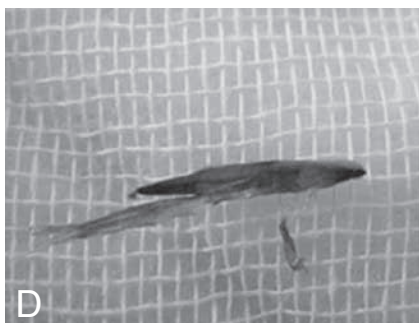
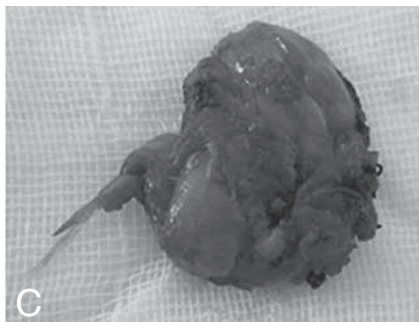
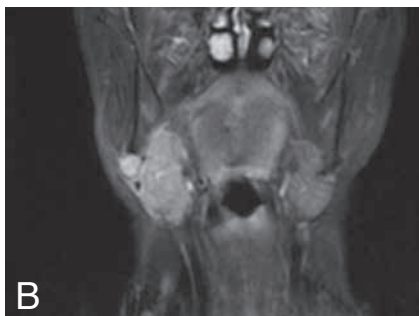
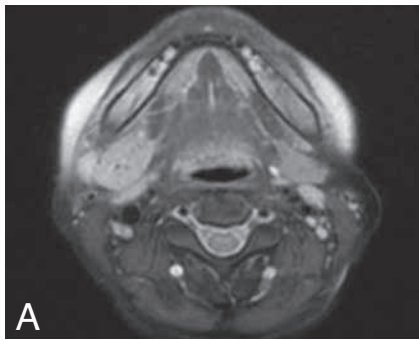


IMAGES IN CLINICAL RADIOLOGY



Atypical obstructive submandibular sialoadenitis

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The patient is a 52-year-old female who had undergone medical treatment for right acute suppurative submandibular sialoadenitis three times in the last two months. The patient was referred to our clinic due to persistence of complaints and presence of a mass in the submandibular region. On physical examination, the right submandibular gland was diffusely enlarged and adherent. Also, seropurulent decreased salivation was observed pressing on the Wharton's channel. Evidence of stone in the channel was not detected at palpation. On USG examination, right submandibular gland enlargement, two reactive lymph nodes (dimension, 19 x 12 mm ve 19 x 8 mm) in submandibular area and hypoecoid nodular lesion which was difficult to discriminate from the surrounding tissue measuring 5 x 3 mm in diameter were detected. Also dilatation at duct of salivary gland (mean 2 mm) was present. For further evaluation MRI examination was recommended. MRI examination revealed a slight increase in the right submandibular gland dimensions. No significant pathologic enhancement was present (Fig. A, B). Under general anesthesia, right submandibular gland excision was performed with lymph node dissection. During operation, it was observed that the gland was middle hard and attached to the anterior belly of the digastric muscle due to probably passed infection. After removal of gland, a foreign body (grass seed) was found to be in the Wharton's duct during the macroscopic examination. After taking the photographs (Fig. C, D), the foreign body was sent to Ankara University, faculty of Agriculture for further analysis. Since the patient was a farmer by occupation, it was thought that the grass seed might had been inserted accidentally into Wharton's duct. Due to their linear extensions They move easily in a space freely.

Comment

Sialoadenitis is inflammation of the salivary glands. The most common etiologic factors are viral or bacterial disease, radiation, obstructive pathologies, Kuttner tumor, Sjögren's syndrome, and Heerford's syndrome. Obstructive sialoadenitis is generally due to canal stenosis secondary to sialolithiasis (%80-90), mucous plugs and a variety of causes (1). Rarely, sialolithiasis may be due to a foreign body like fish bones. The imaging features depend on the foreign body. Fish bone is seen in most cases of foreign bodies and reveals high-echo image by ultrasonography. Wharton's duct tumors, granulation polyps and chronic sclerosing sialoadenitis (Kuttner tumor) can be seen as rare causes (1). Sialoendoscopy has been used for both diagnosis and treatment over the last 5-10 years (1). Sialoendoscopy which was unavailable in our institution could have been contributive in this patient.

Reference

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