
SIALADENITIS

Sialadenitis is inflammation and enlargement of one or more of the salivary (spit) glands. The salivary glands are responsible for producing and storing saliva. The three major salivary glands are the “parotid” (on the sides of the face in front of the ears), “submandibular” (under the jaw), and “sublingual” glands (under the tongue). All of these glands empty saliva into the mouth through small tubes called ducts.

Sialadenitis can occur due to infection, salivary stones, or an underlying autoimmune disorder. It usually affects the parotid and submandibular glands and is most common among the elderly.

WHAT ARE THE SYMPTOMS OF SIALADENITIS?

The symptoms of sialadenitis can include:

- Swelling in the cheek and neck region, especially after eating
- Mouth or facial pain
- Dry mouth
- Foul taste or gritty feeling in the mouth
- Fever
- Chills
- Redness over the side of the face or upper neck
- Pus in the mouth

WHAT CAUSES SIALADENITIS?

Sialadenitis can be caused by a viral infection (such as mumps), bacterial infection, or an autoimmune disease such as Sjogren’s syndrome (see below). Bacterial infections can happen when the flow of saliva is blocked due to stones in the salivary duct or a narrowing of the duct. Dehydration can also cause bacterial infections by reducing saliva flow. Recent illness and the use of antihistamines, beta-blockers, or diuretics can lead to

dehydration. Radioactive iodine (RAI), sometimes used for treatment after surgery of thyroid cancer, can also result in salivary gland scarring and sialadenitis because some of the radioactivity can be accumulated in the salivary glands.

Sjogren’s syndrome is an autoimmune disease which affects salivary glands and the “lacrima” glands of the eyes. This chronic inflammatory disorder causes decreased saliva production in the mouth and decreased tear production in the eyes. In addition to dry mouth and eyes, there may be symptoms of fatigue, muscle aches, or rashes. In extreme cases, Sjogren’s syndrome may affect the lungs, kidneys, liver, and nervous system. People with Sjogren’s syndrome may also have swelling of the parotid or submandibular glands, as well as an unexplained increase in dental cavities or tooth decay.

An ENT (ear, nose, and throat) specialist, or otolaryngologist, may diagnose Sjogren’s syndrome based on persistent symptoms of dry eyes and/or mouth, parotid gland enlargement, and abnormal blood test results. A lip biopsy can confirm the diagnosis. Sjogren’s syndrome is treated conservatively with symptomatic relief. Oral rinses and hydration are advised along with lubricating eye drops.

WHAT ARE THE TREATMENT OPTIONS?

Treatment for sialadenitis includes good oral hygiene, increasing fluid intake, massaging over the affected gland, applying a warm compress, and using candies or foods which increase saliva (such as lemon drops). In some cases, if the cause is bacterial, antibiotics may be prescribed. Antibiotics are not useful for viral infections. An endoscopic procedure with a very small camera (called Sialendoscopy) can be used in certain cases.

Most salivary gland infections resolve or are cured with conservative treatment after one week. In rare cases

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of recurrent sialadenitis, surgery may be necessary to remove part or all of the gland.

WHAT QUESTIONS SHOULD I ASK MY DOCTOR?

1. Is there anything I can do to decrease the chances of future episodes of sialadenitis?
2. Do any of my current medications increase my risk of sialadenitis?
3. How do I know if there is an underlying disease that is causing my sialadenitis?