

TBH / GSH combined meeting

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Case presentation

- 69 yo lady
- Swelling in parotid (R)
- Repeat episodes despite antibiotic Rx
 - ◆ Feb 05, Mar 06, monthly x3 (Oct 06)
- PMHx: Spastic colon
- Meds: (-)
- Spes: Dry eyes previously

Case:

- Parotid swelling left
- Milky sludge like fluid / matter expressed from parotid duct opening
- Rx: mechanical clearance/ H2O intake / sialogogues / antibiotics
- Back again Jan 07 same symptoms / Sx



CRP

Chronic Recurrent Parotitis

CRP: clinical

- 27% of sialadenitis
- Sudden swelling
 - ◆ 24 hours --- 2 weeks (months)
 - ◆ Quiescent periods
 - ◆ Future episodes longer
- Unilat (can be bilat)
- ± Skin inflammed and low grade fever

CRP: clinical

- Marked ↓ saliva
 - ◆ Return to normal
 - ◆ Repeat times - ↓ flow rate permanent
- Milky viscous fluid with clumps of flocculent material
- No pus
- Adult vs children

CRP: Etiology

- Unknown
- Theories around Inflammation –
 - ◆ Familial
 - ◆ Autoimmune - Sjörgeren's syndrome (adult)
 - ◆ Immune immaturity
 - ◆ Allergy
 - ◆ Ascending bacteria – S.Pneumonia + H.Influenza
 - ◆ Malformation of ducts

CRP: Epidemiology

- Juvenile chronic parotitis
 - ◆ $M > F$
 - ◆ “Recurrent mumps”
 - ◆ Unilat symptoms (sialogram bilat)
 - ◆ 4 month – 15 yrs (puberty)
 - ◆ If to adulthood, $F > M$

CRP: Adults

- F > M,
- 40 – 60 yrs
- Unilat mostly
- Sjörge's syndrome
 - ◆ 30% have CRP

CRP: Pathophysiology

- ↓ flow + inflammation (heat) → protein coagulation/ precipitate → “mucopus” → obstruction + swelling
- Histo: leucocytes
- Fluid: compare sides
 - ◆ ↑ Na, Cl
 - ◆ ↑ albumin , proteins
 - ◆ ↓ flow → ↓ pH / Acid

