



Case conference of the University of Florida
Series Editors: A. Joseph Layon MD • Michael E. Mahla MD
Associate Series Editors: Lawrence Caruso MD • Andrea Gabrielli MD

Apparent sialadenopathy of the sublingual glands after general anesthesia with placement of laryngeal mask airway[☆]

Joshua Fuhrmeister MD (Resident)^a, Jennifer Janelle MD (Assistant Professor)^b,
R. Victor Zhang MD, PhD (Assistant Professor)^{a,*}

^aDepartment of Anesthesiology, University of Florida College of Medicine, Box 100254, Gainesville, Florida 32610-0254, USA

^bDepartment of Medicine, University of Florida College of Medicine, Box 100254, Gainesville, Florida 32610-0254, USA

^cDepartment of Otolaryngology, University of Florida College of Medicine, Box 100254, Gainesville, Florida 32610-0254, USA

Received 17 May 2005; accepted 17 May 2005

Comment by Jack D. Sedwick MD^c

Keywords:

Sialadenopathy;
Salivary glands;
Endoscopic procedures

Abstract Sialadenopathy, inflammation of the salivary glands, is a rare anesthetic complication. This case conference describes a patient who developed sialadenopathy of the sublingual glands after placement of a laryngeal mask airway during a brief surgical procedure. The patient's history is detailed, the surgical and anesthetic procedures are described, and a discussion follows, which describes the different causes of this inflammatory process. In the comment, the physiology of the salivary glands is described in detail.

1. Introduction

Sialadenopathy, the inflammation of salivary glands, rarely occurs in anesthesia practice. Since first described by Attas et al [1] in 1968, there have been several reports of postoperative sialadenopathy, usually associated with endotracheal intubation and after perioral endoscopic procedures under local anesthesia [1-5]. More recently, sialadenopathy

has been reported in association with the use of a laryngeal mask airway (LMA) [6,7]. These reports described swelling of bilateral parotid glands or bilateral submandibular glands after general anesthesia with the placement of an LMA. In our case report, however, we describe a case of bilateral sublingual sialadenopathy after general anesthesia with the use of an LMA.

2. Case report

A 38-year-old woman with end-stage renal disease presented for removal of a nonfunctioning Tenckhoff

[☆] Case conference presentations are selected and edited at the Department of Anesthesiology, University of Florida College of Medicine.

* Corresponding author. Tel.: +1 352 395 8012; fax: +1 352 395 8013.

peritoneal dialysis catheter. She previously had a cadaver kidney transplant and multiple arteriovenous fistulas. Her medical history was also significant for recurrent deep vein thrombosis, hypertension, and peripheral neuropathy and was positive for lupus anticoagulant. The patient was not on any anticoagulants at the time of this admission due to a recent gastrointestinal bleed. One year before this admission, she had experienced an episode of postoperative tongue swelling for several days after the placement of a Tenckhoff catheter under general anesthesia with endotracheal intubation.

On examination, she weighed 80 kg, was 155 cm in height, and had acceptable vital signs. She had a small mouth opening (two and a half finger breath), a Mallampati score of III, and a relatively large tongue.

After induction of anesthesia with intravenous propofol and fentanyl, a lubricated size 4 Proseal LMA was placed into the hypopharynx, but could not be positioned to achieve a good seal, and was thus removed. Subsequently, a lubricated size 4 Classic LMA was placed into the hypopharynx without difficulty using the standard technique. The insertion was atraumatic, without coughing or gagging. The cuff was inflated with the recommended volume of air, and a good seal was obtained with a leak at 20 cm H₂O. The placement was judged satisfactory by observing chest rise with gentle positive pressure ventilation. General anesthesia was maintained with sevoflurane and 65% nitrous oxide in oxygen, with the patient breathing spontaneously throughout the procedure. Surgery was uneventful and lasted less than 30 minutes. No signs of excessive salivation or other oral pathology were observed. At the end of surgery, the patient emerged from anesthesia smoothly, and the LMA was removed after the patient awakened. She maintained a good airway and recovered in the postanesthesia recovery room without any complaints.



Fig. 1 Picture taken about 3 hours after the surgery showing large and hyperemic sublingual glands. To reduce the pain, a tongue depressor was used by the patient to keep the tongue away from the swollen glands. The sublingual area was very painful to touch and the patient was unable to tolerate oral intake.



Fig. 2 On postoperative day 1, the sublingual glands were less swollen, less hyperemic, and less painful. Topical application of 2% viscous lidocaine was effective in reducing the pain. The patient was able to start eating some liquid food, although the patient still had burning pain when the area was in contact with the food.

Soon after arrival to the ward, the patient began to complain of increasing pain in her sublingual area. Examination showed very engorged and hyperemic sublingual glands, which were very painful on touch. To reduce the pain at the sublingual area, the patient used a tongue depressor to hold the tongue up from the swollen sublingual glands (Fig. 1). Topical application of 2% viscous lidocaine to the sublingual area was also helpful in relieving the pain. On postoperative day 1, the sublingual glands were still swollen and painful, but the patient no longer needed to hold up the tongue (Fig. 2). The patient was able to begin taking liquid enteral nutrition, although she complained of burning pain at the sublingual area upon contact with this material. Over the next 3 to 4 days, the swelling and pain dissipated completely (Fig. 3). There were no long-term sequelae.

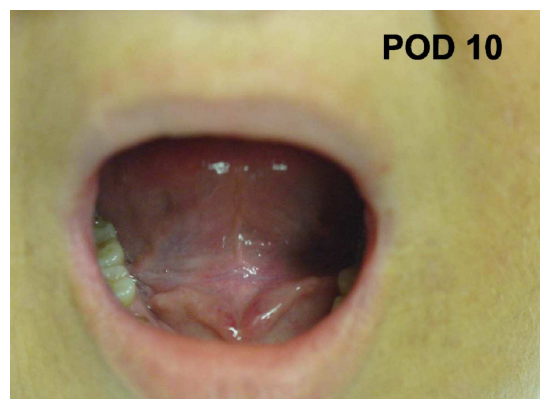


Fig. 3 The pain and swelling of the sublingual glands dissipated completely over 5 to 6 days after the surgery. This is a photo of the sublingual glands 10 days after the surgery, showing a complete recovery of the sublingual glands from the sialadenopathy.

Download English Version:

<https://daneshyari.com/en/article/9096687>

Download Persian Version:

<https://daneshyari.com/article/9096687>

[Daneshyari.com](https://daneshyari.com)