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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

가

(reticulum cell)

가

Kikuchi

^{3 7)}

⁸⁾

histiocytic necrotizing lymphadenitis(HNL)

11

80

1972 Kikuchi

30

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가 가

Kikuchi
 , BCG
 가
 가 :
 : 10 1 2
 , 가 , , 3
 39
 : 39.2 ,
 100 / , 22 /
 , 가
 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, ×40).

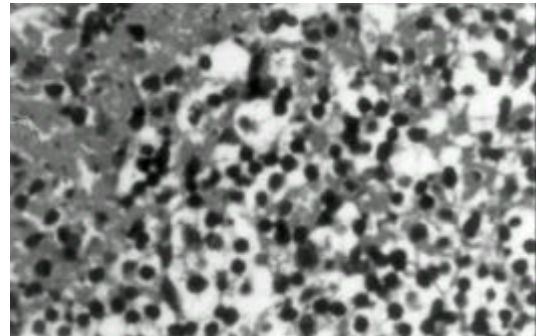


Fig. 2. Epstein-Barr virus encoded small RNA (EBERs) expression is identified by in situ hybridization using EBERs c-DNA oligo-probe.

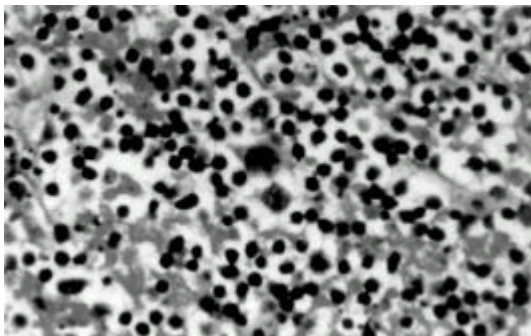


Fig. 1B. The high power view of the cervical lymph node shows necrotic material admixed with mature lymphocytes, histiocytes and a few Reed-Sternberg-like cells (H&E stain, ×400).

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

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

cm . ()
1.2 × 0.6 × 0.5

가 ,
가 .

(histiocyte)

(Fig. 1A, 1B).

5
PCR Isoniazid, Rifam-
pin, Pyrazinamide

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

Acyclovir Prednisolone
(0.5 mg/kg/day) 2

41

(subacute necrotizing lym-
phadenitis) HNL Kikuchi

Kikuchi-Fujimoto

EBV

EBV

HNL

1982

tubulo-reticular

가¹³⁾

10, 25)

0.57%

14)

5.7%

15)

가

() , karryohexis

1.1 :

1 2.75 : 1

8)

11

inclusion

tubulo-reticular

inclusion HNL

80

30

HNL

HNL

1 cm

¹⁶⁾ Wakasa ¹⁷⁾ HNL , Kiku-

가

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

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가 , CRP , HNL , salicylic acid NSAID , prednisolon acetyl salicylic acid NSAID prednisolon 가 가 가 가²⁷⁾ EBV prednisolon 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⁾ 가 Kikuchi , 30 가 가 가 , 가 , 가

30

14

EBV

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