CRP: Investigations

■ Sialogram

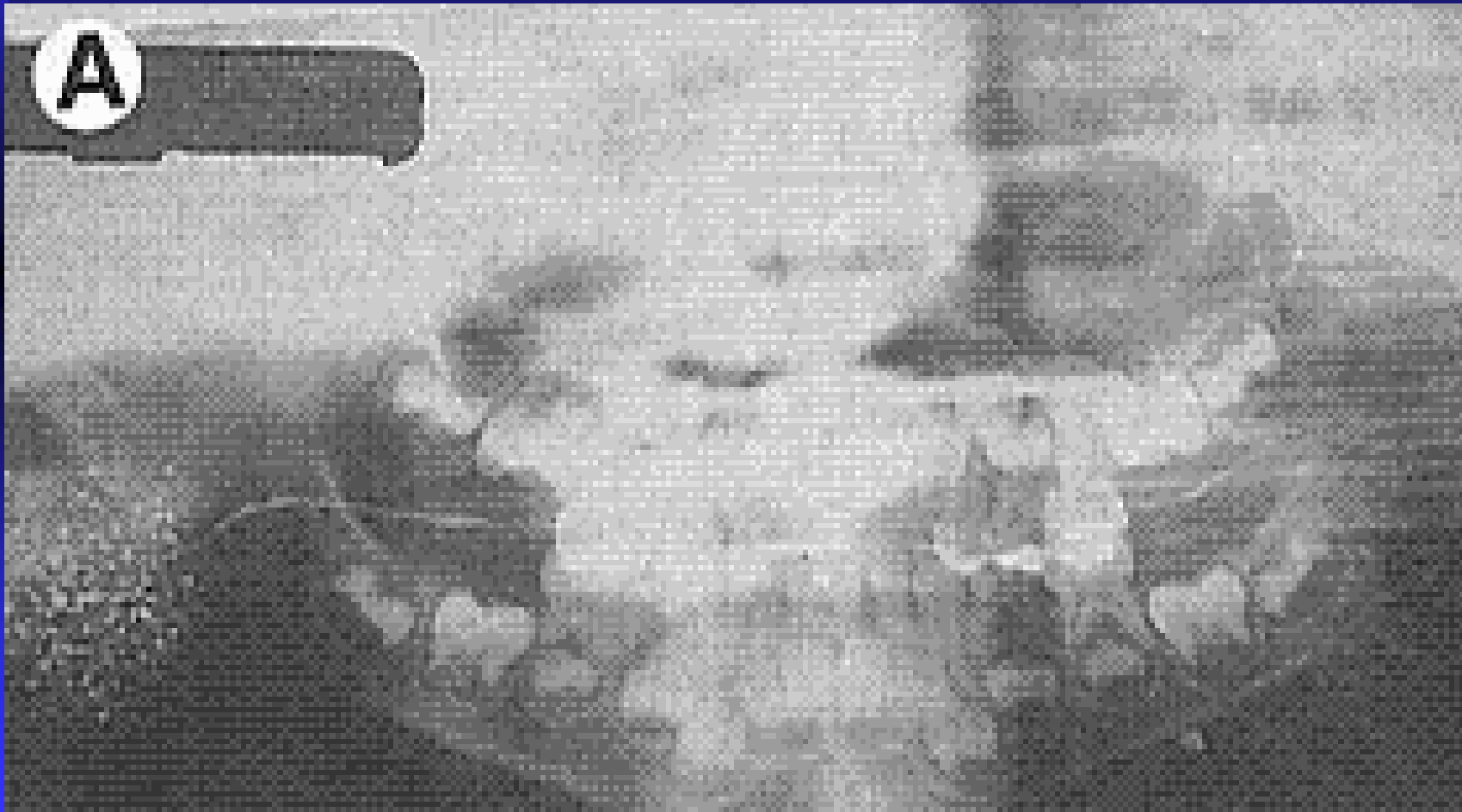
- ◆ Damage of duct after repeated episodes
- ◆ Kids: Punctate sialectasis; normal duct
- ◆ Adult: “sausaging” of duct

