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## **Kikuchi's Disease: A Case Report and Review of the Literature**

**Mahmoud Bakir<sup>\*</sup>**

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### **Abstract**

**Kikuchi's disease called also Kikuchi- Fujimoto's disease or Histiocytic necrotizing lymphadenitis is a rare entity. It is a self-limiting process of unknown etiology first reported in Japanese literature separately by Kikuchi and Fujimoto in 1972. Then similar cases have subsequently been reported throughout the world.**

**We reported a case of Kikuchi's disease in a 38-year-old man presenting with generalized lymphadenopathy and persistent fever throughout more than 2 months. It's the first case was diagnosed in Al muwasat University Hospital in Syria.**

**We reviewed the literature to summarize and report the most common clinical, laboratory and histology characteristics of Kikuchi- Fujimoto's disease.**

**It manifests clinically with cervical lymphadenopathy, and fever, often associated with other non-specific clinical signs. The etio-pathogenesis of this disease is still unknown, perhaps due to an immunologic phenomenon. It could be a hyper immune reaction induced by viruses or various antigenic agents.**

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The diagnosis is established on the basis of histology of lymph node biopsy. Kikuchi's disease is likely to be misinterpreted as malignant lymphoma or systemic lupus erythematosus. The disease generally needs no treatment because it runs a spontaneously benign course with complete resolution of the symptoms within 6 months

**Conclusion:**

1-Kikuchi-Fujimoto's disease is a rare entity with unknown etiology it's an easily misdiagnosed clinical entity. It should be included in the differential diagnosis of patients presenting with lymphadenopathy as well as fever of an unknown origin.

2-To obviate unnecessary investigations and therapeutic trials, these patients should undergo early lymph node biopsy which must be interpreted by an experienced pathologist

key words: Kikuchi disease -Kikuchi-Fujimoto's disease, necrotizing lymphadenitis

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**Kikuchi-**

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مليمترأ زئبقياً،الحرارة 39.5 درجة مئوية.

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جدول مراقبة الحرارة لدى المريض كل ست ساعات  
خلال الأيام الأربعة الأولى بعد القبول

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الأول		38	39	39
الثاني	39	37	39	39.5
الثالث	39	39	38.5	38.5
الرابع	39	37.8	38.5	38.5

WBC(per mm3) - 4600 (Dif.count: N 74% , lym 20 ; M% 5 , E 1 %

Hb 9,9 , Hct (%) 31. Plt (per mm(.227 ) ESR mm/hour: 74

PT: 73%. Glucose: 100 mg/dl LDH 1319: CK 877 ALK.Phos.: 185 SGPT: 204\_ SGOT: 106

HBs Ag:--Neg. Amylase-. 266 , CRP -.:+++

Ca: 8.1 Na/: 138 ; K/: 4.4

Total Prot.: 6.4 Alb.: 2.4

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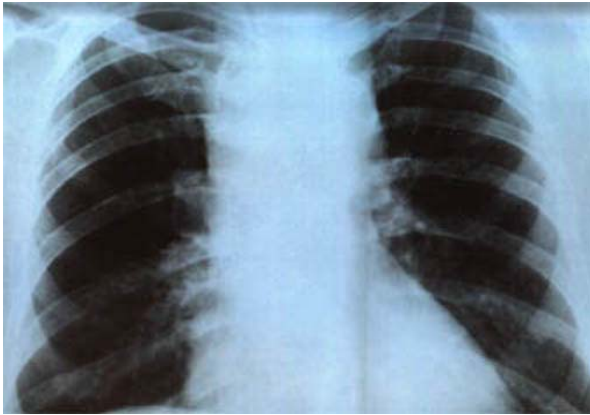
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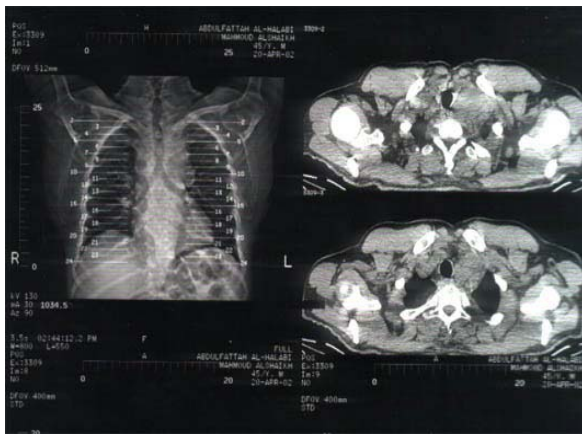
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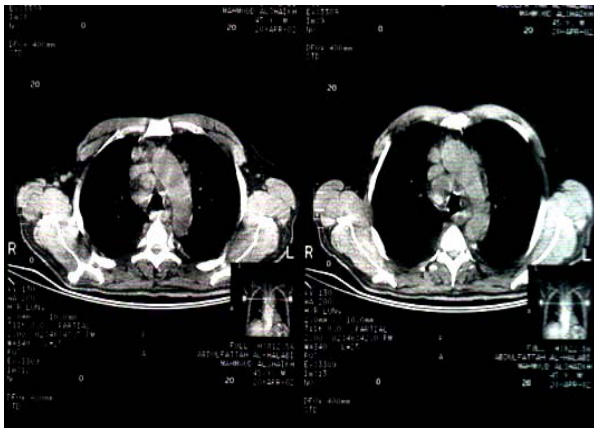


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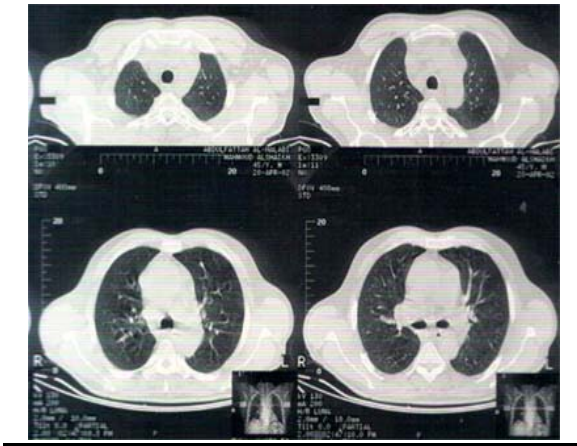


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<sup>12·11</sup> Epstein Bar Virus

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<sup>(10)</sup>herpes Virus

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Immunodeficiency

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(29)

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(24) % 32

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Atypical lymphocytes

ANA) Antinuclear

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% 70

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