

Kimura's Disease - An Exclusive Disorder: A Rare Case Report

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Abstract: *Kimura disease is an uncommon chronic inflammatory disorder of unknown cause, primarily seen in young Asian males, characterized by painless subcutaneous swelling, blood and tissue eosinophilia and raised IgE levels. The commonly involved sites are periauricular, groin, orbit, and eyelids. Coexisting renal disease is common, with an incidence ranging from 10% to 60%. The diagnosis of Kimura's Disease is often difficult, and the biopsy or excision of the involved mass for a pathological study is necessary. The relevance of this, is due to the rarity of the disease which mimics neoplastic conditions, Kimura Disease should be considered as a differential diagnosis in patients presenting with head & neck mass and lymphadenopathy and investigated accordingly*

Keywords: Kimura disease, Asian males, periauricular, groin, orbit, and eyelids,

Here we report a rare case of a 55-year old male with right preauricular swelling

A 55-year old male patient presented to the surgical Outpatient Department (OPD) with the complaint of right preauricular swelling for the past 10 years which was insidious in onset and gradually progressive. He had no history of any constitutional symptoms.

Swelling not associated with pain, discharge; no h/o trauma

Previously excision and biopsy was done for the same Right preauricular swelling on 2006, but the reports are not available with patient.

On examination,

A swelling of size 8 x 6 cm present in right preauricular region extending to post auricular and above, lobulated, variable in consistency and non tender

Peau d'orange appearance over the swelling+

No discharge

The rest of the examination was unremarkable.

There were no palpable cervical, axillary or inguinal lymph nodes.

Otorhinolaryngological examination was normal



Hematological examination revealed Hb 12 gm/dl, TLC 8,500 cells/cumm (Neutrophils 44%, Lymphocytes 40%, Eosinophils 22%, Monocytes 2%) and adequate platelets.

FNAC done showed aspiration done twice, smears studied show lymphoid cells along with scattered neutrophils and two clusters of spindle shaped cells with little matrix on a

haemorrhagic background, advice for HPE correlation (EXCISION for a definitive opinion),

Frozen Section: Reactive lymphoid hyperplasia proceeded with Excision and Biopsy with full thickness graft to cover the raw area

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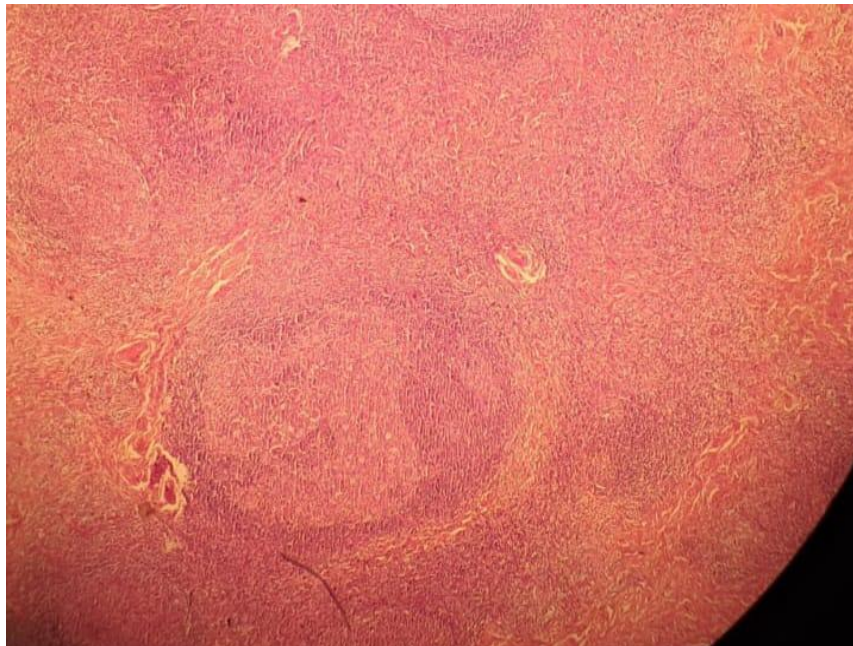
Histopathological Examination:

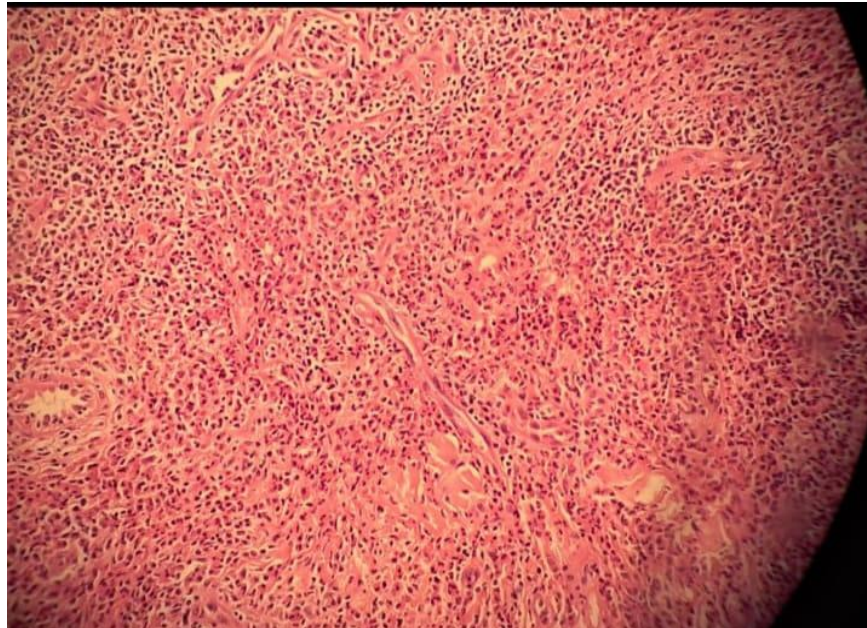
GROSS: Single skin covered soft tissue mass measuring 16 x 8 x 3 cm cut surface- homogenous grey white lesion.

MICRO: Sections show skin with unremarkable epidermis, the dermis shows hyperplastic lymphoid follicles with germinal centers and numerous tingible body macrophages.

This is dense sheets of eosinophilic infiltrate in the interfollicular areas and also into germinal center. Proliferation of endothelial cells with hyalinisation seen. Hyalinisation is also seen within the germinal center and in the stroma.

Preauricular Swelling- (Kimura Disease)





Conclusion

Kimura's Disease, be considered in patients with subcutaneous masses, eosinophilia, and elevated IgE levels, seen in young Asian males, but in this study it is reported in older age .Biopsy remains the gold standard of diagnosis, surgical excision is preferred in patients with the following conditions: a tumour greater than or equal to 3 cm in size, symptom duration longer than or equal to 5 years, peripheral blood eosinophilia greater than or equal to 20% or serum IgE greater than or equal to 10000 IU/ml to achieve the effective control of local recurrence, since it mimics neoplastic conditions, Kimura's Disease should be considered as a differential diagnosis in patients presenting with head & neck mass and lymphadenopathy and investigated accordingly. Analysis revealed clinical, biopsy, and histological characteristics of Kimura's Disease. A better understanding of the disease will help to reduce misdiagnosis and improve the diagnostic rate upon patient initial visit to the hospital.

Differential Diagnosis:

- Angiolymphoid hyperplasia with eosinophilia (ALHE)
- Hodgkin lymphoma-
- Castleman disease-
- Dermatopathic lymphadenopathy-
- Drug reactions-
- Parasitic infection-
- Kaposi sarcoma

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