KIKUCHI-FUJIMOTO DISEASE: EMPHASIS IN THE IMPORTANCE OF CLINICAL INVESTIGATION IN RHEUMATOLOGY

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BACKGROUND

Kikuchi-Fujimoto disease is a rare disease, usually with a benign and self-limited course marked by lymphadenopathy, fever, and leukopenia. We present a case of difficult investigation and many differential diagnoses, with prolonged hospitalization and final diagnosis of Kikuchi-Fujimoto disease, made possible by a thorough, systematic, and interdisciplinary clinical evaluation.

CASE REPORT

Female, 23 years old, previously healthy. Acute history of exulcerated, erythematous, and painful lesion in the lower lip, evolving with fever, myalgia, adynamia, and progression of the oral lesions. Evolved with severe odynophagia and impossibility of food intake, besides painful cervical adenomegaly. Initially evaluated by Infectiology with a hypothesis of cervical abscess, with the introduction of antibiotic therapy, in addition to investigation for mono-like syndrome and other infections, all negative, with subsequent expansion of treatment with fluconazole and acyclovir. Despite a slight improvement in symptoms, she progressed with fever and oral lesions. Laboratory investigation showed only mild thrombocytosis, leukocytosis and neutrophilia and low inflammatory markers. As the investigation progressed, with the assistance of Rheumatology and Dermatology, she presented a positive ANA 1/320 in thick nuclear speckled pattern and high titers anti-Ro, with the remainder of the immune panel being negative and without other evidence of systemic organic lesions. Salivary gland biopsy was compatible with chronic sialadenitis with lymphoplasmacytic infiltrate, without previous major complaints of sicca syndrome. In an excisional biopsy of the cervical lymph node, lymphoproliferative etiologies were excluded and characterized as necrotizing lymphadenitis, compatible with Kikuchi-Fujimoto disease. Immunosuppression was started with a high dose of corticosteroids, with good evolution and clinical and laboratory resolution.

CONCLUSION

We report a case of prolonged hospitalization and difficult diagnostic assessment, emphasizing the importance of broad clinical reasoning and rational use of propaedeutics to exclude differential diagnoses and better target treatment.

KEYWORDS

Kikuchi-Fujimoto disease, Investigation, Differential-diagnosis.