Kikuchi’s disease was first reported in 1972 as a lymphadenitis with focal proliferation of reticular cells accompanying numerous nuclear debris (1). Since then, many cases have been reported in Japan (2-4) and recently also some reports have appeared in Europe (5), the United States (6), and Asia (7, 8). Patients with Kikuchi’s disease have characteristic clinical findings of an occurrence of adolescence in preference to females, localized lymphadenopathy on the neck, frequent leukopenia with a few atypical lymphocytes in peripheral blood and fever, occasional skin rashes, and natural healing within several months with rare recurrence (3). Familiar occurrences were also reported rarely (3).

The disease shows distinct histological features, such as focal, well-circumscribed lesions with aggregation of transformed lymphocytes, immunoblasts and so-called plasmacytoid monocytes, histiocytes and apoptotic cells, mainly in the paracortex and/or cortex (9). The causative agents are unknown, but viral nature is highly suspected. In some cases aseptic meningitis that suggested viral nature was reported occasionally (10, 11). Concerning viral nature, HHV-6 are suspected, but no definite relations are indicated (12). Atarani et al reported the case with HTLV-1 carrier with histological features of Kikuchi’s disease in the lymph node and clinical features of aseptic meningitis in this issue (13). The patient showed an elevation of anti-HHV-6 IgG titer. In a few cases of HTLV-1 carrier manifest lymphadenopathy with histological features of viral lymphadenitis (scattered immunoblasts in extended paracortical hyperplasia) and dermatopathic lymphadenopathy (expand paracortex with proliferation of interdigitating reticulum cells and depletion of lymphocytes) (14). These reported histological features were different from Kikuchi’s disease and previously reported cases of Kikuchi’s disease were negative for HTLV-1. From these findings HTLV-1 infection seems to be not related, but the state of HTLV-1 infection may be relevant to an initiation of Kikuchi’s disease by the causative agents including some viruses including HHV-6. HHV-6 accelerates expression of HIV-1, a lymphotrophic retrovirus like HTLV-1 and cellular death (15), so examination of proviral DNA of HTLV-1 and presence of HHV-6 in the affected foci of Kikuchi’s disease may give some clue to the occurrence mechanism of Kikuchi’s disease.

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References