

# Lymphoma Mimics Obstructive Sialadenitis: Three Cases

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Obstructive sialadenitis is a common salivary gland disorder usually secondary to viral or bacterial infections, sialolithiasis, duct stricture, or mucous plug. The differential diagnosis also should include dehydration, trauma, and scarring secondary to oral mucosal surgical procedures or neoplasm. It is important to consider neoplasm in these patients, especially when symptoms do not resolve as expected after treatment for obstruction. In a series of 591 cases referred to the Massachusetts General Hospital Oral and Maxillofacial Surgery Service for “obstructive sialadenitis” from 2009 through 2012, 3 patients had obstruction secondary to low-grade follicular lymphoma.

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Obstructive sialadenitis is a common inflammatory disease of the salivary glands.<sup>1,2</sup> It can occur secondary to viral or bacterial infections, dehydration, salivary duct stones, strictures, scar tissue, or tumors. Patients also can present with similar clinical findings related to the use of certain medications causing decreased salivary flow (eg, anticholinergic drugs or diuretics) or autoimmune or other inflammatory diseases. Although the exact incidence of chronic recurrent sialadenitis is unknown, salivary stones probably represent the most common etiology, with an incidence of 1 per 10,000 to 30,000 people in the general population.<sup>1,2</sup>

Lymphomas comprise a heterogeneous group of malignancies that can arise in different lymph node and extranodal sites in the head and neck region.<sup>3</sup> Lymphoma represents the second most common neoplasm of the head and neck after squamous cell carcinoma.<sup>4-7</sup> However, in the salivary glands, lymphoma is uncommon. When it does occur, it most frequently involves the parotid gland, followed in descending order by the submandibular, minor salivary, and sublingual glands.<sup>3,8-10</sup>

This report describes 3 patients referred to the Department of Oral and Maxillofacial Surgery (OMS; M.J.T.) at Massachusetts General Hospital (MGH; Bos-

ton, MA) for the evaluation of obstructive sialadenitis associated with swelling in the submandibular gland. In each of these patients, the final diagnosis was follicular lymphoma.

## Patients and Methods

From 2009 through 2012, 591 patients were evaluated in the MGH OMS for obstructive sialadenitis with swelling of the parotid or submandibular glands. The diagnostic workup included history, physical examination, plain radiographs, and computed tomographic (CT) scans to assess the course of the duct and to rule out multiple stones or stones within the gland. In general, the protocol does not include sialography or technetium salivary gland scans except for specific indications. Fine needle aspiration (FNA) biopsy can be performed in those patients with persistent pain, firm indurated swelling without the typical postprandial variation, or paresthesia.

Because the research included 3 patients, it was exempt from institutional board review according to the policy at MGH. All patients agreed and signed a release form for using their clinical and radiographic data.

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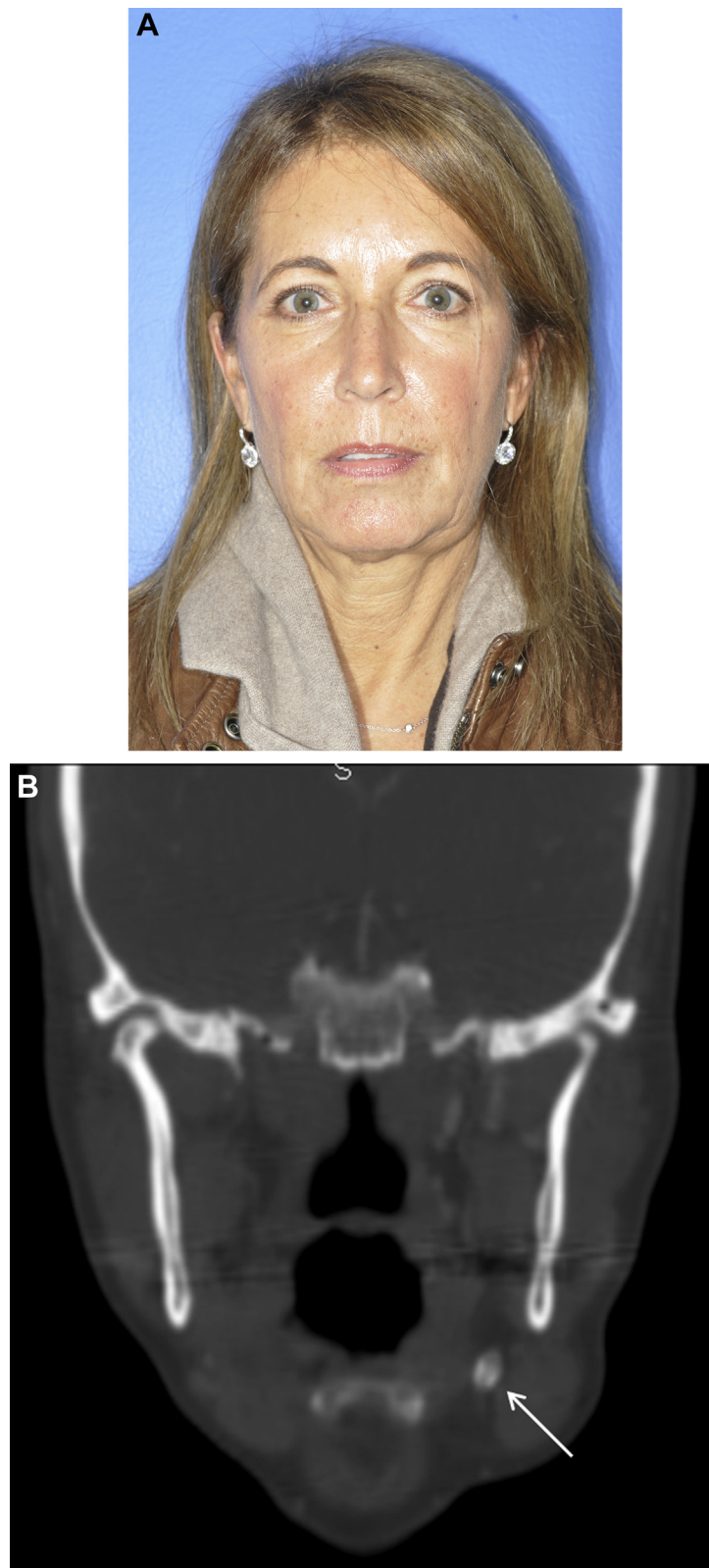
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**FIGURE 1.** A, Patient at presentation with a left submandibular swelling. B, Computed tomogram, coronal view, depicts enlargement of the submandibular gland, with a large hyperdense lesion (arrow), probably a sialolith, in the hilus of the gland.

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