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AIDS patient with lymphoepithelial cyst of the parotid gland associated

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Case Report: Woman 43 years consulted for 'tumor on both sides of the face' of long duration, no other symptoms associated. Palpation enlargement of both parotid regions and adenopathy is palpated in region II laterocervical left. TAC shows cervical enlargement of both parotid (predominantly right, with more marked uptake, and multiple hypodense cystic lesions intraparotídeas, some solid-looking, multiple punctate calcifications within both glands along with extension of deep lobe parotid and right less on the left, parapharyngeal plans and cavum laterocervical adyacentes. Bilateral adenopathies flows to the lower pole of the left parotid, 1.2cm and 0.8cm, center hypodense. In PAAF purulent material is obtained, without isolating any germ. Autoimmunity (RF and ANA negative) and positive serology for HIV and antiretroviral treatment toxoplasma. clinical improvement with antiretroviral treatment discussion HIV infection has been associated with various entities that affect the salivary glands like LLQB, which most often affects the parotid. Etiology is unknown; found markers of active replication of HIV-1, such as p24 protein or viral RNA within dendritic reticular cells, which has made suggest to some authors, these lesions are induced directly by HIV. The usual clinical presentation consists of a bilateral painless cervical tumor of slow growth, without inflammatory signs, y asimétrica. In patients with persistent poliadenopático syndrome, CD4 slightly decreased relative increase CD8. In imaging tests, which are usually pathognomonic, appreciate multiple bilateral parotid cysts associated with cervical lymphadenopathy. Clinical manifestations usually respond to treatment with antiretroviral. If no reply or local or aesthetic discomfort has been proposed as a treatment periodic percutaneous drainage of cysts or surgical excision.

Conclusion: LLQB must be considered in the differential diagnosis of neck masses in HIV patients. Te benignity of the lesion allow us to treat it conservatively, especially in patients with advanced immunosuppression.