Co-existence of lip and epiglottis Kimura’s disease

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ABSTRACT

Kimura’s disease (KD) is a rare, chronic non-neoplastic inflammatory disease, that is predominantly seen in Asian males during the third decade of life. The common manifestation is slowly enlarging subcutaneous masses often found in the head and neck region along with raised serum immunoglobulin E (IgE) levels, and peripheral blood eosinophilia. Kimura’s disease affecting lips and larynx is an extremely rare entity, and only few case reports have been published. Here, we report a rare case of KD affecting lip and epiglottis and its related review of literature.

Case Report. A 32-year old Saudi male presented with an 8-year history of upper lip swelling without any hoarseness of voice, and airway compromise. His previous medical and surgical history was unremarkable. On physical examination, a diffuse, solitary hard upper lip mass of size 2×1.5 cm was noticed without any significant cervical lymphadenopathy. The rest of the examination was unremarkable. The complete blood count showed eosinophilia (eosinophils; 11%), and serological examination showed elevated serum IgE with a value of 1064 IU/mL. Magnetic resonance imaging of the head and neck exhibited a 2x2 cm upper lip mass (Figure 1A), and CT scan of the neck showed a polypoid mass measuring 2.5x2 cm attached to the epiglottis (Figure 1B). He underwent excision of the lip and epiglottic lesions. Histopathological examination showed multiple hyperplastic lymphoid follicles with eosinophilic infiltration confirming Kimura’s disease. At the time of last follow-up, his condition was satisfactory without any signs of recurrence.

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Discussion. Kimura’s disease was initially described in 1937 as “eosinophilic hyperplastic lymphogranuloma”. In 1948, Kimura et al reported it with a title “On the unusual granulation combined with hyperplastic changes of lymphatic tissue” after which this entity became widely known as KD. Kimura’s disease tends to affect predominantly young adults, and shows a striking male predominance (male to female ratio was 5:1). The diagnosis of KD is challenging. The main differential diagnosis of KD is angiolymphoid hyperplasia with eosinophilia (ALHE). Kimura’s disease invariably is associated with peripheral eosinophilia, and elevated serum IgE levels. The solitary lesions are usually in the deep subcutaneous tissues, frequently associated with regional lymphadenopathy, and salivary glands involvement. By contrast, ALHE occurs mainly in females, and patients present with small, superficial dermal papulonodules, frequently erythematous, accompanied by bleeding, pruritus, and tumor growth, without regional lymphadenopathy, serum eosinophilia, and elevated IgE levels. Also in contrast to KD, the vascular proliferation is most commonly seen in ALHE. Kimura’s disease of the lips was reported in 16 cases. Similarly, KD of the epiglottis is also extremely uncommon; only 11 cases have been reported in the literature. Symptoms were mostly related to airway narrowing, and only 2 patients were found asymptomatic, which is similar to our case. Further, the co-existence of the lip and epiglottic KD is not previously reported.

The pathogenesis of KD is not well known; however, allergic reaction or an alteration of immune regulation can be the possible cause. Surgical resection is the standard treatment option for KD. Adjuvant therapy in the form of steroids, cytotoxic therapy, and radiation...
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References


Case Reports

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