SALIVARY GLANDS

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DISORDERS OF SUBMANDIBULAR GLAND

Anatomy

Paired salivary glands
Consist of larger superficial and smaller deep lobe

Both lobs are continuous around posterior border of mylohyoid muscle
Deep lobe lies on hypoglossus muscle

Gland is surrounded by well defined capsule
From deep cervical fascia

Drained by wharton’s duct and drains into anterior floor of mouth at sublingual papilla.

Relations

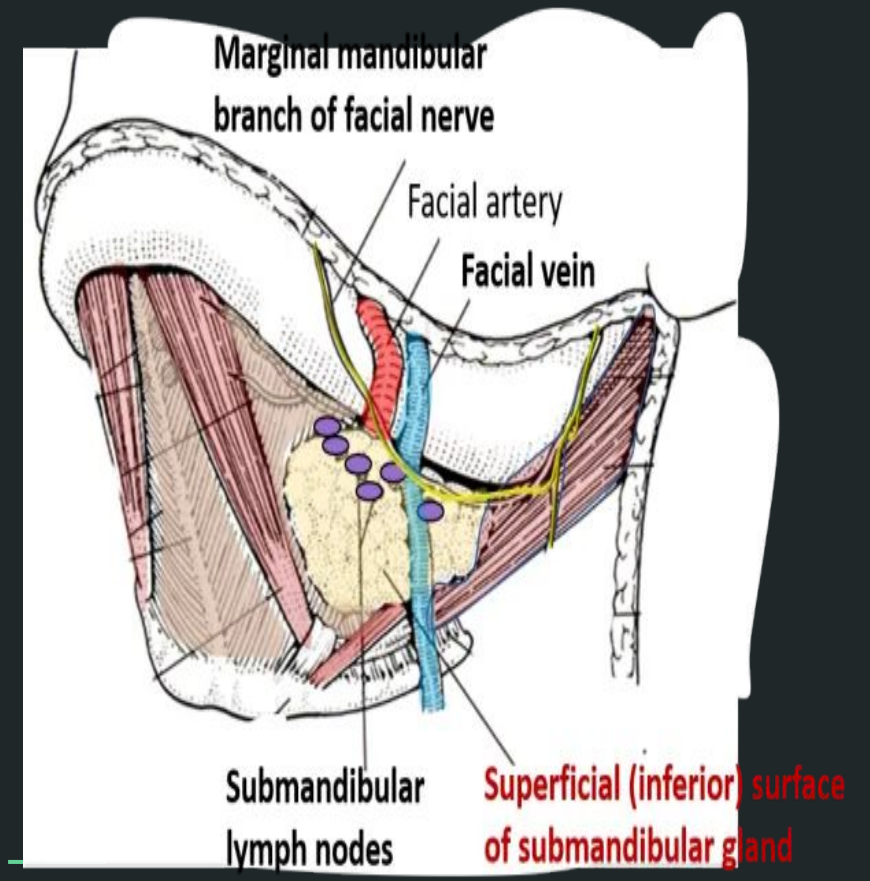
Lingual nerve

Hypoglossal nerve

Anterior fascial vein

Fascial artery

Marginal mandibular branch of fascial nerve



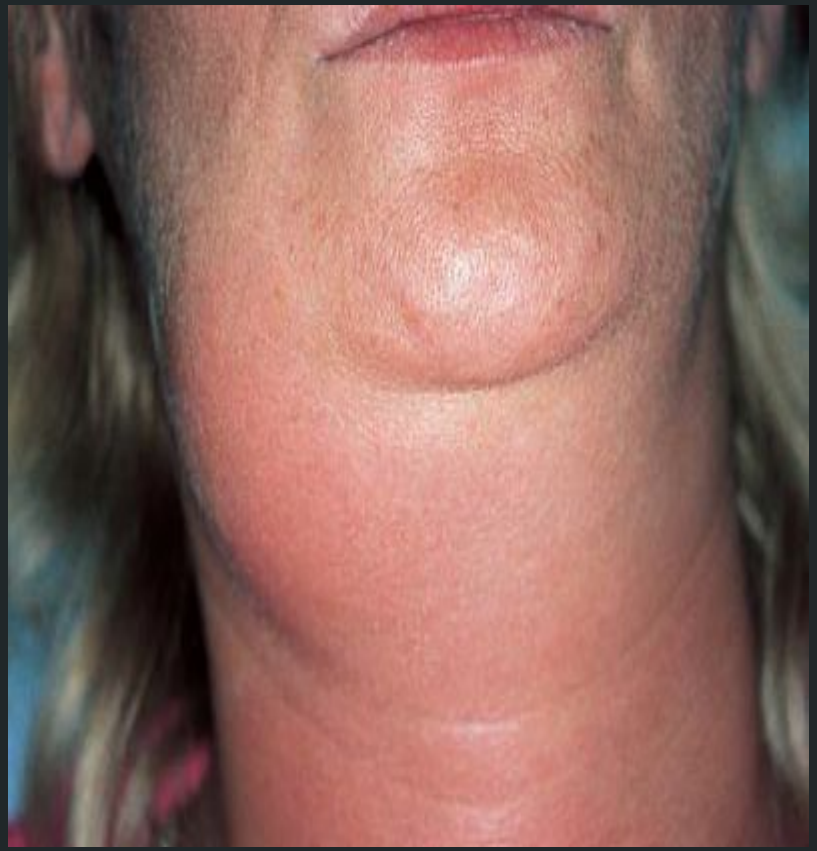
Inflammatory disorders

Inflammation termed as ‘’sialadenitis’’

Causes:

Viral: rare by paramyxovirus

Bacterial: more common usually after obstruction



Sialolithiasis

“Stone formation within gland / associated duct system” most common cause of obstruction

