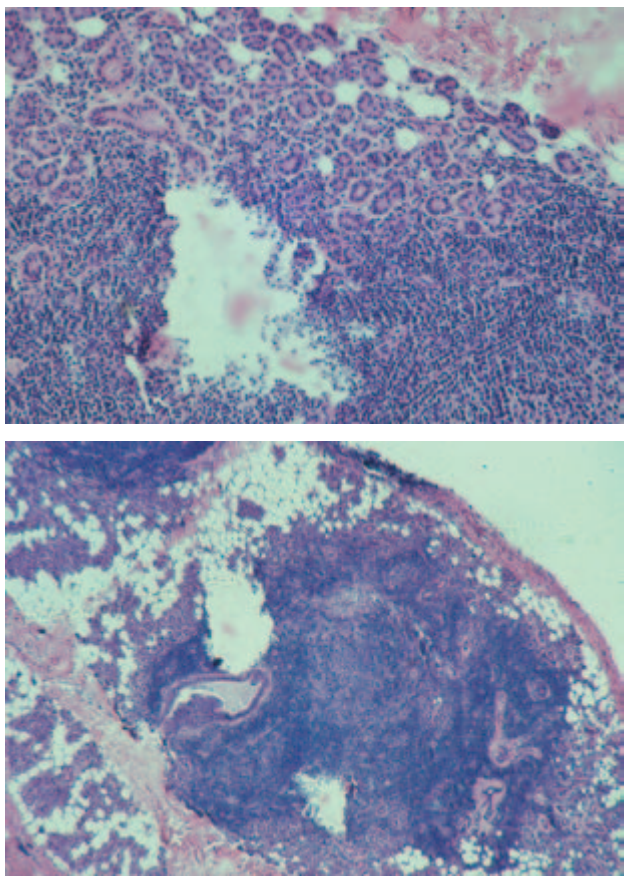
Histopathology of Sjogren's Syndrome

Abnormal salivary gland function is associated with well-defined histologic alterations including clustering of lymphocytic infiltrates as a common feature of all salivary glands and other organs affected by Sjogren's syndrome (Figure 6.8). Histologic evaluation of enlarged parotid or submandibular glands usually reveals the benign lymphoepithelial lesion, with a lymphocytic infiltrate and epimyoepithelial islands. These features are not invariably noted in the major salivary glands, however (Daniels 1991). The characteristic microscopic feature of Sjogren's syndrome in the minor glands is a focal lymphocytic infiltrate, and includes focal aggregates of 50 or more lymphocytes, defined as a focus, that are adjacent to normal appearing acini and the consistent presence of these foci in all or most of the glands in the specimen (Daniels 1991). Epimyoepithelial islands occur uncommonly in minor glands of patients affected by Sjogren's syndrome.



a

b

Figures 6.8a and 6.8b. The histopathology of the incisional parotid biopsy of the patient in Figure 6.1. Signs consistent with Sjogren's syndrome were noted.

Sarcoidosis

Sarcoidosis is a chronic systemic disease characterized by the production of non-caseating granulomas whose etiology is unknown. It can affect any organ system, thereby mimicking rheumatic diseases causing fever, arthritis, uveitis, myositis, and rash (Table 6.2). The peripheral blood shows a dichotomy of depressed cellular immunity and enhanced humoral immunity. Depressed cellular immunity is manifested by lymphopenia and cutaneous energy. The enhanced humoral immunity is noted by polyclonal gammopathy and autoantibody production.

CLINICAL MANIFESTATIONS OF SARCOIDOSIS

Sarcoidosis occurs most commonly in American blacks and northern European Caucasians. It is eight times more common in American blacks than American Caucasians (Hellmann 1993). Women are affected slightly more frequently than men. Patients with sarcoidosis generally present with one of the following four problems: respiratory symptoms such as dry cough, shortness of breath, and chest pain (40–50%); constitutional symptoms such as fever, weight loss, and malaise (25%); extrathoracic inflammation such as peripheral lymphadenopathy (25%); and rheumatic symptoms such as arthritis (5–10%) (Hellmann 1993).

Respiratory symptoms are the most common presenting chief complaints including those previously mentioned. Regardless of symptoms, greater than 90% of patients with sarcoidosis have an

Table 6.2. Clinical involvement by sarcoidosis.

Clinical Finding	Frequency in Sarcoidosis (%)	Differential Diagnosis
Arthritis	5–10	Rheumatoid arthritis
Parotid gland enlargement	5	Sjogren's syndrome
Upper airway disease	3	Wegener's granulomatosis
Uveitis	22	Spondyloarthropathies
Facial nerve palsy	2	Lyme disease
Keratoconjunctivitis	5	Sjogren's syndrome