

SICCA SYNDROME WITH PAROTID ENLARGEMENT AS THE FIRST MANIFESTATION OF HIV

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A 39-year-old man previously healthy came to our Department with progressive enlargement of his left parotid region (Figures 1 and 2) that began one year ago and 5 months ago on the right side (Figure 3). Concomitantly, he had dry eyes and mouth. He denied fever, weight loss or inflammatory signs. Physical examination revealed a cystic tumor on parotid regions bilaterally. Schirmer's test and Rose-Bengal were positive. Laboratory tests revealed increased erythrocyte sedimentation rate (31mm/1sthour); and negative antinuclear antibody, rheumatoid factor, anti-Ro and anti-La antibodies. Serologies for B and C hepatitis were negative. ELISA for HIV was positive, that was confirmed by immunoblotting. Biopsy of the tumor showed benign lymphoepithelial cyst. Antiretroviral drugs were started and patient had good response. The patient is currently being followed-up in Infectious Diseases Department.

This is a case description of a patient with HIV, parotid enlargement and sicca syndrome. Benign lymphoepithelial cyst of the parotid gland occurs in 5% of HIV positive subjects and does not have any impact on the natural history of this disease^{1,2}.



Figure 1. Patient showing enlargement of the left parotid region.

The present case reinforces the necessity to perform HIV serology in all adult patients with parotid enlargement and/or sicca syndrome and negative autoantibodies.

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Figure 2. Patient showing enlargement of the right parotid region.

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