■ Ultrasound

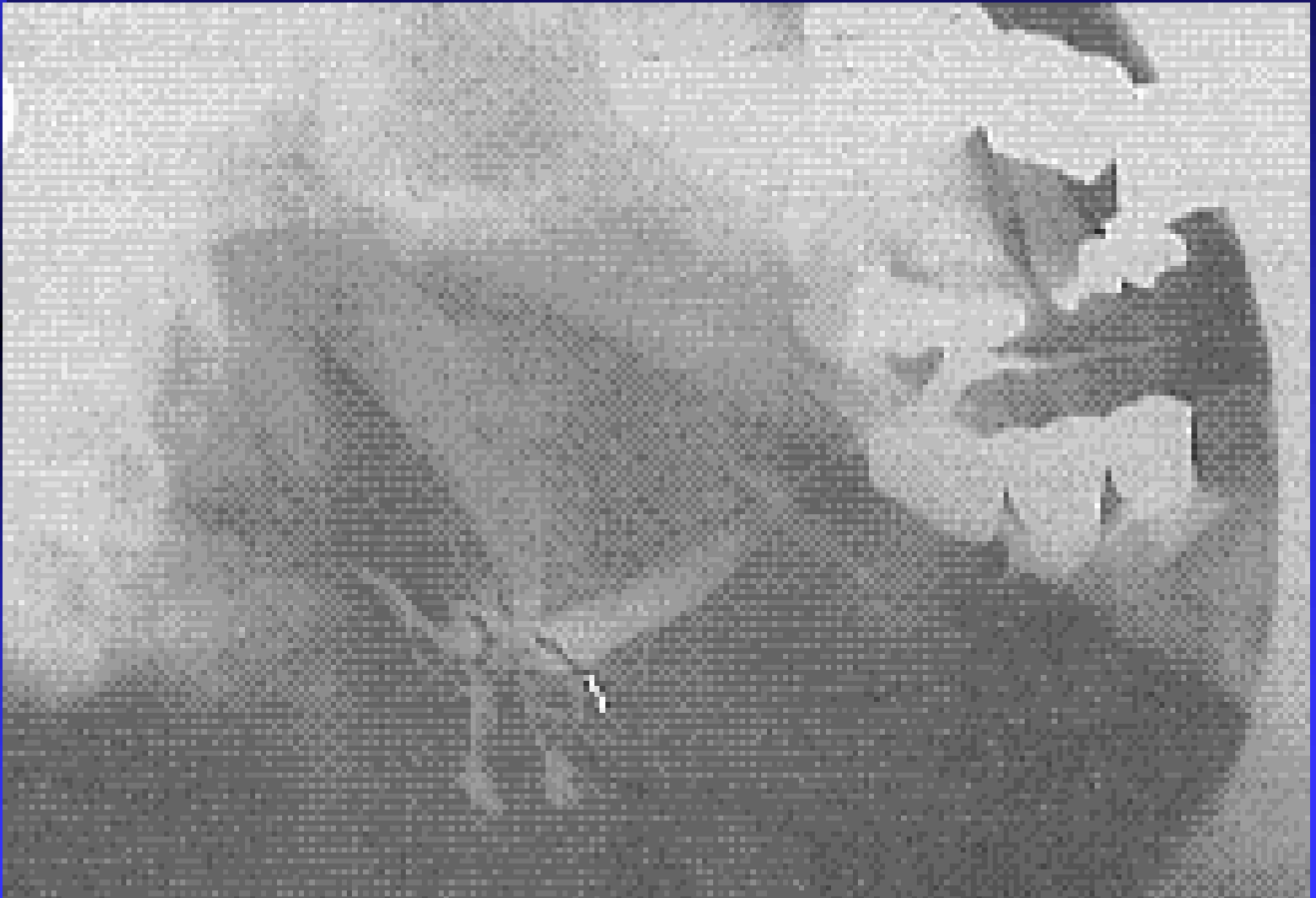
■ Endoscopy

- ◆ 63% of parotid stones NOT seen on sialogram or radiology
- ◆ Nahliel, 1999

Juvenile sialogram



Adult sialogram



CRP: Medical treatment – acute episode

- 2 fold

- ◆ 1. ↓ Inflammation:

- Steroids
 - (Kallikrein inhibitor aprotinin)

- ◆ 2. ↓ Protein precipitation:

- flush material

- ◆ Repeat at earliest signs

- NO antibiotics, unless obviously purulent or persist few days

Steroids

■ Decadron 0.75 mg

- ◆ Severe: QID x 3/7, TDS x 3/7, BD x 3/7, 1/2 tab BD x 3/7
- ◆ Moderate: TDS x 3/7 and reduced
- ◆ Juvenile: 0.25mg
- ◆ Candidiasis – antifungals in Sjörgeren's

Treatment

- Clear inspissated material from duct until saliva clear
 - ◆ (Sialogram)
 - ◆ Endoscopic clearance / irrigation / dilate effect
 - ◆ Milking
 - ◆ Ductal irrigation – saline; decadron
 - ◆ Duct dilation – lacrimal probes
 - ◆ Salivary-activating foods

