Chronic sialadenitis caused by sarcoidosis: A Case Report

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INTRODUCTION
Sarcoidosis is a systemic granulomatous, non-infectious multifocal disorder of unknown etiology, characterized by the presence of non-caseous epithelioid granuloma in the tissue 1,2. About 20 to 40% of the patients are symptom-free and their disease is found through routine radiographic tests 1. The hypothetical causal agents include environmental and autoantigen aspects 3,4. The goal is to report a rare case of chronic sialoadenitis having sarcoidosis as the cause.

CASE REPORT

Male patient, 41 years old, had a face swelling, reduced salivation, red eyes and dysphagia for months. He had a uniform and bilateral enlargement of the parotid and submandibular gland (Fig. B) - painless, firm, smooth and mobile; with hyperemia of the ocular conjunctiva (Fig. A). During routine exams, the chest x-ray showed an image suggesting the presence of a peribronchovascular infiltrate, without clinical significance. The patient was referred to incisional biopsy of the right submandibular gland and smaller salivary glands of the lower lip. Histopathology reported Chronic Granulomatous Sialoadenitis, a matching diagnosis of sarcoidosis, which was fundamental in our case.

The lymphoid tissue is affected in almost all the cases and the salivary gland swelling, xerostomia and eye involvement may combine and mirror Sjögren Syndrome, which led us to do the lower lip salivary gland biopsy.

The respiratory system is usually affected and the most common visual alteration and photophobia. The lesions are chronic and can progress to blindness 1,5. It rarely involves the oral cavity, more frequently appearing as an isolated submucosal mass or area of granularity 1,6. The facial is the most affected cranial nerve 1,6. The treatment of choice for sarcoidosis is steroids.

Histopathology helps in the diagnosis, which was fundamental in our case. There were no morphological aspects suggesting Miculicz/Sjögren syndrome diseases and both fungi (Grocott) and mycobacterium (Ziehl-Neelsen) tests turned out negative. In figure C we notice granulomas made up of epithelioid cells and multinucleated gigantic cells (arrow).

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