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SIALADENITIS : A CASE REPORT OF 65 YO WOMAN**DOI:** 10.70780/medpeer.000QGMY**AUTHOR AND AFFILIATION**

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ABSTRACT

Sialadenitis : a case report on 65 yo woman. Introduction: Sialadenitis, which is the inflammation or infection of the salivary glands like the parotid, submandibular and small salivary glands. Imaging is very useful to get oriented towards the diagnosis, although the results can vary, from atrophy, abscess, ductal dilation to cysts, stones and even calcification.

KEYWORDS

Sialadenitis, parotid, imaging.

MAIN ARTICLE

Introduction

Sialadenitis refers to the inflammation or infection of the salivary glands; it can be caused by a wide range of processes of an infectious, obstructive and autoimmune nature. History and physical examination play an important role in guiding management, while imaging is often useful in establishing a diagnosis. Red flags such as suspected abscess formation, signs of respiratory obstruction, facial paresis and attachment of a mass to underlying tissues should prompt a request for urgent maxillo-facial surgery consultation.

Patient and observation

We report the case of a 65-year-old woman with no history. The patient was referred to us in June 2024 for pain in the left parotid region, and a dry mouth. On examination, we noted the presence of a swelling in the affected region, with a normal aspect of the skin. (figure 1)



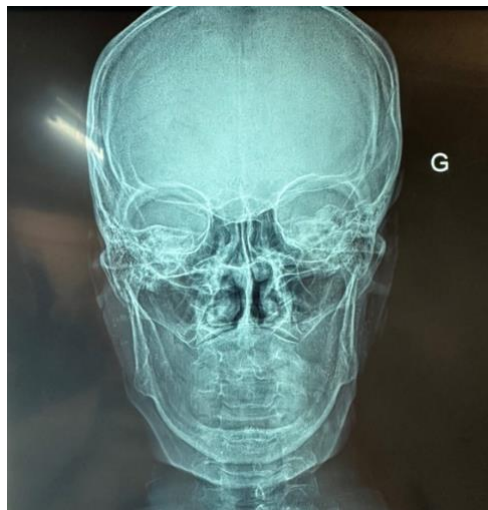
Figure 1 : patient's lateral view on the day of the 1st consultation

We also noted red spots located on the mucosa of our patient's palate in our intraoral examination (figure2). Although we haven't palpated any mass and the rest of our exam was completely normal.



Figure 2 : red spot on our patient's palate

We started by a teleradiography of the face showing multiple cystic formation in the retroauricular area, which can suspect a cystic lymphangioma (figure 3).



(figure 3) : Teleradiography of of our patient's face

We proceeded our method of conduct by demanding a cervical and facial CT scan for a further evaluation of the cystic formations we saw on the teleradiography, especially their nature and location.

The results were in favor of cystic formations or “sialolith” inside the left parotid gland indicating a sialoceles which is the swelling of the parotid gland. (figure 4) (figure 5) (figure 6).

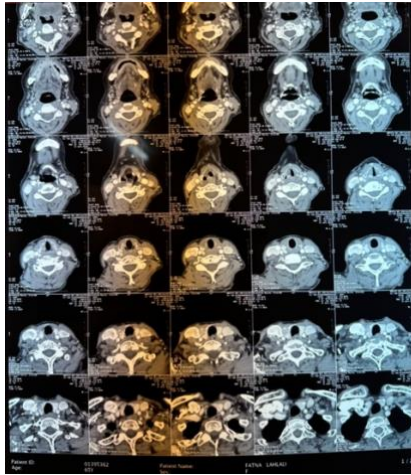


Figure 4 : axial view of the CT scan
the CT scan

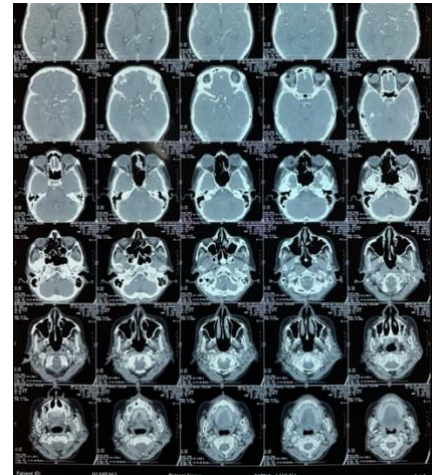


Figure 5: axial view of
the CT scan

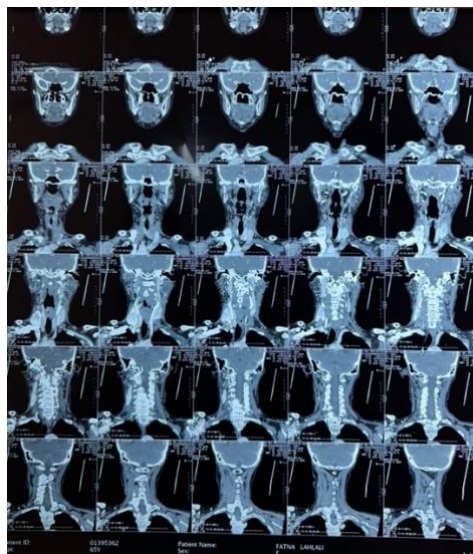


Figure 6 : frontal view of the CT scan

After clinical examination and imaging results, the next step would be a biopsy of the accessory salivary glands ,which was done under local anesthesia.

The results came a week later in favor of a lithiasic sialadenitis related to Sjögren's disease .

Discussion

Sialadenitis is the medical term of the inflammation of one or more of the salivary glands, the parotid gland is the main one that gets affected, but other glands such as the sub-mandibular gland are also concerned.

There is no specific age for this pathology but studies do show the patient who are 50 years old and above are most likely to be affected then younger people, that can also be related to the pathologies or conditions that sometimes may cause or accompany sialadenitis such as, Sjögren's disease, malnutrition, dehydration, poor hygiene, bacterial or viral infection. The diagnosis is mainly clinical but imaging like a CT scan or an ultrasound can be useful to better locate the sialoliths, which can be described as calcified deposits in salivary glands or the formation of a calcified obstruction within the salivary duct.

The differential diagnosis should eliminate other diseases causing similar symptoms, such as tumors located in the salivary glands or post traumatic/post operative fibrosis. The clinical examination is essential but imaging is the best method to establish the diagnosis.

The treatment of this disease is generally abstention, but there are red flags such as suspected abscess formation, signs of respiratory obstruction, facial paresis, and fixation of a mass to underlying tissue should prompt urgent referral to the emergency department (1), where different medication can be prescribed depending on the result of the clinical examination.

In some cases, surgery may be a solution if the sialoliths have a big volume and cause a complete blockage for the salivary canal. Sialoendoscopy is an brilliant method with low morbidity as well as a relatively simple surgical method for diagnosing and treating sialadenitis especially when induced by radioiodine therapy for thyroid cancer patients (2).

Conclusion

Family physicians can play an important role in the diagnosis and management of sialadenitis. Prompt recognition and treatment of the condition can prevent the development of complication (1).

Clinical examination is important but imaging is also useful to establish the diagnosis.

Antibiotics are recommended to treat or prevent sialadenitis, other treatments such as sialoendoscopy therapy and surgery are also a option depending on the case.

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REFERENCES

- 1 : Jonah Moore, Matthew T.W. Simpson, Natasha Cohen, Jason A. Beyea and Timothy Phillips
- 2 : Prof. Oded Nahlieli, Department of Oral and Maxillofacial Surgery, Barzilai Medical Center, Ashkelon – 78306, Israel.