

# Rare Parotid Gland Diseases



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## KEYWORDS

- Rare parotid gland disease • Parotid gland swelling • Sialadenosis • Sialolithiasis
- Sialadenitis • Autoimmune

## KEY POINTS

- The majority of nonneoplastic disorders of the parotid gland can be categorized based on clinical history and physical examination.
- Classification of the parotid gland disease process helps to direct treatment and prognosis.
- Diagnosis of autoimmune and granulomatous conditions often requires special laboratory tests and salivary gland biopsy.
- The possibility of underlying neoplastic disorders must be considered while treating non-neoplastic disease processes.
- Newer minimally invasive surgical, medical, and diagnostic options such as sialendoscopy, botulinum toxin injection, and ultrasonography should be considered to complement traditional treatment algorithms.

## CLINICAL PRESENTATION

The clinical presentation and history varies for uncommon parotid gland disorders. Swelling is present in nearly all clinical entities and is either nonpainful or painful. Conditions can range from chronic to acute and aggravating factors like eating can direct the differential in a specific way. Other key historical details include constitutional symptoms, unilateral versus bilateral symptoms, history of radioactive iodine treatment, history of measles, mumps, rubella vaccination, and history of autoimmune disease.

## SIALADENOSIS

Sialadenosis (sialosis) is a chronic, bilateral, diffuse, noninflammatory, nonneoplastic swelling of the major salivary glands that primarily affects the parotid glands.<sup>1</sup> Sialadenosis can be painless or in some instances tender. Sialadenosis is associated with nutritional and hormonal disturbances, particularly chronic malnutrition, obesity,

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alcoholism, acromegaly, diabetes insipidus, diabetes mellitus, hypothyroidism, liver disease, uremia, and eating disorders.<sup>2</sup> Many medications have been implicated in sialadenosis, most commonly antihypertensives. Some cases of sialadenosis have no underlying cause.

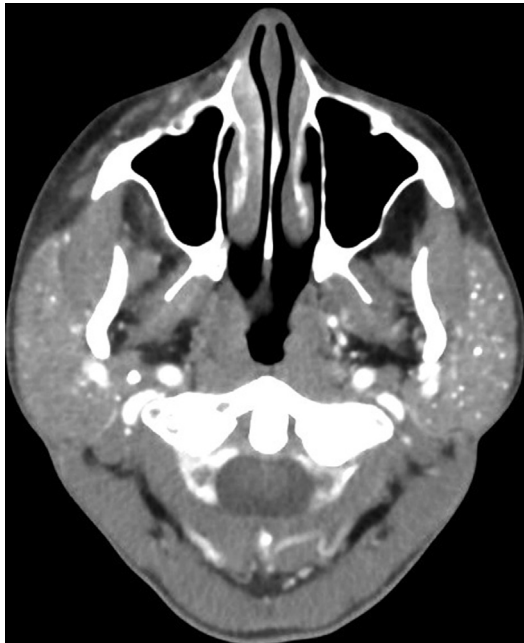
Sialadenosis affects 10% to 50% of patients with bulimia nervosa (**Fig. 1**). Other nutritional deficiencies include beriberi, gastrointestinal disease, malnutrition, Chagas disease, pellagra, and vitamin A deficiency. Diabetes is also an important cause of sialadenosis. In some cases, parotid gland swelling and enlargement precede the diagnosis of diabetes. Some research suggests working up patients for diabetes who present with parotid gland swelling of unknown origin. Sialadenosis is also seen in patients with alcoholism and alcoholic cirrhosis with an estimated incidence of 30% to 86%.

The pathogenesis of sialadenosis is not well-established. It may involve a neuropathic process of the autonomic innervations of the parotid gland in the setting of systemic demyelinating polyneuropathy. Autonomic neuropathies are noted in patients with alcoholism, nonalcoholic liver diseases, and diabetes. Dysfunction of autonomic regulation leads to an imbalance of acinar protein synthesis and protein secretion. Sialadenosis treatment targets the underlying condition with variable resolution of parotid gland symptoms.

### ***Bacterial Sialadenitis***

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Acute sialadenitis is a bacterial infection of the parotid gland. High bacterial loads in the oral cavity provide opportunity for infection of the glands. Normal salivary flow is protective against retrograde colonization and overgrowth of bacteria in the salivary ducts and parenchyma. Saliva has antimicrobial properties owing to the presence



**Fig. 1.** Axial computed tomography scan showing sialadenosis of bilateral parotid glands in a patient with bulimia nervosa.

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