Recurrent parotitis of childhood: a diagnosis to be aware of...
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INTRODUCTION
Recurrent parotitis of childhood (RPC) is a frequent cause of repeated inflammatory episodes of the parotid gland that occurs in childhood. It is usually idiopathic and associated with non-obstructive dilatation of glandular ducts (sialocele). Age of onset of symptoms helps in differential diagnosis between RPC and a chronic inflammatory disease, particularly in cases of bilateral involvement. Diagnosis is essentially clinical, but ultrasound remains the gold-standard method. Its treatment is mainly symptomatic and there is a tendency to remission at puberty, thus presenting a very favorable prognosis.

GOALS
Presentation of two clinical cases and literature review.

CLINICAL CASE 1

IDENTIFICATION: Female; 12 years old
PAST MEDICAL HISTORY: irrelevant

CLINICAL HISTORY:
• Recurrent unilateral (right side) episodes of parotitis since 6 years old (1 episode per year, 7 episodes so far);
• Without symptoms of dry mouth/dry eyes/salivary colic or purpura/rash;
• Esotropic joint pain, mainly at the end of the day and after exercise; without swelling and other inflammatory signs.

IMAGING STUDY:
Neck ultrasound (acute phase):
• Diffuse increase and heterogeneity of right parotid gland:
  - With scattered hypoechoic nodules
  - Without signs of siatilithiasis or ductal obstruction
  - Left parotid is normal.

LABORATORY RESULTS:
• Serologies - neg
• ANA test - > 1/640
• C3/C4 - normal
• Igs - normal

FOLLOW-UP:
• Sjogren’s disease and Rheumatoid arthritis were not confirmed.
• Last episode of parotitis in December 2015, at 9 years-old.

CONCLUSION
RPC is a benign and self-limited condition. However, recurrent parotitis episodes should prompt investigation for underlying diseases, particularly in cases of late onset of symptoms and bilateral involvement. Here we presented two cases of RPC without an identifiable cause that lasted until pre-adolescence.