Original Research Paper

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General Surgery

AN UNUSUAL CASE OF PAROTID DUCT CALCULUS CAUSING PAROTID ABSCESS

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ABSTRACT **AIM:** The aim of this study was to present a rare case of parotid abcess secondary to calculi (intraductal).
CASE: We report the case of a 55-year-old man presenting with painful swelling over the left parotid region. The patient was treated initially with antibiotics, later exploration of the duct was performed and a stone was retreived from the duct and duct was laid open. Patient recovered well and there was a symptom free interval over a follow up period of six months.
CONCLUSION: Management of parotid calculi is not straight forward. Parotidectomy may be required in some selected cases.

KEYWORDS :

INTRODUCTION

Sialolithiasis is the most common benign disease of the salivary glands. It accounts for about 50% of diseases of the largest salivary glands and thus the most common cause of acute and chronic infections. About 80–90% of sialoliths develop in the submandibular gland or its duct and 6–10% in the parotid gland. Sublingual or minor salivary glands are rarely affected. Sialoliths are typically more common in middle-aged men, but some studies suggest a male-to-female ratio of 1:1.

CASE REPORT

A 50 yrs old male patient has presented to the surgical OPD with complaints of painful swelling below and in front of the left ear and high grade fever since 10 days rapidly increased in size since 3 days and attained a size of 8x6 cms. There is no relation to size of swelling and pain to food intake. There is decreased salivation while chewing, difficulty in opening the mouth and foul smelling .There is no trauma. He experienced decreased salivation on left side 2 months ago. There no history of HTN, DM, TB, Epilepsy, Asthma and radiation. No history of alcohol and smoking. Facial nerve is normal

EXAMINATION

A solitary ill defined swelling of size approx. 8x6cm is present below and front of the left ear lobule , superiorly extending up to the zygomatic bone, inferiorly 1cm below the angle of mandible, posteriorly up to the mastoid process and anteriorly ill defined. Surface appears to be smooth, margins ill defined. Skin over the swelling is stretched and shiny, erythematous. Surrounding skin is normal, No engorged veins scars and sinuses and visible pulsations over swelling. Ear lobule is raised and swelling become more prominent on masseter contraction. Retromandibular groove is obliterated

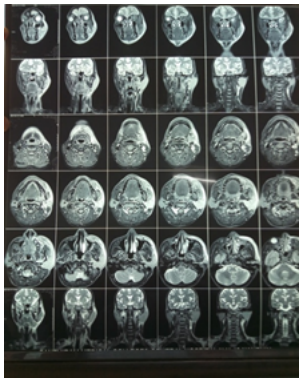
On oral cavityTonsillar fossa appears to be normal .Pus discharge noted in the oral cavity opposite to the crown of left upper 2nd molar tooth

PALPATION

Inspectory findings are confirmed. Local rise of temperature and tenderness present over the swelling .Firm in consistency. Skin is not pinchable and is indurated. No fluctuation. It is not fixed to the underlying structures. Examination of deep lobe by bidigital is normal tonsils are normal. Anterior and posterior tonsillar pillar are normal in position .No dental caries On pressure over the swelling there is a pus discharge from the stensons duct .On bidigital examination hard calculus felt near to duct opening. Facial nerve examination is normal. Cervical lymph node examination is normal

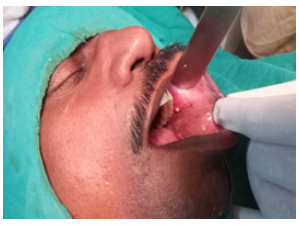
INVESTIGATIONS

Complete blood picture shows elevated WBC count of 17,700/cumm ,Viral screening is non reactive .USG NECK shows enlarged left parotid with dilated duct suggestive of acute parotitis .Enlarged lymph node in the left posterior triangle – level V MRI shows mild diffusely enlarged left parotid with adjacent edema secondary to sialolith obstruction in distal stensons duct and enlarged lymph node posterior to left parotid measuring 10x11mm



OPERATIVE PROCEDURE:

The patient was treated initially with antibiotics, later exploration of the duct was performed and a stone of 1x0.5 cms was retreived from the duct and duct was laid open. Patient recovered well and there was a symptom free interval over a follow up period of six months.



BIOPSY REPORT :

shows chronic non specific inflammation with abscess formation

DISCUSSION:

Sialoliths, or salivary stones, are the most common disease of the salivary glands in middle-aged patients. Sialoliths are most the common cause of acute and chronic infections of salivary glands. Several hypotheses have been put forward to explain the etiology of these calculi like Mechanical Inflammatory, Chemical, Neurogenic, Infectious, Etc.

The decision about which technique to utilise depends Stone Size, Location And Procedure Availability. The stone will stay in the gland until it is removed Stones less than 2 mm in diameter can be treated without surgical intervention

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