

Heerfordt-Waldenstrom Syndrome: A Case Report

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Background: Heerfordt-Waldenstrom Syndrome(HWS) is a variant of sarcoidosis, which presents with swelling of the Parotid or salivary glands, facial nerve paralysis and anterior uveitis. The incidence is rare, with only 6% of sarcoidosis patients having parotid gland enlargement, and 5% of patients with cranial nerve palsy.

Case Presentation: A 44-year-old woman with non-significant past medical history presented to the emergency department with several weeks of low back and flank pain. She was also complaining of weakness, weight loss, voice hoarseness and worsening shortness of breath. Six months prior to her presentation, she was diagnosed with a left sided facial nerve palsy. Examination revealed bilateral parotid gland enlargement, left ptosis, left facial drooping and cervical, axillary and femoral lymphadenopathy. Workup for malignancy was negative. Tests for syphilis, acid-fast bacilli and fungal infection were negative. ACE levels found to be increased. CT neck and chest revealed extensive lymphadenopathy, multiple lung nodules and infiltrative densities replacing bilateral parotid glands. Lymph node biopsy confirmed revealed necrotizing granulomas, confirming diagnosis. Patient was initiated on Solumedrol 125mg bid, after which she endorsed improvement in voice hoarseness, shortness of breath and pain. She was transitioned to prednisone 60mg daily and azathioprine 50mg daily at discharge and will follow up with rheumatology and pulmonology for further management.

Discussion/Conclusion: Heerfordt-Waldenstrom syndrome should be considered in the differential for new onset facial nerve palsy without a clear source. When only two of the symptoms are present, it is considered incomplete HWS.