

Salivary Gland Inflammation

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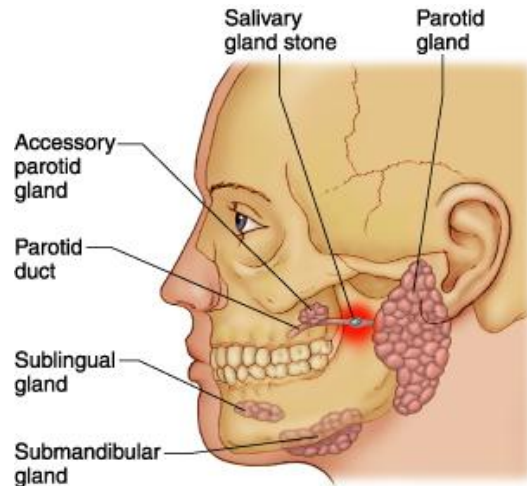


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There are three pairs of major saliva producing glands draining into the mouth. These are the parotid, submandibular and sublingual glands. On occasion, one of the main salivary glands becomes swollen and sore.

This can occur for a several reasons:

- Blockage of the draining duct by a stone or narrowing ('stricture'), causing the upstream ducts and gland to 'back-up' and swell. Often this swelling is triggered when saliva production increases (usually with eating). The gland is swollen and slightly tender due to the back-pressure, but after a few hours things resolve without needing treatment from your doctor. Once the blockage is relieved, the swelling goes down to a normal size, unless the problem has occurred repeatedly (see below).
- Infection can occur either as the result of mechanical blockage and trapping of bacteria in the swollen gland, or if a particularly nasty ('pathogenic') bacteria gets into the gland. The swelling is usually more severe, more painful, and the overlying skin might be red and tender. You may be able to taste pus in your mouth – the infected saliva coming out of the gland.
- With repeated episodes of swelling or infection, scarring of the gland and it's ducts can occur, resulting in more prolonged swelling, a chronically enlarged gland, and an increased risk of infection. If a non painful swelling occurs without preceding episodes, or a lump fails to go away completely between episodes, you should see your doctor to make sure nothing else is happening with the gland.



Treatment:

The following treatments will be helpful whether there is infection or just mechanical blockage present causing the swelling and pain. Using them in combination will speed up the time until your swelling resolves.

Pain Relief:

A combination of several different types ('classes') of pain relief will give you better comfort with fewer side effects than using increasing doses of one specific medication.

- Paracetamol (Panadol, Chemist's Own etc): use this regularly, with doses spread out evenly through the day (four times every day until the pain resolves). Adults should always use two tablets (1g) per dose for adequate pain relief.
- Anti-inflammatory medication (e.g. Nurofen, Indocid, Voltaren): These are also very effective for salivary gland infection pain. Again, two tablets, up to three times/day, is an appropriate dose for an adult. Discuss their use with your doctor if surgery is being planned, as they can sometimes cause a little more bleeding than usual.
- Steroid medication (e.g. prednisolone, dexamethasone): these can be very effective at quickly decreasing any swelling, which allows the blocked saliva to escape from the gland. Side effects for short-term use can include insomnia and hyperactivity (which stop soon after you stop the medication). **Please talk to your doctor if you have diabetes or a history of stomach ulcers if you are considering this medication.**
- Stronger pain relief: e.g. codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g. Panadeine Forte). These would only really be needed if the pain was not responding to a combination of the medication above.

Encouraging salivary flow: eat and drink regularly. Chew gum as much as you can. Sucking on sour fruit (e.g. lemons, limes) or sour lollies is a very effective way to get saliva flowing, and flushing out the gland. Aim to suck on these every four hours, or every two hours between meals.

Gland massage: this will also help get saliva moving out into the mouth, and may dislodge any small stones. For the parotid gland, begin at the ear lobe or behind the angle of the jaw, and rub firmly towards the corner of the mouth, for five minutes every hour. For the submandibular gland, rub from under the angle of the jaw towards the chin. Use the same amount of pressure you would expect from a firm tissue massage.

An **ice pack** can be helpful in the first 24 hours (20min on, 20min off). Following that, a **heat pack** may provide symptom relief.

Dental and oral care: people with poor dental hygiene (infrequent brushing, lots of tarter etc, dry mouths from whatever cause, inadequate fluid intake). Are predisposed to salivary gland swelling and infection. Between episodes, make sure you are cleaning your teeth twice daily, schedule a clean and scale with your dentist, and drink fluid regularly to keep the number of bacteria in your mouth under control.

Antibiotics: if you develop a fever, the gland is very swollen and painful, pus discharges into the mouth, or the overlying skin is red, the oral or intravenous antibiotics may be needed. See your GP for assessment. Current guidelines suggest beginning with a ten-day course of flucloxacillin or clindamycin, depending on your circumstances.

Surgery

Surgery is reserved for severe or recurrent cases of gland swelling or infections, and will usually be timed between episodes of swelling to minimize risks. The operations for the saliva glands are not without their own risks, which your surgeon should discuss with you prior to deciding to go ahead with any procedure. In some cases, the risk of the surgery outweighs the benefit of avoiding future episodes of swelling, and surgery might be best avoided. Discuss the expected benefits of any operation against the expected (and infrequent) risks, and spend some time thinking about the balance between these for your specific case before deciding to go ahead.