

HEAD AND NECK FOR DENTISTRY

LECTURE 3 , SALIVARY GLANDS

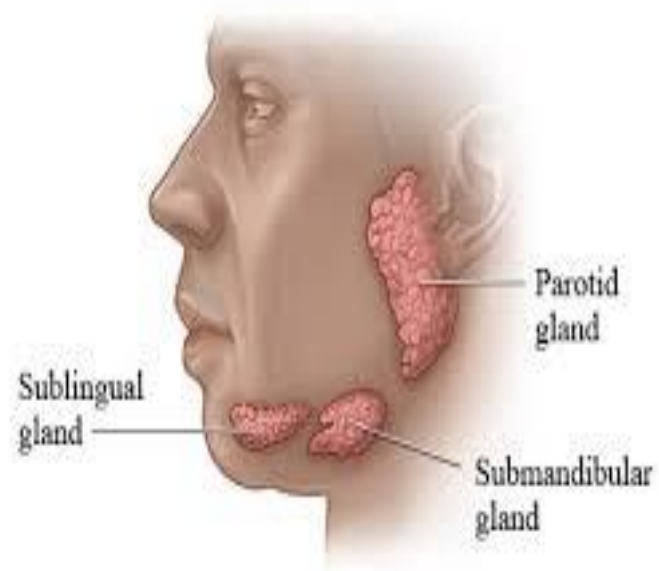
DR HEYAM AWAD

FRCPATH

SALIVARY GLANDS

- THREE MAJOR SALIVARY GLANDS
 1. PAROTID.
 2. SUBMANDIBULAR.
 3. SUBLINGUAL.

MINOR SALIVARY GLANDS THROUGHOUT ORAL
MUCOSA.



DISEASES OF SALIVARY GLANDS

- INFLAMMATORY.
- NEOPLASTIC.

XEROSTOMIA

- DRY MOUTH.
- DECREASED SALIVA.



XEROSTOMIA

- 20% OF POPULATION OVER 70 YEARS.
- CAUSES:
 1. DRUGS: DIURETICS, ANTIHYPERTENSIVE, ANALGESICS....
 2. SJOGREN SYNDROME.
 3. DADIO THERAPY.

XEROSTOMIA

CLINICAL FEATURES

- DRY MUCOSA.
- ATROPHY OF TONGUE PAPILLAE.
- FISSURING .
- ULCERATION.

XEROSTOMIA COMPLICATIONS

- DENTAL CARIES.
- CANDIDA.
- DIFFICULTY IN SWALLOWING AND SPEAKING.

SIALADENITIS

- INFLAMMATION CAUSED BY:
 1. TRAUMA.
 2. VIRUSES.
 3. BACTERIA.
 4. AUTOIMMUNE DISEASES.

VIRAL SIALADENITIS



MUMPS

- CAN CAUSE ENLARGEMENT OF ALL SALIVARY GLANDS, BUT MOSTLY PAROTIDS.
- MUMPS VIRUS IS A PARAMYXOVIRUS.
- PRODUCES INTERSTITIAL MONONUCLEAR INFLAMMATORY INFILTRATE.

MUMPS

- SELF LIMITED IN CHILDREN .
- ADULTS: CAN CAUSE PANCREATITIS OR ORCHITIS.
- ORCHITIS CAN CAUSE STERILITY.

BACTERIAL SIALADENITIS

- MOSTLY SUBMANDIBULAR GLAND.
- STAPH AUREUS, STREPT VIRIDANS
- PREDISPOSING FACTORS: SIALOLITHIASIS, IMPACTED FOOD OR DEBRIS, INJURY.
- DECREASED SALIVA ALSO PREDISPOSES TO BACTERIAL INFECTIONS.

AUTOIMMUNE SIALADENITIS

= SJOGREN SYNDROME.

- DRY EYES AND DRY MOUTH DUE TO IMMUNE MEDIATED LACRIMAL AND SALIVARY GLAND DESTRUCTION.
- 40% OCCUR IN ISOLATION. 60% ASSOCIATED WITH OTHER AUTOIMMUNE DISEASES LIKE RHEUMATOID ARTHRITIS, SLE, SCLERODERMA.

