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HEERFORDT-WALDENSTROM SYNDROME: MANIFESTATIONS OF BILATERAL FACIAL NERVE NEUROPATHY ON THE EXAMPLE OF A CLINICAL CASE

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Relevance. Sarcoidosis is an idiopathic systemic granulomatous disease. The pathophysiological mechanisms of sarcoidosis remain unknown to date. Clinically obvious damage to the nervous system in sarcoidosis occurs in about 5% of patients, about half of them have a lesion of the cranial nerves.

Aim: to study the tactics of examination of a patient with transient neuropathy of the facial nerve as a neurological manifestation of sarcoidosis using the example of a clinical case.

Materials and methods. During the study, the anamnesis, laboratory and instrumental diagnostics of a patient with Heefordt-Waldenström syndrome (HWS) were analyzed.

Results and their discussion. Patient K., 45 y. o. fell ill on July 2025. She was admitted to the emergency department of the "MSPC STH" on July 15, 2025, complaining of asymmetrical face on the left. She was admitted again on August 5, 2025, when asymmetry of the face on the right developed. After investigations the diagnosis "facial nerve neuropathy of infectious and allergic origin with left-sided moderate prosoparesis, acute period" was made. Previously, on July 17, 2025, she was examined by an ophthalmologist at the "CCH No. 3" and diagnosis "papillitis OU and acute uveitis OU" was made. A few days after the second visit, new symptoms appeared: hoarseness, difficulty swallowing, sore throat. Due to this, on August 13, 2025, she was consulted by an otolaryngologist, who diagnosed: "chronic laryngitis, chronic catarrhal pharyngolaryngitisoutside of exacerbation, chronic rhinitis. Postnasal drip syndrome. Paresis of the right hemilarynx. Hypotonic dysphonia". Due to the lack of positive dynamics from outpatient treatment, the patient was hospitalized on August 14, 2025 in the neurology department with complaints of facial swelling, hoarseness, difficulty swallowing liquids and solids, dry cough, increased body temperature to 37C in the evening, general weakness; enlarged parotid glands and mild bilateral prosoparesis were detected. Taking into account the patient's complaints and anamnesis, previous examinations by related specialists, and X-ray data (lymphadenopathy of the intrathoracic lymph nodes and bronchopulmonary on the right (sarcoidosis), after consultation with a phthisiatrician, a diagnosis of "sarcoidosis with HWS" was made.

Conclusions. The uniqueness of this clinical case lies in its rarity and the difficulty of diagnostically identifying this syndrome. This clinical case presents typical features of HWS(uveitis, mumps, fever, and transient bilateral prosoparesis), which is a variant of acute sarcoidosis. Radiographic data allowed to verify the clinical diagnosis of sarcoidosis and transfer the patient to the specialized department of the Republican Scientific and Practical Center of Pulmonology and Phthisiology for further treatment.