
SALIVARY GLAND DISORDERS

The salivary glands are found in and near your mouth, face, and neck. Dehydration is a risk factor for certain salivary gland disorders. To help maintain good oral health, it's important to drink lots of liquid every day to promote good saliva production.

The major salivary glands include the parotid (on the cheek and under the ear), submandibular (under the jaw), and sublingual (under the tongue) glands. These glands produce saliva, which helps moisten the mouth, initiates food digestion, and helps protect teeth from decay. There are also many tiny, minor salivary glands located along the lips, inside the cheek, mouth, and throat.

WHAT ARE THE SYMPTOMS OF SALIVARY GLAND DISORDERS?

Problems with the salivary glands may produce symptoms such as:

- Blocked saliva flow
- Difficulty eating
- Swelling in the gland(s) of the cheek and neck
- Pain in the gland(s)
- Repeated infections
- Growths or lumps inside the glands or neck

WHAT CAUSES SALIVARY GLAND DISORDERS?

Saliva obstruction—Saliva flow can be blocked in the parotid and submandibular glands or ducts either by stones or narrowing inside the ducts. A blocked saliva duct can lead to pain and swelling of the saliva gland. Typically, the glands will swell during a meal for a few minutes before gradually subsiding, only to enlarge again at the next meal. Infection with severe pain and swelling can develop if the gland is blocked for a long time without the ability to release the built-up saliva. If persistent gland swelling is left untreated, the glands may develop a severe infection or abscess.

You may experience a swelling or enlargement of nearby lymph nodes with salivary blockage. These lymph nodes are the structures in the upper neck that often become tender during a common sore throat. In fact, some of these lymph nodes are located on or deep within the parotid gland, or near the submandibular glands. When these lymph nodes become enlarged from infection, you may have a red, painful swelling in the area.

Tumors—Cancerous (malignant) or noncancerous (benign) tumors usually show up as painless lumps or enlargements. Tumors rarely involve more than one gland and are detected as a growth in the parotid, submandibular area, on the palate, floor of mouth, cheeks, or lips. An ENT (ear, nose, and throat) specialist, or otolaryngologist, should check these enlargements.

Cancerous tumors of the major salivary glands can grow quickly, may be painful, and can cause loss of movement in part, or all, of the affected side of the face. These symptoms should also be checked immediately by an ENT specialist.

Other disorders—Enlarged or inflamed salivary glands can also be caused by autoimmune diseases, such as HIV and Sjögren's syndrome, where the body's immune system attacks the salivary glands. Dry mouth or dry eyes are symptoms of Sjögren's syndrome. This may occur with other systemic diseases, such as rheumatoid arthritis. Diabetes may cause painless enlargement of the salivary glands, especially the parotid glands.

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WHAT ARE THE TREATMENT OPTIONS?

If your doctor or ENT specialist suspects a salivary gland obstruction, they may numb the opening of the salivary ducts in your mouth and dilate the duct to help an obstructive stone pass. Imaging with a CT scan or ultrasound may also reveal where the calcified stones are located.

If a mass is found in the salivary gland, it's helpful to obtain a CT or MRI scan. Sometimes, a fine needle aspiration biopsy in the doctor's office helps determine what's going on. Rarely, dye will be injected through the parotid duct and an X-ray, called a sialogram, of the gland is taken. Alternatively, small endoscopes, called sialendoscopes, can be used to examine the salivary ducts and diagnose and treat an obstruction from stones or stenosis.

A lip biopsy of minor salivary glands may be needed to identify certain autoimmune diseases, such as Sjögren's syndrome.

Treatment of salivary diseases falls into two categories—medical and surgical—and depends on the nature of the problem. If it is due to diseases or disorders that involve the whole body, not one isolated area, then the underlying problem must be treated. This may require consulting with other specialists. If the disorder relates to salivary gland obstruction and infection, your doctor or ENT specialist may prescribe antibiotics and recommend increasing your fluids.

If a mass has developed within the salivary gland, removal of the mass may be recommended. Most masses in the parotid gland area are noncancerous. When malignant masses are located within the parotid gland, it may be possible to surgically remove them while preserving most of the facial nerve within the gland that moves the face muscles, including

those for the mouth and eyes. Radiation treatment is sometimes recommended after surgery. This is typically administered four to six weeks after the surgical procedure to allow adequate healing before irradiation.

The same general principles apply to masses in the submandibular area or in the minor salivary glands within the mouth and upper throat. Noncancerous masses are best treated by conservative measures or surgery. If the lump in the vicinity of a salivary gland is a lymph node that has become enlarged due to cancer from another site, your ENT specialist will recommend a different treatment plan.

WHAT QUESTIONS SHOULD I ASK MY DOCTOR?

1. What is the cause of my salivary gland problem?
2. Do I need further evaluation with imaging or a needle biopsy?
3. What are the signs of salivary gland infection? When do I need antibiotics?
4. What will I experience if my salivary gland(s) needs to be removed?
5. What are the possible side effects of surgery or radiation therapy?
6. Can you recommend medications or other conservative treatments?
7. How many times have you performed this type of procedure?