MUCOCELE

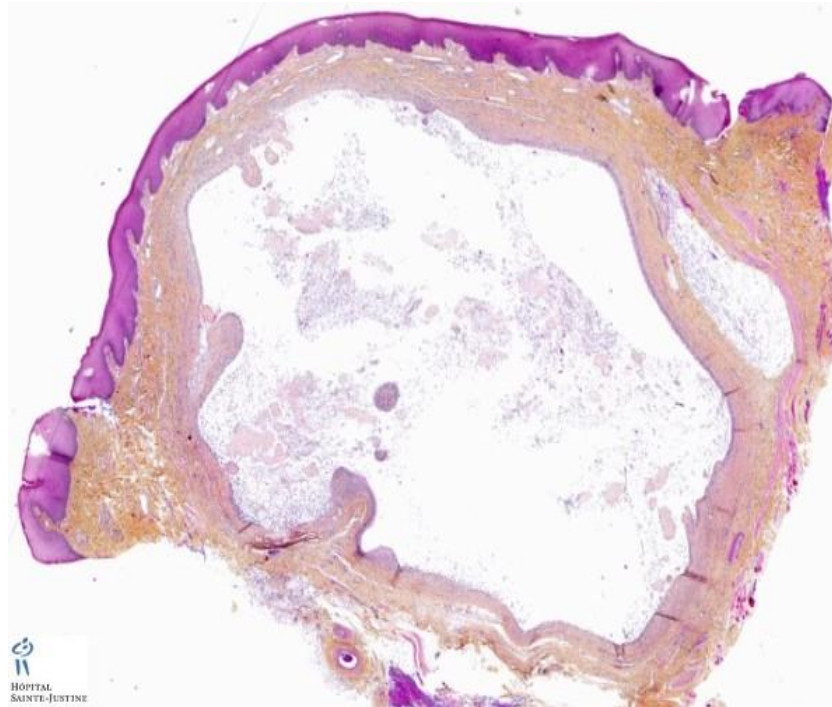
- THE MOST COMMON INFLAMMATORY LESION OF SALIVARY GLANDS.
- DUE TO BLOCKAGE OR RUPTURE OF SALIVARY GLAND DUCT WITH LEAKAGE OF SALIVA INTO SURROUNDING CONNECTIVE TISSUE STROMA.

MUCOCELE

- FLUCTUANT SWELLING OF LOWER LIP.



MUCOCELE



NEOPLASMS

- A LARGE VARIETY OF BENIGN AND MALIGNANT NEOPLASMS.
- 30 TYPES!!
- RAER... LESS THAN 2% OF ALL HUMAN TUMOURS.
- 65 – 80 % ARISE WITHIN THE PAROTID, 10% IN THE SUBMANDIBULAR.

NEOPLASMS

- 15-30% OF PAROTID TUMOURS ARE MALIGNANT.
- 40% OF SUBMANDIBULAR ONES MALIGNANT.
- 50% OF MINOR SALIVARY TUMOURS MALIGNANT.
- 70-90% OF SUBLINGUAL MALIGNANT.

PLEOMORPHIC ADENOMA

- THE MOST COMMON SALIVARY GLAND NEOPLASM.
- PRESENT AS PAINLESS, SLOW GROWING, MOBILE MASSES.
- ARISE IN THE PAROTID, SUBMANDIBULAR GLAND OR IN THE BUCCAL CAVITY.

