

[PICTURES IN CLINICAL MEDICINE]

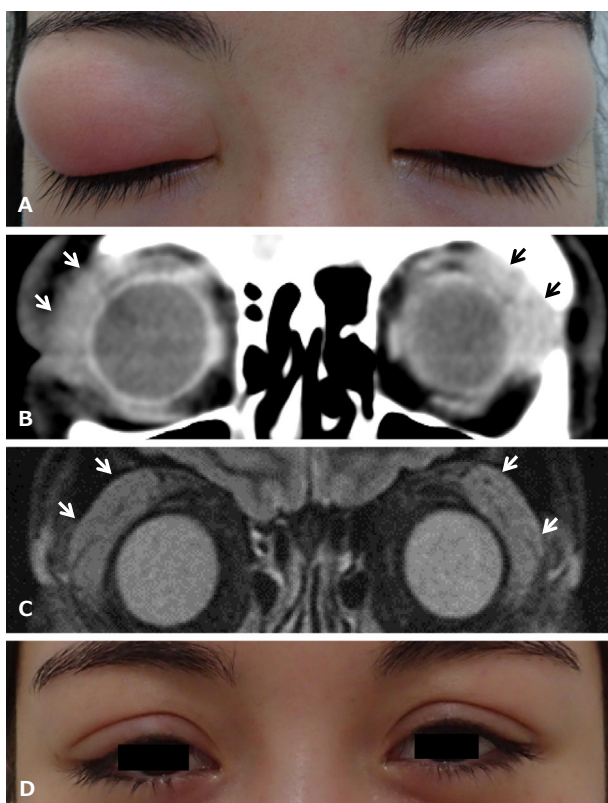
Epstein-Barr Virus Dacryoadenitis in a Young Woman

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Key words: dacryoadenitis, Epstein-Barr virus, young adults

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Picture.

A 27-year-old woman with hypothyroidism and depression consulted for headache, ocular discharge, bilateral eye-ache, and eyelid swelling for 2 weeks. A physical examination showed the disappearance of upper eyelid crease, edema, bilateral superior eyelid redness (Picture A), cervical

lymphadenopathies, and meningeal irritation. The total white blood cell count, atypical lymphocyte percentage, and aspartate and alanine aminotransferase levels were 9,260/ μ L, 10%, 47 U/L, and 56 U/L, respectively. Orbital computed tomography showed swollen eyelids and lacrimal glands (Picture B). Short-T1 intervention recovery magnetic resonance imaging showed isointensity signals to the eyeball (Picture C), indicating acute dacryoadenitis (AD). Epstein-Barr virus (EBV) viral capsid antigen IgM, 1:20; VCA IgG, 1:1,280; EBV nuclear antigen IgG, negative; and EBV-DNA, 4.5×10^5 copies/mL supported bilateral AD associated with EBV infectious mononucleosis (IM). With supportive care, her eyelid edema and elevated liver enzymes subsided (Picture D) after 14 days. EBV targets B lymphocytes and epithelial cells. Dacryoadenitis occurs in IM (1) and affects one per million people annually (2). EBV infection should be considered in young adults with AD.

The authors state that they have no Conflict of Interest (COI).

References

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2. Rhem MN, Wilhelmus KR, Jones DB. Epstein-Barr virus dacryoadenitis. *Am J Ophthalmol* **129**: 372-375, 2000.

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