Case Report

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Kimura's Disease: A Rare Cause of Supratrochlear Lymphadenopathy

Anuradha Dnyanmote, Shahaji Chavan, S.S. Sabale, Aditya Ashok

*Lecturer,Department of surgery,Padamshree Dr. D. Y. Patil Medical College Hospital & Research Centre,Pune.
**Professor & H.O.U.,Department of surgery,Padamshree Dr. D. Y. Patil Medical College Hospital & Research Centre,Pune.
***Associate Professor,Department of surgery,Padamshree Dr. D. Y. Patil Medical College Hospital & Research Centre,Pune.
****Resident,Department of surgery,Padamshree Dr. D. Y. Patil Medical College Hospital & Research Centre,Pune.

Abstract

Kimura's Disease is a rare chronic benign lymphoproliferative disorder with varied presentation. It usually presents as subcutaneous swellings and lymphadenopathy in head and neck region.[1] Various other sites like orbits, mediastinum and retroperitoneum have also been reported. [2] Here we present a case of a 35-year old male with supratrochlear lymphadenopathy, which on histopathological examination revealed the diagnosis of Kimura's disease.

Keywords: Chronic benign lymphoproliferative disorder; Lymphadenopathy; Retroperitoneum.

Introduction

Kimura's Disease is a rare chronic benign lymphoproliferative disorder. It commonly presents as subcutaneous swellings and lymphadenopathy in the head and neck region. About 200 cases have been reported worldwide.[3] It is predominantly seen in males of Asian descent.[3] The disease process is usually slow and benign; however it can lead to grave complications like thromboangitis obliterans[4], nephrotic syndrome and subsequent renal failure.[5] Recurrence is also common.[6] Hence detailed evaluation and intensive treatment is essential after initial diagnosis.

Corresponding Author: Dr. Aditya Ashok,A1/1002 Manik Baug Orchid, Udhyam Nagar, Pimpri, Pune-411018,Maharashtra.

E-mail: dradityaashok@gmail.com

Case Report

A 35 year old male presented to us in the outpatient department with multiple swellings over his limbs and abdominal wall since past two months. The chief complaint was regarding a swelling in the left supratrochlear region, about 4*3 cm in size, which would cause him a dragging sensation while performing daily activities. The swelling was initially peanut sized and it was progressively increasing in size. It was not associated with any tingling numbness or weakness in the left arm. No complaints of fever or rash. The swelling was firm in consistency, nontender, smooth surface and not attached to skin or underlying muscle, mobile in all directions.

Investigations of the patient revealed eosinophilia (18%). Rest of the patients haematological and biochemical parameters were within normal limits.

Excision biopsy of the swelling was done. The supratrochlear lymph node was found to be in relation with the ulnar nerve.

Histopathological report of the lymph node revealed the tissue being composed of marked lymphoid hyperplasia with no evident vascular changes. The lymphocytes were predominantly inactive and admixed with numerous eosinophils especially in the