CRP:options to reduce recurrence

■ Aim: atrophy of gland

◆ Methyline violet (1%) intraductal

- 16 pt, 100% success ; Wang, '98

◆ Tetracycline therapy intraductal

- 10 rabbits, 40%; Bowling '94

◆ Parasympathectomy / Tympanic neurectomy

- 53 juvenile, 79%; Pinelli '96

CRP:options to reduce recurrence

◆ Botulinum A

- Case: 60 yo, U/S 200 IU, No recurrence 1 yr
- Gunita-Lichius 2002

◆ Radiotherapy

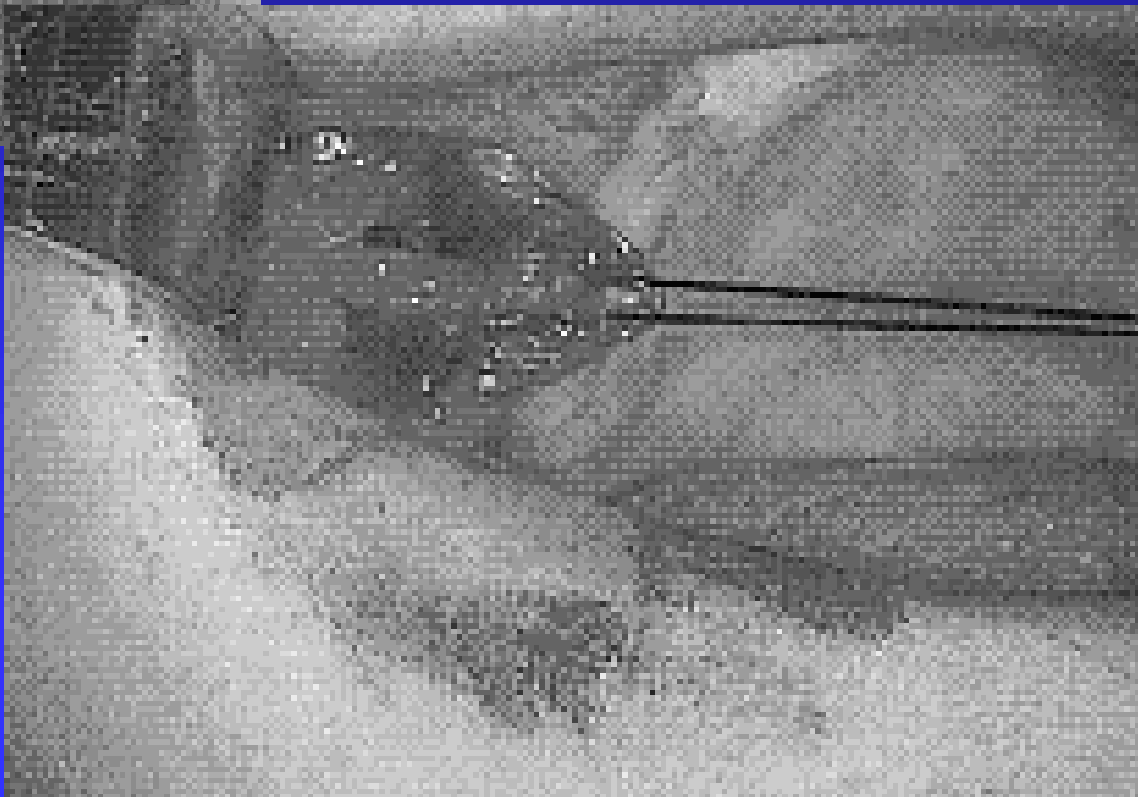
- Side effects incl malignancy

CRP: Surgical management

- Refractory to medical Rx + destructive glandular effect (<30% flow rate)
 - ◆ 1. Stensen's duct ligation
 - 50% success
 - Gland atrophy
 - SE: Ligature / Duct rupture
Sialocele / Cysts



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CRP: Surgical management

◆ 2. Parotidectomy

◆ Superficial

- Sadeghi '96, 8/10 resolve disease
- Moody 2000, 41/46 resolve

◆ Total

- Moody, on 5/46 failed superficial
 - Suggests near total parotidectomy

Literature

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