

Sialoadenosis

It is a **painless, non-inflammatory** hyperplasia and hypertrophy of the glandular parenchyma:

- gl. parotis is mainly affected;
- **swelling** is usually **symmetrical**, may be recurrent or persistent;
- salivary secretion is reduced → the **risk of ascending infection** from the oral cavity.

Etiology is different. These can be:

- **drug** sialoadenosis (antihypertensives, β -sympathomimetics);
- **endocrine** sialoadenosis (diabetes mellitus, pregnancy);
- **metabolic** sialoadenosis (hypoproteinemia).

Diagnosis is based on:

- a clinical picture with a positive endocrine or pharmacological history;
- **sialographic finding** – the gland is enlarged with rich branching of the outlets, the oppression of which later creates the so-called image of a dead tree (*a bare tree*);
- CT, MR or ultrasound examinations show only an enlarged gland without structural changes.

Therapy consists of treating the triggering factor.

References

Related Articles

- Diseases of the salivary glands
- ENT examination methods / overview
- Saliva

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 12-13-2021]. <http://jirben2.chytrak.cz/materialy/orl_jb.doc>.
- HAHN, Aleš. *Otorinolaryngologie a foniatrie v současné praxi*. 1. edition. Grada, 2007. ISBN 978-80-247-0529-3.

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