



# NON-NEOPLASTIC DISEASES OF SALIVARY GLANDS

Episode 14.1

## PAROTITIS (MUMPS)

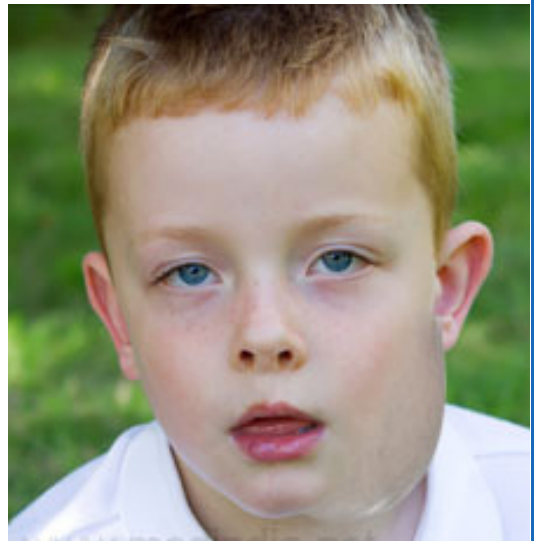
- Most common viral disorder of salivary glands and cause of parotid swelling. Peak incidence: 5 yrs old
- Painful unilateral or bilateral parotid swelling with flu-like illness prodrome



- Clinical diagnosis (especially during outbreak), but can be confirmed with buccal swabs or urine for viral isolation

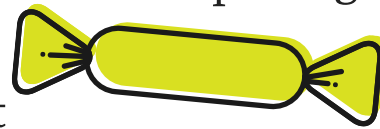


- Complications: sudden deafness, meningitis, orchitis, chronic obstructive sialadenitis
- Treatment is supportive



## ACUTE SUPPURATIVE SIALADENITIS

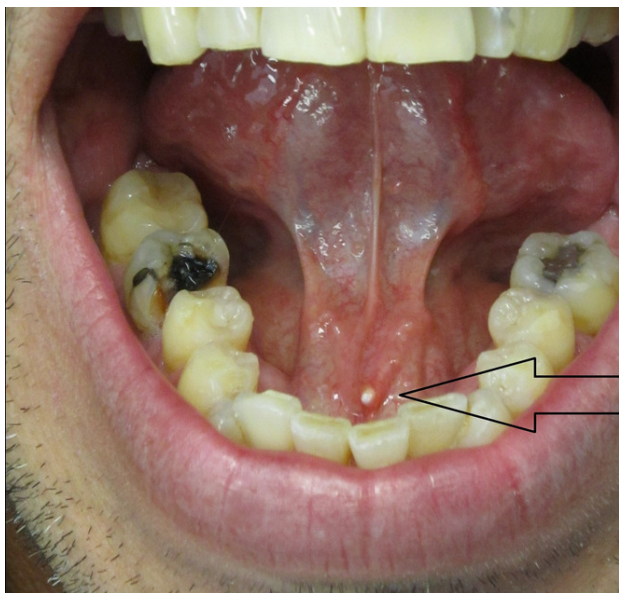
- Acute bacterial infection (s.aureus, s.pneumoniae), typically of parotid gland. Causes sudden, diffuse and tender swelling of gland. Can express purulent pus from duct opening
- Treatment: "**MASH**" protocol  
Massage, antibiotics, sialogogue, heat



## CHRONIC SIALADENITIS

- Secondary to damage from acute suppurative infection
- Recurrent, mildly painful parotid enlargement that worsens with eating. 80% develop xerostomia
- Treatment: MASH during acute attacks, surgical take down of strictures / ductal dilatation

## SIALOTHIASIS



- Presence of stone(s) within duct. 80% cases affect SMG (Wharton's duct), 20% parotid (Stenson's duct), 1% sublingual. Development of calculi from change in saliva composition
- Pain and swelling of gland, worsens with eating
- Stone may be removed intraorally at duct orifice. 20% recurrence rate. If stone within gland, requires surgical excision. Complications: stricture formation, acute sialadenitis