Sialadenitis
(Inflammation of the Salivary Glands)

Sialadenitis is an *inflammation* (soreness) of the salivary glands. The **parotid is the main salivary gland**. It lies behind the angle of the jaw below the ear. The saliva produced comes out of a tiny opening *(duct)* inside the cheek on either side. This is usually at the level of the upper back teeth. If it is swollen, the ear is pushed up and out. This helps tell this condition apart from a simple lymph gland infection (swollen glands) in the same area. Mumps has mostly disappeared since the start of immunization against mumps. Now the most common cause of parotitis is germ (*bacterial*) infection or inflammation of the *lymphatics* (the lymph channels). **The other major salivary gland is** located in the floor of the mouth. Smaller salivary glands are located in the mouth. This includes the:

- Lips.
- Lining of the mouth.
- Pharynx.
- Hard palate (front part of the roof of the mouth).

The salivary glands do many things including:

- Lubrication.
- Breaking down food.
- Production of hormones and antibodies (to protect against germs which may cause illness).
- Help with the sense of taste.

ACUTE BACTERIAL SIALADENITIS

This is a sudden inflammatory response to bacterial infection. This causes redness, pain, swelling and tenderness over the infected gland. In the past, it was common in dehydrated and debilitated patients often following an operation. It is now more commonly seen:

- After radiotherapy.
- In patients with poor immune systems.

Treatment is:

- The correction of fluid balance *(rehydration)*.
- Medicine that kill germs (*antibiotics*).
- Pain relief.

CHRONIC RECURRENT SIALADENITIS

This refers to repeated episodes of discomfort and swelling of one of the salivary glands. It often occurs after eating. Chronic sialadenitis is usually less painful. It is associated with recurrent enlargement of a salivary gland, often following meals, and typically with an absence of redness. The chronic form of the disease often is associated with conditions linked to decreased salivary flow, rather than *dehydration* (loss of body fluids). These conditions include:

- A stone, or concretion, formed in the gallbladder, kidneys, or other parts of the body (calculi).
- Salivary stasis.
- A change in the fluid and *electrolyte* (the salts in your body fluids) makeup of the gland.

It is treated with:

- Gland massage.
- Methods to stimulate the flow of saliva, (for example, lemon juice).
- Antibiotics if required.

Surgery to remove the gland is possible, but its benefits need to be balanced against risks.

VIRAL SIALADENITIS

Several viruses infect the salivary glands. Some of these include the mumps virus that commonly infects the parotid gland. Other viruses causing problems are:

- The HIV virus.

- Herpes.
- Some of the influenza (“flu”) viruses.

RECURRENT SIALADENITIS IN CHILDREN

This condition is thought to be due to swelling or ballooning of the ducts. It results in the same symptoms as acute bacterial parotitis. It is usually caused by germs (*bacteria*). It is often treated using penicillin. It may get well without treatment. Surgery is usually not required.

TUBERCULOUS SIALADENITIS

The salivary glands may become infected with the same bacteria causing tuberculosis (“TB”). Treatment is with anti-tuberculous antibiotic therapy.

OTHER UNCOMMON CAUSES OF SIALADENITIS

- Sjogren's syndrome is a condition in which arthritis is associated with a decrease in activity of the glands of the body that produce saliva and tears. The diagnosis is made with blood tests or by examination of a piece of tissue from the inside of the lip.Some people with this condition are bothered by:
  - A dry mouth.
  - Intermittent salivary gland enlargement.
- Atypical mycobacteria is a germ similar to tuberculosis. It often infects children. It is often resistant to antibiotic treatment. It may require surgical treatment to remove the infected salivary gland.
- Actinomycosis is an infection of the parotid gland that may also involve the overlying skin. The diagnosis is made by detecting granules of sulphur produced by the bacteria on microscopic examination. Treatment is a prolonged course of penicillin for up to one year.
- Nutritional causes include vitamin deficiencies and bulimia.
- Diabetes and problems with your thyroid.
- Obesity, cirrhosis, and malabsorption are some metabolic causes.

HOME CARE INSTRUCTIONS

- Apply ice bags every 2 hours for 20 to 30 minutes, while awake, to the sore gland for 24 hours, then as directed by your caregiver. Place the ice in a plastic bag with a towel around it to prevent frostbite to the skin.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is increased pain or swelling in your gland that is not controlled with medication.
- An oral temperature above 102° F (38.9 °C) develops, not controlled by medication.
- You develop difficulty opening your mouth, swallowing or speaking.

Document Released: 04/07/2004 Document Re-Released: 09/26/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.