MINIMAL CHANGE DISEASE IN ASSOCIATION WITH KIKUCHI-FUJIMOTO DISEASE: FIRST CASE REPORT

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Minimal change disease (MCD) has been reported in association with a wide array of clinical entities including lympho-proliferative disorders, certain infections and NSAID use. However, there are no reported cases of minimal change disease in patients with Kikuchi-Fujimoto Disease (KFD), also known as Histiocytic Necrotizing Lymphadenitis; a benign, self-limited condition of uncertain etiology. A 30-year-old female presented with persistent fever, painful cervical lymphadenopathy, nausea and vomiting, headache and periorbital edema. CSF was remarkable for markedly increased protein and mild hypoglycorrhachia. The patient was diagnosed with KFD based on an excisional lymph node biopsy. Patient also had marked proteinuria and a renal biopsy demonstrated minimal change disease. She improved with supportive therapy. Histologically, KFD is characterized by necrosis and infiltrates of histiocytes, and lymphocytes; predominantly of T type. The pathogenesis of MCD is also postulated to involve glomerular injury from T lymphocyte mediated cytokine release and henceforth the association of KFD with nephrotic range proteinuria secondary to MCD in our patient is indeed very interesting and has not been reported so far. The clinical course, histopathological findings, imaging results, and laboratory findings are presented and the pertinent literature is reviewed.