

A case of parotid sarcoidosis

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A 51-year-old female presented with right parotid enlargement for 2 months. She had no other complaints such as dry eyes, dry mouth, shortness of breath, or skin lesions or any other lump in the body. She was a known diabetic and also had history of Bell's palsy 3 years ago. On examination, she had a firm, diffuse, and nonnodular right parotid gland swelling (Figure 1). Her serum angiotensin-converting enzyme (ACE) levels were elevated 198 (66-114) U/L, ESR (Erythrocyte Sedimentation Rate) was 43 mm/hr, Mantoux test was negative, and serum calcium level was 9.6 (8.8-10.6) mg/dL. A fine needle aspiration cytology from the parotid gland showed granulomatous parotitis. MRI showed (Figure 1) enlarged right parotid gland with multiple ill-margined enhancing lesions. Focal similar enhancing lesions were also seen in the left parotid gland along with enlarged mediastinal lymph nodes. A diagnosis of sarcoidosis was made, and she was started on oral prednisolone 40 mg, which was subsequently tapered over the next 6 months. With treatment, the parotid enlargement resolved and the serum levels normalized. In a population-based cohort, only 2% (7 out of 345) patients with sarcoidosis had parotid gland involvement (1), wherein parotid gland disease was usually painless, unilateral, and associated with intrathoracic disease. It was the initial presentation in 4 patients. The ACE level was elevated in 25% of patients, while none had hypercalcemia. Gland swelling regressed after steroid treatment in all patients, although one patient had relapse. Written informed consent and publication consent was obtained from the patient.

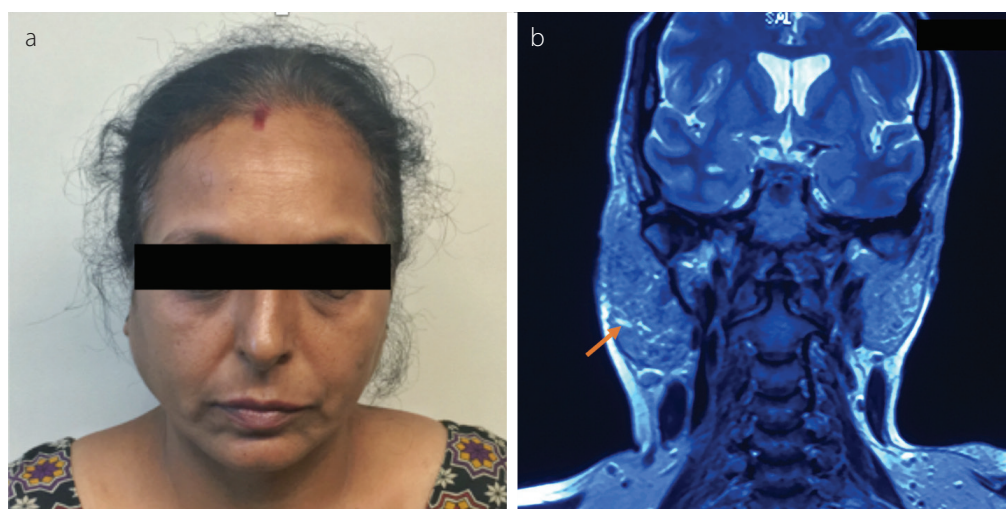


Figure 1. a, b. (a) clinical image (b) T2 weighted coronal sections showing enlargement of bilateral parotid glands (right>left) with focal areas of T2 hyperintensities within the substance of the gland (arrow).

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Reference

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