KIKUCHI DISEASE OR TUBERCULOSIS? A RARE CASE OF CERVICAL LYMPHADENOPATHY

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Kikuchi-Fujimoto disease is a rare, self-limiting cause of cervical lymphadenopathy with systemic symptoms like fever. Though first described in young Asian women, it occurs in diverse populations [1,2]. Diagnosis requires biopsy showing necrosis and histiocytic-lymphocytic infiltrates [3].

Most cases resolve with supportive care; corticosteroids may be needed for severe or recurrent disease [4].

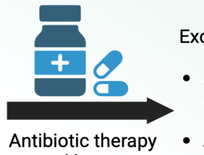
Clinical Scenario

- Progressively enlarging
- Painless
- Right-sided neck mass
- Over 2 months
- Accompanied by productive cough and fever

CRP: 110mg/L
ESR: 62mm/hr
WBC: 9.1, 62% Neu

US: multiple hypoechoic nodules (the largest 4.7x2.9x2.6cm)

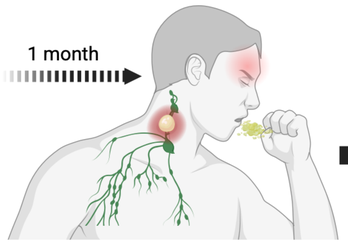
CXR: RUL opacities



Antibiotic therapy started but no improvement

Excisional LN biopsy:

- ***Necrotizing lymphadenitis consistent with Kikuchi-Fujimoto disease***
- *AFB stain: Negative*
- *Cultures: Negative*



1 month

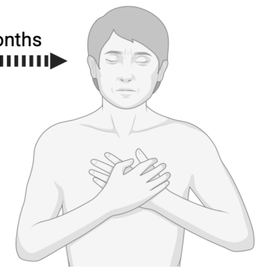
- The patient was lost to follow-up
- But returned a month later
- With lymph node drainage and persistent fever

Started on doxycycline and steroids

Additional work up:

- ***QuantiFERON test +***
- *CT Chest:* ***Necrotic mediastinal lymph nodes***
- *Autoimmune negative*
- *Other infectious work up negative*

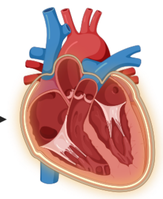
Initiation of treatment for latent tuberculosis resulted in clinical improvement



2 months

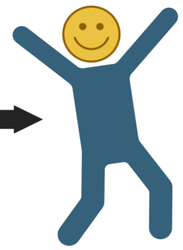
- 2 months later
- Developed chest pain
- Which relieved by leaning forward

- *Elevated ESR (57mm/hr)*
- *Normal Trop ECG and TTE*



Dx: Pericarditis

Tx: Ibuprofen +Colchicine



Marked clinical improvement

Unique Aspects

This case illustrates several challenges, including the coexistence of Kikuchi-Fujimoto disease and latent tuberculosis. The patient's cervical necrotizing lymphadenopathy and necrotic mediastinal nodes suggested tuberculosis, yet the biopsy pointed to Kikuchi-Fujimoto disease. A positive QuantiFERON and later development of pericarditis further complicated management. Treatment required a combination of corticosteroids, antibiotics, latent tuberculosis therapy, and colchicine.

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- Figures: Created in BioRender. Kalemoglu, E. (2025) https://BioRender.com/ugtz5tr

Kikuchi-Fujimoto disease is rare and often mimics infections like tuberculosis, making diagnosis challenging. It should be suspected in lymphadenopathy unresponsive to antibiotics and confirmed with biopsy and appropriate workup.