

Case Study 42

Dacryoadenitis and Sarcoidosis

CS is a 54-year-old woman who had a history of uveitis 8 years previously. She had a mild chronic cough and had a “normal” chest x-ray in the last year. A-scan examination of the lacrimal gland showed bilaterally enlarged lacrimal glands with areas of medium internal reflectivity (Fig. 1). Sarcoidosis was included in the differential diagnosis, and she was referred for a chest CT that revealed enlarged perihilar lymph nodes consistent with sarcoidosis. A bronchial endoscopic biopsy confirmed the diagnosis.

Benign mixed cell tumors or pleomorphic adenomas are responsible for about 25 % of epithelial tumors of the lacrimal gland. These tumors are not truly benign because of the fact that they can be converted into locally invasive and potentially lethal malignancies by incomplete biopsy. An en bloc excision must be performed with the removal of all the involved part of the lacrimal gland. A-scan is quite helpful in this situation by alerting the surgeon to the possibility of a pleomorphic adenoma

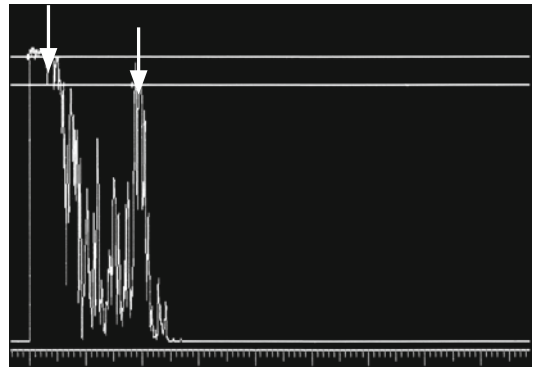


FIG. 1 A-scan of lacrimal gland in sarcoidosis (*vertical arrows*)

and the need to plan an appropriate surgical approach. The reflectivity pattern is medium-to-high reflective with a decrease in the average internal spike height from the anterior to the posterior part of the lesion (angle kappa) as described by Ossoinig.