patients of all ages, including very young children. An infectious etiology has not been proven, and it is considered to be a hyper-immune reaction.Evolution is often benign, with a limited course, which resolves within two to six months. Relapses, such as the one observed in this patient, are infrequent and have been observed in only 4% of the cases.

The adenopathy must be extracted in its entirety for diagnostic purposes, since partial biopsies or punctures can render unreliable results

Biography

Casullo Mariana is studied at Castro Rendon Regional Hospital of Neuquén, Argentina