

## Summary

- A number of systemic diseases may infiltrate salivary gland tissue, including Sjogren's syndrome, sarcoidosis, and sialosis.
- Sjogren's syndrome and sarcoidosis are autoimmune disorders, while sialosis is not.
- Sjogren's syndrome is characterized by keratoconjunctivitis sicca and xerostomia, with or without association with another connective tissue disease.
- Approximately 30% of patients with Sjogren's syndrome will develop salivary gland enlargement, most commonly in the parotid gland.
- A salivary gland biopsy may confirm the patient's diagnosis of Sjogren's syndrome. Either a labial biopsy or parotid gland biopsy may be performed. Disease may be identified more often in a parotid biopsy, even when the patient does not demonstrate parotid swelling.
- Another benefit of parotid biopsy is the identification of lymphoma that is known to develop in 5–10% of patients with Sjogren's syndrome.
- Specific histologic criteria have been established for the diagnosis of Sjogren's syndrome in salivary gland biopsies, specifically referred to as a focus.
- Sarcoidosis is a multisystem disease, with particular proclivity for lung involvement.
- Erythema nodosum represents cutaneous nodules most commonly involving the extensor surfaces of the lower extremities, and occurs in about two-thirds of patients with sarcoidosis.
- Lofgren's syndrome involves a triad of hilar lymphadenopathy, erythema nodosum, and arthritis.
- Approximately 5% of patients with sarcoidosis have parotid gland enlargement.
- The triad of anterior uveitis in conjunction with parotitis and facial nerve palsy has been referred to as Heerfordt's syndrome.
- As with Sjogren's syndrome, there is a higher yield of positive findings to make a diagnosis of sarcoidosis based on parotid biopsy compared to lip biopsy.
- Sialosis is a non-inflammatory, non-neoplastic, non-autoimmune disorder showing enlargement of the salivary glands, most notably the parotid gland.

## References

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