Clinical vignette

Recurrent parotid pseudogout

A 74-year-old woman with hypertension, diabetes and mild chronic renal insufficiency presented to the emergency department with an acute painful swelling of the right parotid gland. Blood tests showed high ESR (52 mm/h), CRP (5.9 mg/dl), uric acid (5 mg/dl), creatinine (1.8 mg/dl) and urea 124 (mg/dl); results were otherwise normal. CT of the neck and face revealed a homogeneous enlargement of the right parotid gland with a nodular heterogeneous hyperdense centre of 3 cm x 3 cm (Fig. 1A). Fine-needle aspiration revealed an inflammatory reaction and deposits of calcium pyrophosphate dihydrate crystals (Fig. 1B); Gram’s stain and aerobic-anaerobic cultures were negative. Six months after resolution of this first episode she was admitted to hospital due to an ischaemic stroke and on day 3 of hospitalization she developed a new episode of acute pseudogout of the left parotid gland. Fine-needle aspiration showed inflammatory reaction and calcium pyrophosphate dihydrate crystals with negative bacteriological studies, which resolved with colchicine and sulindac. At follow-up 12 months later, the patient has not suffered new episodes under therapy with prophylactic colchicine [1].

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Reference


Fig. 1 CT and microscopy images of atypical parotid pseudogout.

Scale: bar 10 μm = 833 pixels.