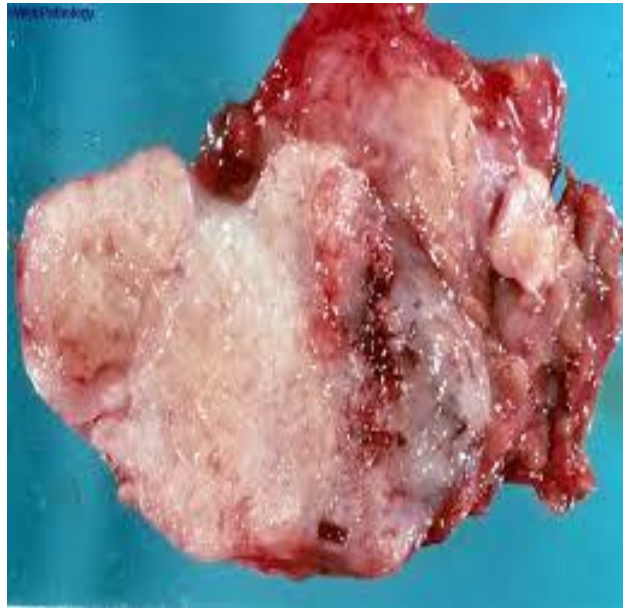
Pleomorphic adenoma



MACROSCOPIC FEATURES OF PLEOMORPHIC ADENOMA

- ROUNDED, WELL DEMARCATED MASSES.
- CUT SURFACE IS GREY- WHITE

Pleomorphic adenoma

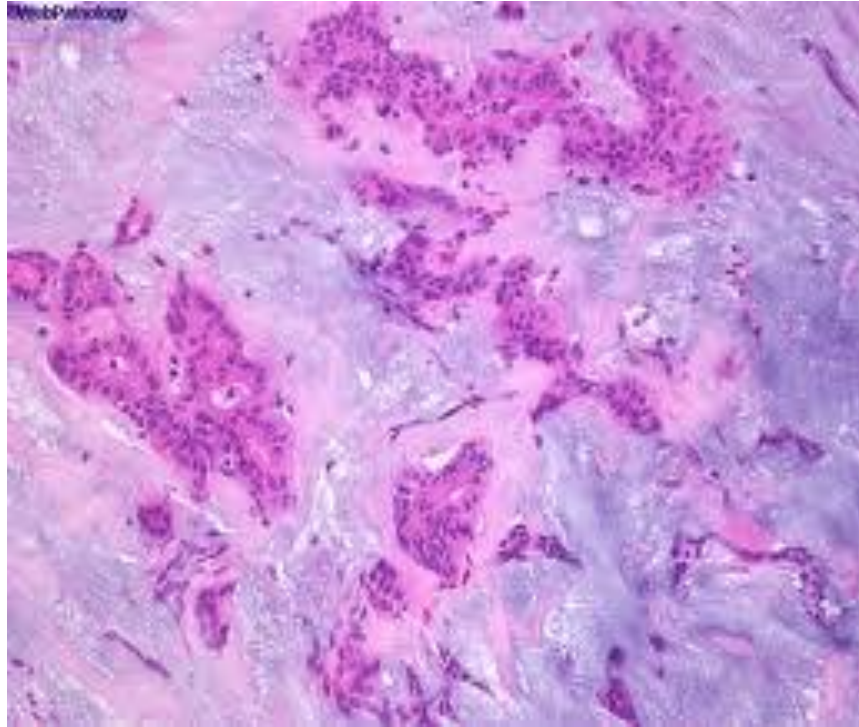


PLEOMORPHIC ADENOMA

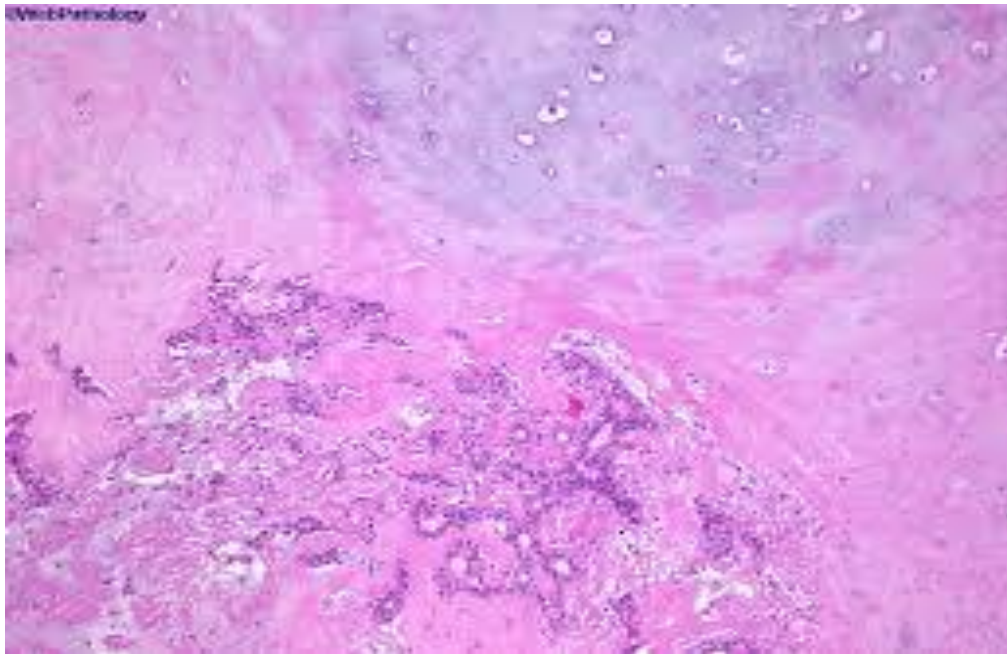
HISTOLOGICAL FEATURES

- MIXTURE OF EPITHELIAL AND MYOEPITHELIAL CELLS IN A MYXOID, HYALINE AND CHONDROID MATRIX.
- RATIO BETWEEN EPITHELIAL AND MESENCHYMAL ELEMENTS VARIES..... DOES THIS AFFECT BEHAVIOUR?

PLEOMORPHIC ADENOMA



PLEOMORPHIC ADENOMA



PLEOMORPHIC ADENOMA

- TREATMENT: COMPLETE EXCISION.
- CAN RECUR IF NOT WELL EXCISED.
- 25% RECURRENCE IF ENUCULATED, 4% RECURRENCE IF WIDE RESECTION.
- MALIGNANT TRANSFORMATION IN 10% OF CASES PRESENT FOR 15 YEARS
ADENOCARCINOMS OR UNDIFFERENTIATED CARCINOMA. BOTH AGGRESSIVE

MUCOEPIDERMOID CARCINOMA

- 15% OF ALL SALIVARY GLAND TUMOURS.
- MAINLY IN THE PAROTID.
- THE MOST COMMON MALIGNANT SALIVARY GLAND NEOPLASM.

MUCOEPIDERMOID CARCINOMA

- CORDS OR SHEETS OF SQUAMOUS , MUCOUS OR INTERMEDIATE CELLS .
- CAN BE LOW, INTERMEDIATE OR HIGH GRADE.
- LOW GRADE: INVADE LOCALLY AND RECUR IN 15% OF CASES.
- HIGH GRADE: RECUR IN 25% AND HAVE 50% CHANCE OF 5 YEAR SURVIVAL

mucoepidermoid

