

Kimura's Disease Presenting as a Post Cricoid Mass - A Diagnostic Challenge

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Abstract

Kimura's disease is a rare immune mediated chronic inflammatory disorder of unknown etiology which involves subcutaneous plane and is usually seen in parotid region. It is also known to affect cervical lymph nodes and pharynx. There has been no report of this disease isolated to post cricoid region. We report a case of hoarseness of voice in an elderly lady who was found to have a smooth mass in post cricoid region with forward displacement and fixation of right arytenoid. She had eosinophilia and biopsy revealed lymphoid hyperplasia with infiltration of eosinophils and vascular proliferation, suggestive of Kimura's disease. Diagnosis was confirmed by immunohistochemistry. She was treated with prednisolone at a dose of 2mg per kg body weight per day for 4 weeks. Patient is symptomatically better and mass has not recurred after a period of 3 months.

Keywords: Kimura's disease/ Post cricoid region/ Chronic inflammatory lesion. A repeat biopsy was done resecting the postcricoid mass. Both biopsy specimens were reviewed by two senior pathologists. Final histopathology was reported as lymphoid hyperplasia with eosinophilic infiltrates and proliferation of capillaries suggesting Kimura's disease. Figure 1B was confirmed by immunohistochemistry. Patient was found to have eosinophilia and raised serum IgE levels. Patient was treated with prednisolone at a dose of 2mg per kg body weight per day for a period of 4 weeks and vital signs tapered down over 4 weeks. Dysphagia improved, however the mobility of right arytenoid remains restricted. Figure 1C.

Introduction

Kimura's disease is a rare immune mediated chronic inflammatory disorder of unknown etiology. It commonly involves subcutaneous plane and is located in parotid region, adjoining the ear, nose and auricle and neck. There have been reports of this disorder in cervical lymph nodes, axilla and groin. It usually affects Asian population particularly males in second and third decades of life. It is characterized histologically by lymphoid hyperplasia, eosinophilia and proliferation of capillaries. It is always associated with eosinophilia and raised serum IgE levels. To the best of our knowledge, in literature, there are only two reports of Kimura's disease involving pharynx and larynx but none isolated to the post cricoid region. We are reporting a case of Kimura's disease in an elderly lady presenting with post cricoid mass.

Case Report

An elderly lady aged 70 years presented with dysphagia for solids of 3 months duration. It was associated with pain during swallowing and hoarseness of voice since 1 month. She had no history of dyspnea or neck swelling. Laryngoscopy revealed edema of both arytenoids and also cords. Right arytenoid was pushed anteriorly with restricted movement. A globular mass with smooth mucosal surface was seen in postcricoid region, more towards right side. Contrast enhanced CT scan showed a smooth globular enhancing mass of 2cm diameter in postcricoid region. Figure 1B direct laryngoscopy a smooth globular mass with restricted mobility was found in postcricoid region extending 2cm upper border of arytenoid to the cricopharyngeal sphincter. Mobility of right arytenoid was restricted. Histopathological examination of the biopsy revealed benign

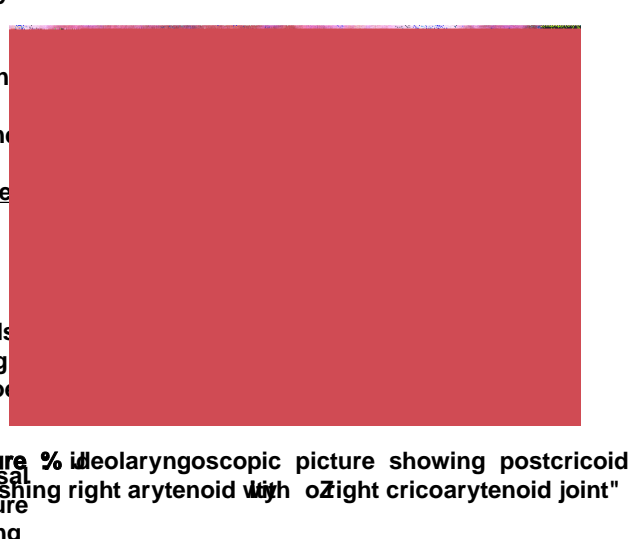


Figure 1B: Laryngoscopic picture showing postcricoid mass, pushing right arytenoid with right cricoarytenoid joint.