80% of all salivary gland stones occur in submandibular gland

80% of submandibular gland stones are radio opaque

Second most common cause of obstruction is stricture

Remaining are due to pathology / trauma of floor of mouth

Clinical symptoms

Painful swelling in region of submandibular region

Pain precipitated by eating

Swelling occurs rapidly and resolves spontaneously after 1-2 hours after completion of meal

Most common sites of impaction:

1- Hilum of gland as duct bends over mylohyoid muscle

2- Near punctum

Management

Minimal invasive procedure

Smaller stones are retrieved by Dormia basket

Either endoscopically or under radiological guidance

Under local anesthesia

Larger stones are removed via extracorporeal/intracorporeal lithotripsy
Followed by removal via dormia basket

Recent intervention: pneumatic intraductal lithotripter

Submandibular gland excision

Indications

Sialadenitis only if minimal invasive procedure failed

Salivary tumors

Submandibular gland excision

Incision and exposure

Gland mobilization

Dissection of deep lobe &
Identification of lingual nerve

Wound closure

Complications

Haematoma

Wound infection

Marginal mandibular nerve injury

Lingual nerve injury

Hypoglossal nerve injury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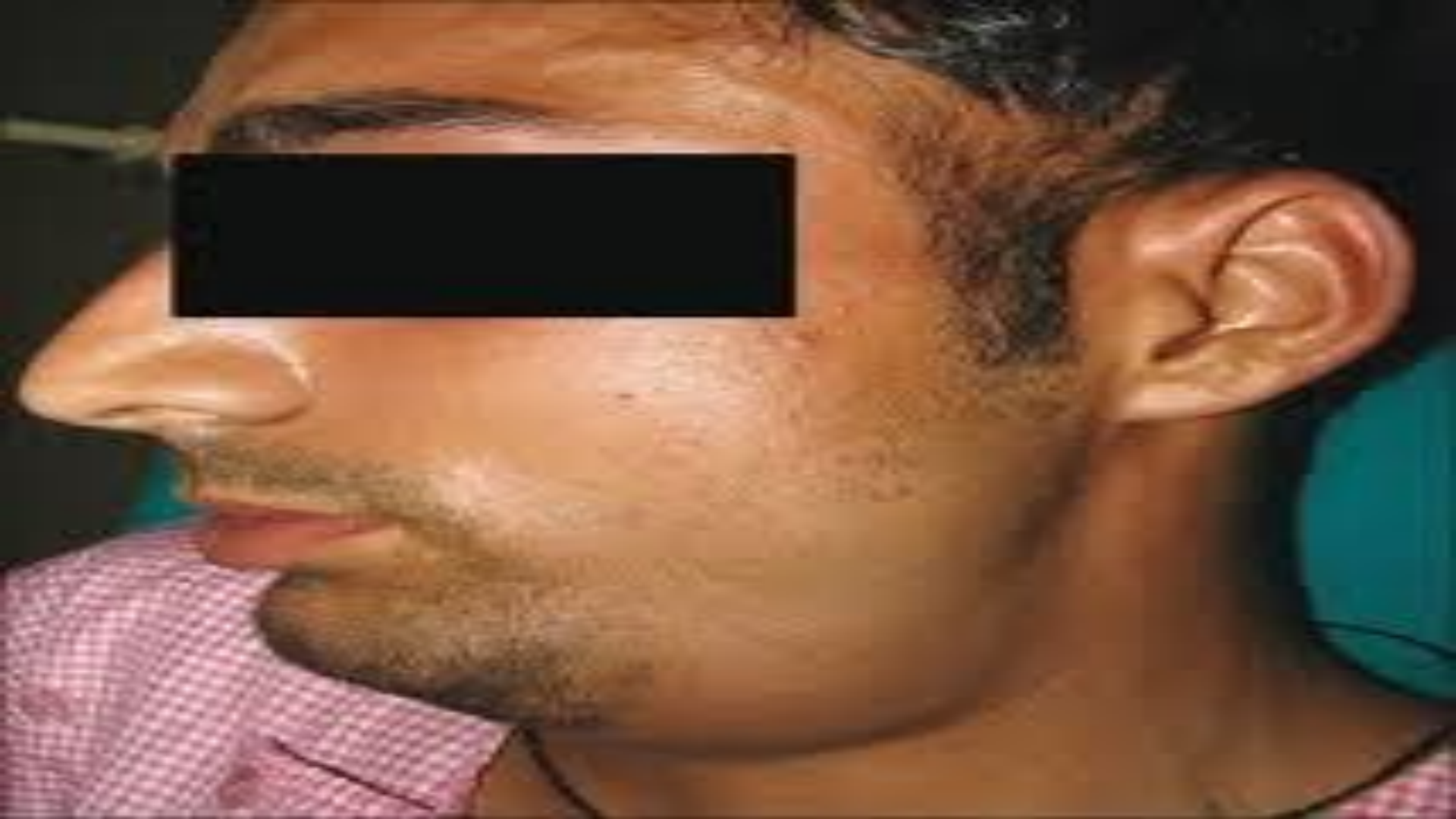
Tumors of submandibular gland

Uncommon
Present as slow growing painless swelling
About 60-70% are beingn

Investigations:
Ultrasonography
FNAC/True cut biopsy
Ct sacns
MRI

Open surgical biopsy is contraindicated



Management

Benign tumors : safe removal by meticulous dissection outside the submandibular capsule

On preservation of capsule recurrence 1-1.5% at 10 years

Malignant : management is governed by stage and clinical grade

Plus adjuvant radiotherapy

STAY HOME

STAY SAFE

THANK YOU