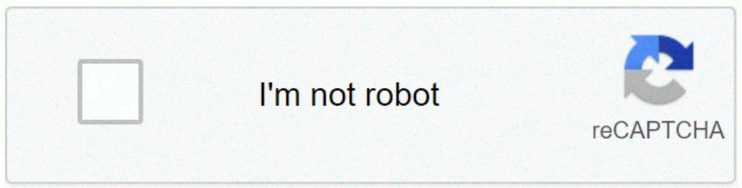

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Kikuchi fujimoto disease

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It is also known as histiocytic necrotizing lymphadenitis, Kikuchi necrotizing lymphadenitis, phagocytic necrotizing lymphadenitis, subacute necrotizing lymphadenitis, and necrotizing lymphadenitis. [1] [2] [3] [4] Kikuchi disease occurs sporadically in people with no family history of the condition. [5] It was first described by Dr. Masahiro Kikuchi (1935-2012) in 1972[6] and independently by Y. Fujimoto. Signs and symptoms Symptoms and symptoms of Kikuchi disease are fever, enlargement of the lymph nodes (lymphadenopathy), skin rashes and headache. [7] Enlargement of the liver and spleen and involvement of the nervous system resembling meningitis have rarely been observed. Often, a bout of extreme fatigue can occur - it is often held during the second part of the day, and the affected person may be more prone to exercise fatigue. [citation needed] Pathophysiology Some studies suggest a genetic predisposition to the proposed autoimmune response. Several infectious candidates have been linked to Kikuchi disease. [8] There are many theories about the cause of KFD. Microbial/viral or autoimmune causes have been suggested. szulgai a My My and toxoplasms. Recently, growing evidence suggests a role for Epstein-Barr virus as well as other viruses (HHV6, HHV8, parvovirus B19, HIV and HTLV-1) in the pathogenesis of KFD. [1] However, many independent studies have not been able to identify the presence of these infectious agents in cases of Kikuchi lymphadenopathy. [9] In addition, serological tests, including antibodies against major disease viruses, have consistently proved non-intributable and no viral particles have been ultrastrucstructively identified. KFD is now proposed as a non-specific hyperimmune response to various infectious, chemical, physical and neoplastic substances. Other autoimmune conditions and manifestations, such as antiphospholipid syndrome, polymyositis, systemic juvenile idiopathic arthritis, bilateral uveitis, arthritis and skin necrotizing vasculitis, have been associated with KFD. KFD may represent an exuberant T-cell-mediated immune response in a genetically sensitive individual to various non-specific stimuli. [1] Class II leukocyte genes are more common in patients with Kikuchi disease, indicating a genetic predisposition to the proposed autoimmune response. Diagnosis It is diagnosed with a biopsy of the lymph nodes. Kikuchi's disease is a self-reassant disease that has symptoms that may overlap with Hodgkin's lymphoma, which leads to misdiagnosing in some patients. Antinuclear antibodies, antiphospholipid antibodies, anti-dsDNA and rheumatoid factor are usually negative and may help in differentiation from systemic lupus erythematosus. [citation needed] Differential diagnosis Differential diagnosis of Kikuchi's disease includes systemic lupus erythematosus (SLE), disseminated tuberculosis, lymphoma, sarcoidosis and viral lymphadenitis. Clinical findings may sometimes include positive results for IgM/IgG/IgA antibodies. Other causes of enlargement of the lymph nodes can be found in lymphadenopathy. [citation needed] Management No specific medicinal product is known. Treatment is largely supportive. Nonsteroidal anti-inflammatory drugs (NSAIDs) are indicated for fine lymph nodes, and fever and corticosteroids are useful in severe extranodial or generalized disease. Symptomatic measures aimed at relieving stressful local and systemic complaints have been described as the main line of management of the KFD. Analgesics, antipyretics, NSAIDs and corticosteroids have been used. If the clinical course is more severe, with multiple flares of voluminous enlarged cervical lymph nodes and fever, then treatment with low-dose corticosteroids has been proposed. [citation needed] The epidemiology of Kikuchi-Fujimoto disease (KFD) is a rare, self-limiting disorder that usually affects the cervical lymph nodes. Recognition of this condition is crucial, especially since it can be easily exchanged for tuberculosis, lymphoma, or even adenocarcinoma. Awareness of this disorder helps to prevent inappropriate treatment. [1] Kikuchi disease is a very rare disease that occurs mainly in Japan. Isolated cases are reported in North America, Europe, Asia and at least two cases in New Zealand. It is mainly a disease of young adults (20-30 years), with a slight bias towards women. The cause of this disease is unknown, although infectious and autoimmune causes have been suggested. The course of the disease is generally benign and self-restricting. Enlargement of the lymph nodes usually subsides within a few weeks to six months. The relapse rate is about 3%. Death from Kikuchi disease is very rare and usually occurs due to liver, respiratory or heart failure. See also Skin Lymphoid Hyperplasia References ^ a b c d Rammohan A, Cherukuri SD, Manimaran AB, Manohar RR, Naidu RM (June 2012). Kikuchi-Fujimoto disease: sheep in wolves clothing. J. Otolaryngol Head Neck Surg. 41 (3): 222-26. PMID 22762705. ^ Kaushik V, Malik TH, Bishop of PW, Jones PH (June 2004). Histiocytic necrotizing lymphadenitis (Kikuchi disease): a rare cause of cervical lymphadenopathy. Surgeon. 2 (3): 179-82. doi:10.1016/s1479-666x(04)80084-2. PMID 15570824. ^ Bosch X, Guilabert A (2006). Kikuchi-Fujimoto disease. J Rare Dis Orphanage. 1: 18. doi:10.1186/1750-1172-1-18. PMC 1481509. PMID 16722618. ^ Bosch X, Guilabert A, Miquel R, Campo E (July 2004). Mysterious disease Kikuchi-Fujimoto: a comprehensive overview. Am. J. Clin. 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