Heerfordt’s syndrome
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A 35-year-old man, an ex-smoker and a varnisher, presented a few days history of left thoracic pain, low-grade fever, asthenia, swelling of both parotid glands and dry eyes. Once cardiac diseases were excluded, we performed a physical examination which only revealed enlargement of both parotid glands (this was also confirmed from ultrasonography of the parotid glands see Figure 1) and bloodshot eyes (with uveitis, as stated later by the ophthalmologist). The chest radiograph (Figure 2) showed the presence of bilateral hilar lymphadenopathy. We performed a computed tomography of the thorax, which confirmed the presence of lymphadenopathy in paratracheal, subcarinal and hilar station associated with bilateral interstitial thickening of lung parenchyma (Figure 3).

We performed bronchoscopy with transbronchial needle aspiration (TBNA) (using a histologic 19 G needle) in subcarinal station (station number 7 according to IASLC lymph node map) and in right interlobar station (station R11). Pathological tissue demonstrated the presence of non-caseating granulomas without necrosis (Figure 4). He was given a diagnosis of Heerfordt’s syndrome, a rare form of sarcoidosis (present only in 6% of the cases of sarcoidosis) characterised by the presence of enlargement of the parotid gland associated with major symptoms as uveitis, facial paralysis (absent in our case) or fever. He was started on 50 mg of prednisone daily, and at follow-up 15 days later, he was completely asymptomatic (and the swelling and bloodshot eyes resolved).

Figure 1: Ultrasounds examination showing an enlarged parotid gland with multiple hypoechoic and partially septated structural lesions within the parenchyma.

Figure 2: Chest X-ray showing the presence of bilateral hilar and mediastinal lymphadenopathy.
**Figure 3:** Axial image of a contrast CT scan showing the presence of bilateral paratracheal, subcarinal and hylar lymphadenopathy.

**Figure 4:** Cytohystological analysis (hamatoxylin-eosin stain) of transbronchial needle aspiration of the mediastinal lymphadenopathy showing the presence of noncaseous granuloma with epithelioid cells and multinucleated giant cells surrounded by lymphocytes: this pattern is compatible with sarcoidosis.

**Competing interests:** Nil

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