Case Study 41
Dacryoadenitis

CN is an 18-year-old man who was noted by his parents to "blink excessively" on the left side. He stated that he had only a slight vague discomfort on that side and was not certain why he was repetitively blinking. A-scan examination revealed a lacrimal gland enlarged to 15.35 mm on the left versus 13.2 mm on the right (Fig. 1). It had a medium reflective area and was mildly tender to compression by the probe. He was diagnosed with dacryoadenitis and given a course of antibiotics with resolution of his symptoms over several weeks, although repeat echography revealed slight residual thickening of the gland of 14.4 mm. He was instructed to return for follow-up in 4 months.

Sjögren's syndrome is relatively common, and lacrimal gland dysfunction is correlated to an invasion of the tissue by inflammatory cells. A-scan examination of the lacrimal gland in these patients can be helpful in demonstrating thickening and areas of low reflectivity within the gland. However, the gland in more mild cases of Sjögren's syndrome often appears unremarkable on echographic evaluation.

Sarcoidosis can involve the lacrimal gland and may be difficult to diagnose because of its varied clinical presentations. It is stated that about 8 % of patients with sarcoidosis will have lacrimal gland involvement [26]. It affects the eye and orbit in about 20 % of cases and can result in episcleritis, scleritis, iritis, vitritis, retinal vasculitis, and optic neuritis. The incidence of paraocular involvement is less well defined as the symptoms can be subtle, and orbital imaging studies are often not performed. A-scan can supply helpful diagnostic information by demonstrating lacrimal gland enlargement with areas of low-to-medium reflectivity.

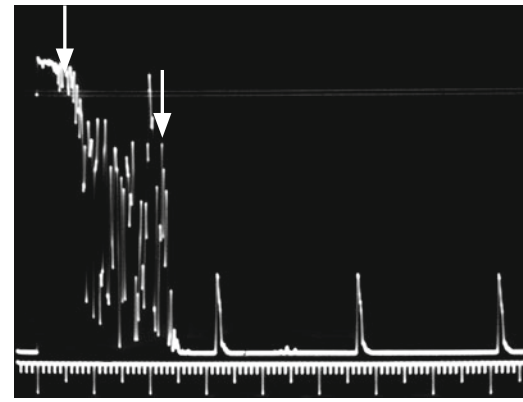

FIG. 1 A-scan of inflamed lacrimal gland (*vertical arrows*)

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