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Sialoadenitis

DEFINITION:

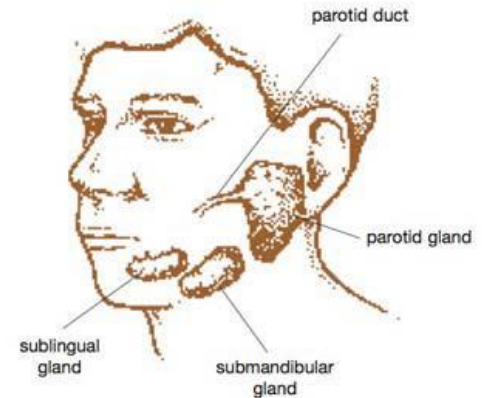
Sialoadenitis (sigh-a-low-ad-den-EYE-tis) occurs when one of the salivary, or spit, glands becomes infected. This is usually due to a bacteria.

TYPES OF SIALADENITIS:

Infection occurs most commonly in the gland underneath the chin, known as the submandibular gland, or in front of the ear, known as the parotid gland. If the parotid gland becomes infected, it is known as “parotitis”.

WHY DOES IT OCCUR:

This can occur when the tube that connects the spit gland to the floor of the mouth, known as a salivary duct, becomes blocked or if saliva production becomes reduced or stopped. This may be seen in patients over the age of 50, patients who are dehydrated from illness, cancer patients, patients who suffer from dry mouth, or patients who suffer from diseases which reduce salivary flow (such as Sjögren’s syndrome). Reduced or stopped salivary production or blockage of salivary duct may also be due to a stone, or sialolith, within the duct.



SYMPTOMS:

Symptoms include localized swelling of the gland, which may fluctuate (become bigger or smaller) between meals. There may be pain and redness of overlying skin. Pus (yellow or white thick drainage) may drain through the salivary duct into the mouth. Other generalized signs of infection may also occur, such as fever, chills, and malaise.

DIAGNOSIS:

Our physicians may palpate or gently push on the affected gland to determine if it is swollen. As well, manipulation of the gland while looking inside the mouth will help the physician to express any infected or purulent drainage from the gland or duct. The physician may also schedule a diagnostic imaging procedure such as a CT scan or an MRI scan to determine if there is a stone, growth, or mass within the gland or duct.

TREATMENT:

Short-term treatment of the problem includes warm compresses to the affected or enlarged area two to three times per day, increasing fluid intake, sugar-free lemon candies to increase saliva production, and massaging or “milking” the gland. Antibiotics may also be given for a bacterial infection. Always complete the full course of antibiotics prescribed unless otherwise instructed by a physician. If no improvement is noted for an extended period of time, chronic or recurrent infection occurs, or stone does not come out on its own, surgical intervention may be discussed. This can range from dilation of the salivary duct and extraction of the stone to excision (or removal) of the salivary gland. Surgical intervention is only undertaken if deemed medically necessary.

Please discuss any questions or concerns with your physician at (772) 398 – 9911.