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= Abstract =

A Case of Subacute Necrotizing Lymphadenitis Presenting as
Fever of Unknown Origin

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Kikuchi's disease(histiocytic necrotizing lymphadenitis) is characterized by lymphadenopathy in young patients below 30 years old, and persistent fever, lymphopenia and splenomegaly are concomitantly developed in many cases. So, it has been confused with lymphoma, SLE, and tuberculosis, and has easily led to inappropriate diagnostic procedures and administration of drugs. Many reports have indicated that Kikuchi's disease should be added to the list of causes of FUO in the setting of lymphadenopathy, and recommended early lymph node biopsy to distinguish from lymphoma, SLE, and tuberculosis to avoid unnecessary treatments. We experienced a case of subacute necrotizing lymphadenitis in a 14-year-old boy who presented with persistent high fever, productive coughing and cervical lymphadenopathy for about 1 month. Initially, diagnostic workup was done to look for the causes of FUO in vain. Finally, we confirmed diagnosis by histopathological findings of lymph node biopsy and detected latent gene of EBV in the biopsied specimen using in situ hybridization.

Key Words : Subacute necrotizing lymphadenitis, Fever unknown origin, In situ hybridization, Epstein-Barr virus

¹⁾, Fujimoto ²⁾
(subacute necrotizing lymphadenitis)
HNL
가
(reticulum cell) 가
가 Kikuchi ^{3 7)} ⁸⁾
histiocytic necrotizing lymphadenitis(HNL) 11 80
1972 Kikuchi 30

: , 가
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, ,
가 가

Kikuchi

, BCG

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: 10 1 2

, 가 , , 3

39

: 39.2 ,

100 / , 22 / .

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9 11)

1×1 cm ,

30

14 3×2 cm ,

(in situ hybridization) Epstein-Barr 가 , Ep- 1 ,

stein-Barr (EBV)

Kikuchi 1

: 3,200/mm³ (41%, 45%, 13 % , 0.2%)

50 mm/h 가 .

: , , 14 12.6 g/dL, 164,000/mm³

: 10 , , (Table 1).

Rheumatoid factor, ANA

: 5 , IgG/IgA/IgM

2,078/301/198 mg/dL

Table 1. Hematologic and Laboratory Findings

	HD 1*	HD9	HD 16	HD24	HD35
Hemoglobin(g/dL)	12.6	11.7	12.1	11.9	11.7
WBC count(/mm ³)	3,200	3,000	2,400	2,900	4,100
Platelet count(/mm ³)	164,000	224,000	222,000	201,000	241,000
AST/ALT(U/L)	35/36	24/37	25/47	20/36	21/46
ESR/cESR(mm/hr)	50/32	44/26	53/32	55/33	42/18
CRP(mg/L)	79.9	8.9	25.1	43.8	12.1

*HD : hospital day

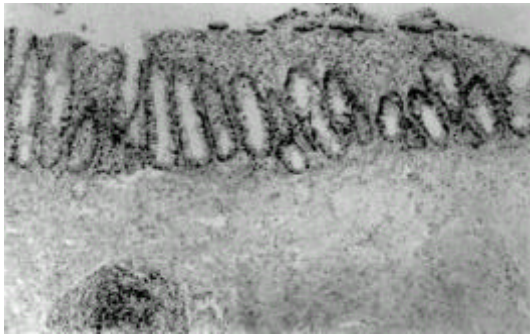


Fig. 1A. The low power view of the cervical lymph node shows extensive necrosis with a few lymphocytes (H&E stain, $\times 40$).

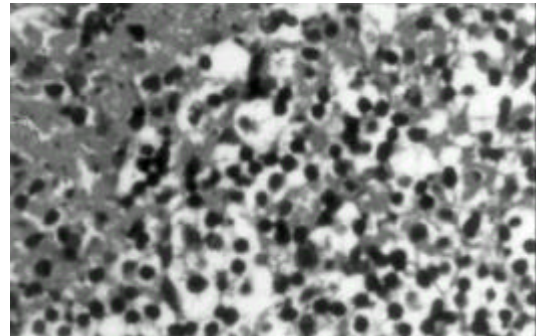


Fig. 2. Epstein-Barr virus encoded small RNA (EBERs) expression is identified by in situ hybridization using EBERs c-DNA oligo-probe.

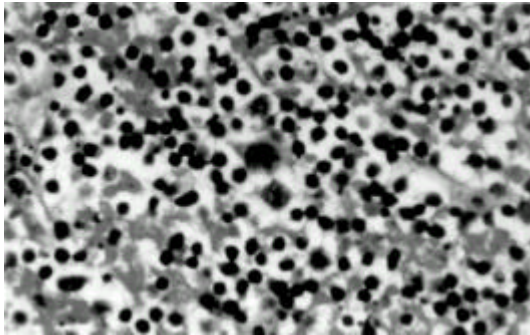


Fig. 1B. The high power view of the cervical lymph node shows necrotic material admixed with mature lymphocytes, histiocytes and a few Reed-Sternberg-like cells (H&E stain, $\times 400$).

CRP 79.9 mg/L, ASO 1,252 IU/mL, VDRL, TORCH, Widal

EBV VCA-IgM, VCA-IgG, EBNA EBV 20%

1.2 \times 0.6 \times 0.5 cm

가 ,
가 .

(histiocyte)

(Fig. 1A, 1B).

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PCR Isoniazid, Rifampin, Pyrazinamide

EBV
(in situ hybridization) EBERs
(Epstein-Barr virus encoded small RNA)
(Fig. 2) EBV

Acyclovir Prednisolone
(0.5 mg/kg/day) 2

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(subacute necrotizing lymphadenitis) HNL Kikuchi

Kikuchi-Fujimoto EBV EBV HNL
1982 , ,
12) tubulo-reticular
가¹³⁾
10, 25)
0.57%
14) 5.7%
15) 가
() , karryohexis
1.1 : ,
7)
1 2.75 : 1 8) 11 inclusion tubulo-reticular
inclusion HNL
80 30 HNL
11)
HNL 1 cm
16) . Wakasa 17) HNL 가
, Kiku-
chi 18) Toxoplasma가 가
Feller *Yersinia enterocolitica* ,
가
19) , *Yersinia enterocolitica* .
가
20, 21) HNL 70 98%
3 cm
가 가
가
가
Hollingsworth 22)
EBV, HHV6, 23) EBV, B 30 50% (10%), (4%),
24) CMV, HSV, EBV , ,
가
EBV 50%
EBV , SGPT, LDH
EBV EBERs 9, 11)
(Fig. 2). 38 30

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, CRP
, HNL
CRP
(Table 1).
HNL
salicylic acid NSAID
acetyl
prednisolon acetyl salicylic acid NSAID
prednisolon
가
가
가⁽²⁷⁾
EBV
prednisolon
가
가
가
paracortex
(plasma cell) hematoxylin
^{11, 15)} 32
3 4%
가
가 30%
⁷⁾ non-Hodgkin's lymphoma 10
kary-
monomorphous ap-
pearance
가
²⁶⁾ 1972 Kikuchi
30
가
¹¹⁾ Kikuchi
, 30
가
가
가

, ,
 30
 14
 , EBV
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