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Images in Rheumatology

Salt and Pepper Parotid Changes in Sjögren's Syndrome

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A 29-year-old female with a 4-year history of systemic lupus erythematosus (SLE) and nonspecific interstitial pneumonia (NSIP) developed new-onset dysphagia and xerostomia for 1 week and dry eyes for a few months, requiring over-the-counter artificial tear eyedrops. Left parotid gland tenderness in the absence of parotid swelling was detected on physical examination. She was incidentally found to have "salt and pepper" changes of bilateral parotid glands on T1 and T2 images of magnetic resonance imaging (MRI) brain, with and without contrast, while undergoing evaluation for headache. Laboratory findings were notable for positive antinuclear antibody with a titer of 1 : 2560, positive anti-ribonucleoprotein, and anti-Smith antibodies, but negative SSA/SSB serology. She was given the clinical diagnosis of secondary Sjögren syndrome based on sicca symptoms and underlying SLE. She was treated with tocilizumab and mycophenolate for her interstitial lung disease, and due to progressive disease, the mycophenolate dose was increased. She did not require any steroids, and her sicca symptoms remain well controlled with conservative management.

This case describes the unique "salt and pepper" appearance of parotid glands in Sjögren's syndrome visualized on MRI. The imaging reflects multiple hypointense and hyperintense foci as a result of punctate areas of calcification and fatty replacement. Similar findings describing this characteristic "salt and pepper" appearance in Sjögren's syndrome have been previously described in the literature.[1-3]

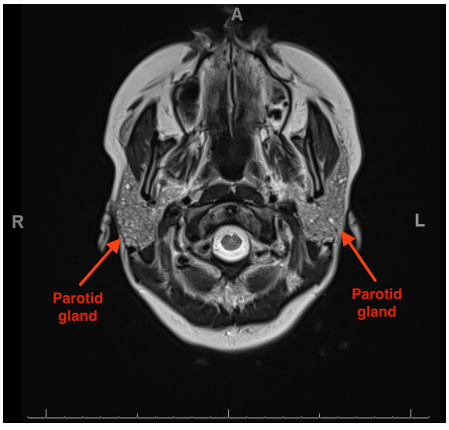

Figure 1. MRI brain without contrast.

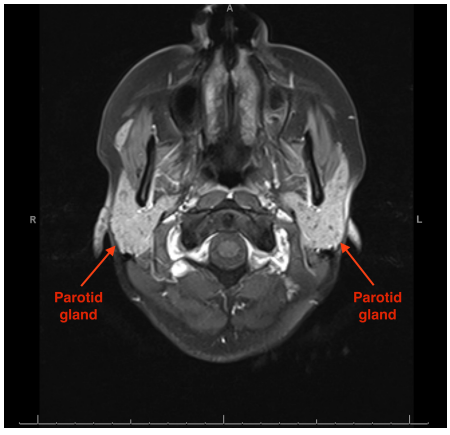

Figure 2. MRI brain with contrast.

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References

1. Takashima S, Takeuchi N, Morimoto S, et al. MR imaging of Sjögren syndrome: correlation with sialography and pathology. *J Comput Assist Tomogr*. 1991;15(3):393-400. [CrossRef]
2. Wang KY, Wintermark M, Penta M. Imaging characteristics of Sjögren's syndrome. *Clin Imaging*. 2022;92:7-18. [CrossRef]
3. Seo BF, Ju RK, Kwok SK, Oh DY. Unusual Sjögren's syndrome with bilateral parotid cysts. *Arch Craniofac Surg*. 2014;15(2):98-101. [CrossRef]