

Sialoceles of the parotid gland



A previously healthy woman in her twenties presented with a large, fluctuating swelling on the cheek barely two weeks after surgery for a small pleomorphic adenoma in the right parotid gland (Fig. 1). Transcutaneous aspiration of saliva, verified by the presence of amylase, was consistent with a parotid sialocele.

Standard treatment with repeated, transcutaneous aspirations was initially attempted. Over the course of three weeks, the sialocele was drained of 20 to 50 ml saliva on eight occasions, but quickly recurred each time.

To minimise the risk of a transcutaneous salivary fistula, the sialocele was aspirated transorally with a catheter (Secalon® 18G, 1.4 × 90 mm) under local anaesthesia. The catheter was cut to the correct length and sutured to the buccal mucosa, allowing continuous intraoral drainage of saliva from the sialocele (Fig. 2). The catheter was removed after four weeks, and subsequent check-ups have shown normal production and drainage of saliva.

A sialocele is a localised accumulation of saliva in the soft tissue surrounding a salivary gland that typically occurs 1–2 weeks after injury to the excretory duct or gland, most frequently in association with sharp

force trauma or following parotid surgery. Tissue damage should ideally be repaired in the acute phase, but such injuries are often overlooked. Delayed surgical exploration and repair is not recommended due to the risk of damaging the facial nerve.

There is no clear consensus on the secondary treatment of parotid sialoceles. The intraoral drainage technique was first described in 1969 (1). It can be performed under local anaesthesia, is inexpensive and can preserve residual gland function. This method also seems to have fewer adverse effects and requires fewer resources than other treatment options (2).

The patient has consented to the publication of the article.

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References

1. Meyer RA, Gordon RC. Method for repair of traumatic pseudocyst of parotid duct: report of case. *J Oral Surg* 1969; 27: 281–3.
2. Donoso T, Domancic S, Argandoña J. Delayed treatment of parotid sialocele: a functional approach and review. *J Oral Maxillofac Surg* 2015; 73: 284–90.

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