KIKUCHI-FUJIMOTO DISEASE, A RARE ILLNESS THAT MIMICS INFECTIOUS AND RHEUMATIC CONDITIONS: A CASE REPORT

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BACKGROUND

Kikuchi-Fujimoto disease (KFD) is a rare, benign and self-limiting course illness characterized by lymphadenopathy, persistent fever, night sweats and leukopenia. It most frequently affects young adults, especially females. The initial diagnostic hypothesis is often tuberculosis due to the epidemiological profile of Brazil or lymphoma, due to the lymphadenopathy. It shares epidemiological (age and sex predisposition) and histological features with systemic lupus erythematosus (SLE) as well as clinical joint manifestations similar to rheumatoid arthritis (RA). The differential diagnosis is established based on the histopathological examination of the affected lymph node which demonstrates necrotizing lymphadenitis.

CASE REPORT

A 46-year-old patient, female and white, developed painful cervical lymphadenomegaly associated with febrile syndrome in December 2018. During the investigation, a series of biopsies were requested, which indicated a malformed granuloma and, later, a reactive lymph node. Based on the local epidemiology, as the biopsies were performed, respectively, treatments for ganglionic tuberculosis (TB) were prescribed for six months, with no clinical response; ganglionic TB by atypical germs, without success; and itraconazole, with regression of symptoms during use and recurrence after discontinuation. Finally, neck dissection was performed, which biopsy showed necrotizing lymphadenitis with persistent systemic symptoms of fever and erythema nodosum. Then, in October 2020, the diagnosis of KFD was confirmed and treatment with immunosuppressive was started with hydroxychloroquine and methotrexate. In 2021, the patient presented negative tests for viral diseases. Despite the treatment, the patient did not reach complete remission in addition to presenting intolerance to these drugs. Evolved with symmetrical polyarthritis of the hands, wrists and ankles and was referred to a rheumatologist. We performed a laboratory reassessment and started oral prednisolone 20 mg daily as we evaluate other therapeutic options.

CONCLUSION

We conclude, therefore, that KFD mimics several other more frequent conditions with the same clinical manifestation, which delays the diagnosis. Therefore, it is important to highlight the need to include KFD in the investigation of differential lymphadenopathy diagnoses, especially in imprecise cases, so that the delay in diagnosis and prolonged empirical treatments do not impair the patient's quality of life. For that reason, it is essential to perform a biopsy of suspected lymph nodes to define the form of histopathological manifestation and exclude other causes of lymphadenopathies. Despite the polyarthralgia presented by the patient, we emphasize the benign character of the disorder and the good prognosis, once the appropriate treatment is defined.

KEYWORDS

Lymphadenomegaly, Kikuchi-Fujimoto Disease, Lymphadenopathy.