Sarcoidosis—the great masquerader

A 36-year-old Caucasian female presented with acute left-sided facial weakness with intermittent fevers. She was diagnosed with idiopathic Bell’s Palsy. After 3 weeks, she again presented with acute right sided facial weakness (Figure 1A). A history of pain in the bilateral preauricular and mandibular area was elicited. She was found to have bilateral parotid gland enlargement. Her eye exam was suggestive of bilateral uveitis as evidenced by bilateral conjunctival injection and posterior synechiae. A chest CT demonstrated mediastinal and hilar adenopathy (Figure 1B). Endobronchial ultrasound guided needle aspiration of the mediastinal lymph nodes was suggestive of a granulomatous process (Figure 1C). Based on these findings, a diagnosis of Heerfordt’s syndrome was made. She was started on prednisone 30 mg PO daily and has had a near complete resolution of her right sided facial palsy and her mediastinal and hilar lymphadenopathy.

Heerfordt’s syndrome is an infrequent expression of sarcoidosis (0.3% of all sarcoid cases).1,2 It is distinguished by the presence of low grade fever, anterior uveitis, facial nerve palsy and parotid gland enlargement.3,4 Facial nerve palsy in Heerfordt’s syndrome has an acute onset in 25–50% cases5 and this palsy can be unilateral or bilateral.

The challenge in our patient was that she presented with the constellation of this syndrome over a period of two months. A detailed knowledge of this syndrome may help the physician in making the correct diagnosis, avoid unnecessary testing and initiation of early treatment.

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References