Kikuchi-Fujimoto disease: report of 5 cases mimicking malignancy in axillary lymph nodes

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Abstract

**Purpose**: To describe the clinical, radiological and immunohistochemical features manifested as presence of axillary adenopathies.

**Methods and materials**: IRB approved retrospective review of axillary adenopathies biopsied with histopathological results of KFD between 2012 - 2017. Demographic, clinical, radiological and histopathological data and immunohistochemical findings were recorded.

**Results**: In a 5 year-period, five patients (all women, median age 33, ranging from 22 -70) were biopsied for suspicious axillary adenopathies (3 Core and 2 excisional biopsy) with histopathological diagnosis of KFD. All presented palpable axillary masses, two had low-grade fever, and one had nocturnal sweating. Ultrasonography showed moderately enlarged (up to 3 cm), hypoechoic, vascularized, conglomerated adenopathies (B-RADS 4), unilateral, with no signs of periadenitis, one patient had a CT exam and another PET-CT for suspicious of lymphoma. None of the patients had images suggestive of breast cancer on mammography or US. They also had no known autoimmune manifestations (e.g. lupus erythematosus or rheumatoid arthritis), as described in KFD. Histopathology demonstrated histiocytic necrotizing lymphadenitis in all cases (positive staining for CDS and CD20, negative Dí and BCL-2). Medical treatment was offered (NSAID) in three cases and surgical removal on the remaining. Amp more than six months of follow-up and US follow-up showed regression of inflammatory phenomena. No recurrence was observed in this series.

**Conclusion**: KFD is a self-limiting disease that is increasingly diagnosed dn histology in axillary lymphadenopathies. Awareness of this condition is necessary to avoid unnecessary studies and procedures.