

Case	(045) Acute myositis as complication of acute parotiditis
Authors	M. Ojados Hernández, L. Sánchez Alonso, L. Abenza Oliva, L. Alemañ Romero, A. Puerta Sales, P. Alemán Díaz.
Centre	H G U R S.

CASE PRESENTATION

A 54-year-old woman presented with facial tumor, dysphagia and fever of 5 days evolution. In CT of the neck, an enlargement of the left parotid gland is observed with duct dilatations and the Stenon duct. Inflammatory changes in the adjacent soft tissues and signs of myositis in the left masseter.

DISCUSSION

Acute inflammation of the parotid gland is most commonly caused by infections. Acute parotitis tends to manifest with painful facial swelling and tenderness at the angle of the mandible and may be associated with fever and leukocytosis. It can be complicated by an abscess, soft tissue infection. Myositis is a rare pathology since the muscles are organs resistant to infection.

The diagnostic keys are:

US: The standard of reference for diagnosing acute parotitis. The parotid gland may show diffuse and heterogeneous enlargement with foci of salivary secretions and lymph nodes. At Doppler US, there is increased vascularization of the gland.

CT: The role of CT is to confirm complications, usually abscesses. At enhanced CT, the gland appears diffusely hyperattenuating and may show internal fluid collections. Myositis is observed as an increase in muscle size, decreased attenuation, heterogeneous enhancement, and effacement of adjacent fatty planes.

MRI: enlarged gland with altered signal intensity, hyperintensity in the T2 and an important enhanced contrast. Myositis is observed as an increase in muscle size, hyperintensity of muscle and the fascia surrounding it in T2.

CONCLUSION

The standard of reference for diagnosing acute parotitis is the ultrasound, however CT or MR are necessary if suspect complications. Myositis is an infrequent complication because the muscles are resistant to infection.



A 54-year-old woman with acute parotiditis and acute myositis. Ultrasound images (A) show diffuse and heterogeneous enlargement of gland (pink arrow). Doppler US image (B) show a increased vascularization of the gland. Coronal (C) and axial (D) enhanced- contrast CT images shows an enlarged gland diffusely hyperattenuating (pink arrow) with ductal dilatations and an increase in muscle size and decreased attenuation (yellow arrow) compared to the contralateral side.

BIBLIOGRAPHY

- Inajeros EJ, Navallas M, Tolend M, Suñol M, Rubio-Palau J, Albert A, et al. Imaging evaluation of pediatric parotid gland abnormalities. Radiographics 2018; 38:1552-1575.
- Capps EF, Kinsella JJ, Gupta M, Bhatki AM, Opatowsky MJ. Emergency imaging assessment of acute, nontraumatic conditions of the head and neck. RadioGraphics 2010; 30:1335-1352.