

## Visible Lymphadenopathy in Kikuchi-Fujimoto Disease



An otherwise healthy 11-year-old Japanese boy presented with a 3-week history of a right neck mass. Except for mild fatigue, he did not display any associated general symptoms, including fever, night sweats, or weight loss. Physical examination demonstrated a prominent tender cervical lymphadenopathy in the posterior cervical triangle (**Figure 1**). Blood tests reported leukopenia and mildly elevated lactate dehydrogenase and aminotransferase levels. Over the following 2 weeks, his lymph nodes enlarged and his fatigue worsened; thus, we performed a cervical lymph-node excisional biopsy that revealed increased CD 68+ histiocytes, lymphocytes, and immunoblasts in the cortices with abundant karyorrhectic debris (**Figure 2**); these findings were compatible with Kikuchi-Fujimoto disease (KFD). At the 1-month follow-up, the patient's symptoms had improved without any intervention.

KFD is a rare, self-limited disease of unknown etiology that was first described and commonly observed in Asian individuals.<sup>1</sup> Given its clinical and pathologic similarities with lymphoma, excluding this condition is important in the evaluation of KFD.<sup>1</sup> The hallmark of KFD is lymphadenopathy on the posterior cervical triangle, which is observed in 90% of cases.<sup>2</sup> In our patient, enlarged posterior cervical lymph nodes were not only palpable, but were clearly visible, which resembled the classic Winterbottom sign observed in African trypanosomiasis.<sup>3</sup> Because large lymphadenopathy can be an ominous sign of lymphoma,<sup>4</sup> biopsy should be considered in patients with clearly visible posterior cervical lymphadenopathy and thought given to other rare entities, such as KFD or trypanosomiasis. ■

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**Figure 1.** Visible right cervical lymphadenopathies in the posterior cervical triangle.

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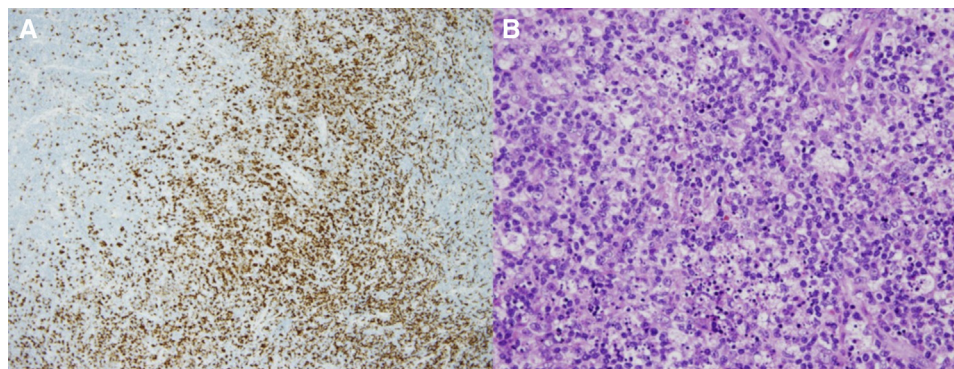
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### References

1. Perry AM, Choi SM. Kikuchi-Fujimoto disease: a review. *Arch Pathol Lab Med* 2018;142:1341-6.
2. Kim JY, Lee H, Yun B. Ultrasonographic findings of Kikuchi cervical lymphadenopathy in children. *Ultrasonography* 2017;36:66-70.
3. Rubinstein E, Keynan Y. Lymphadenopathy. In: Cohen J, Powderly W, Opal S, eds. *Infectious diseases*. 4th ed. Amsterdam: Elsevier; 2017. p. 136-45.
4. Lo WC, Chang WC, Lin YC, Hsu YP, Liao LJ. Ultrasonographic differentiation between Kikuchi's disease and lymphoma in patients with cervical lymphadenopathy. *Eur J Radiol* 2012;81:1817-20.



**Figure 2.** Cervical lymph-node excisional biopsies revealed increased CD 68+ histiocytes, **A**, lymphocytes, **B**, and immunoblasts in the cortices with abundant karyorrhectic debris.