

## **Summery**

A case of a 39 years old lady presenting with bilateral lower motor neuron type facial nerve paralysis for 1-week, dry cough for 3 months associated with occasional exertional dyspnoea, recent onset constipation. Initial evaluation revealed a history of recurrent bi lateral facial nerve paralysis in last two months associated with right sided parotid swelling. Instigations revealed a bi lateral hilar lymphadenopathy, hypercalcaemia, a normochromic normocytic anaemia with an elevated ESR. Bronchoalveolar lavage showed. HRCT chest Confirmed the presence of bi lateral hilar lymphadenopathy. Clinical features along with investigations confirmed the diagnosis of sarcoidosis with pulmonary& nervous system involvement complicated with sicca syndrome and hypercalcemia. Pharmacological treatment was commenced following proper education and counselling with a satisfactory clinical and biochemical response.