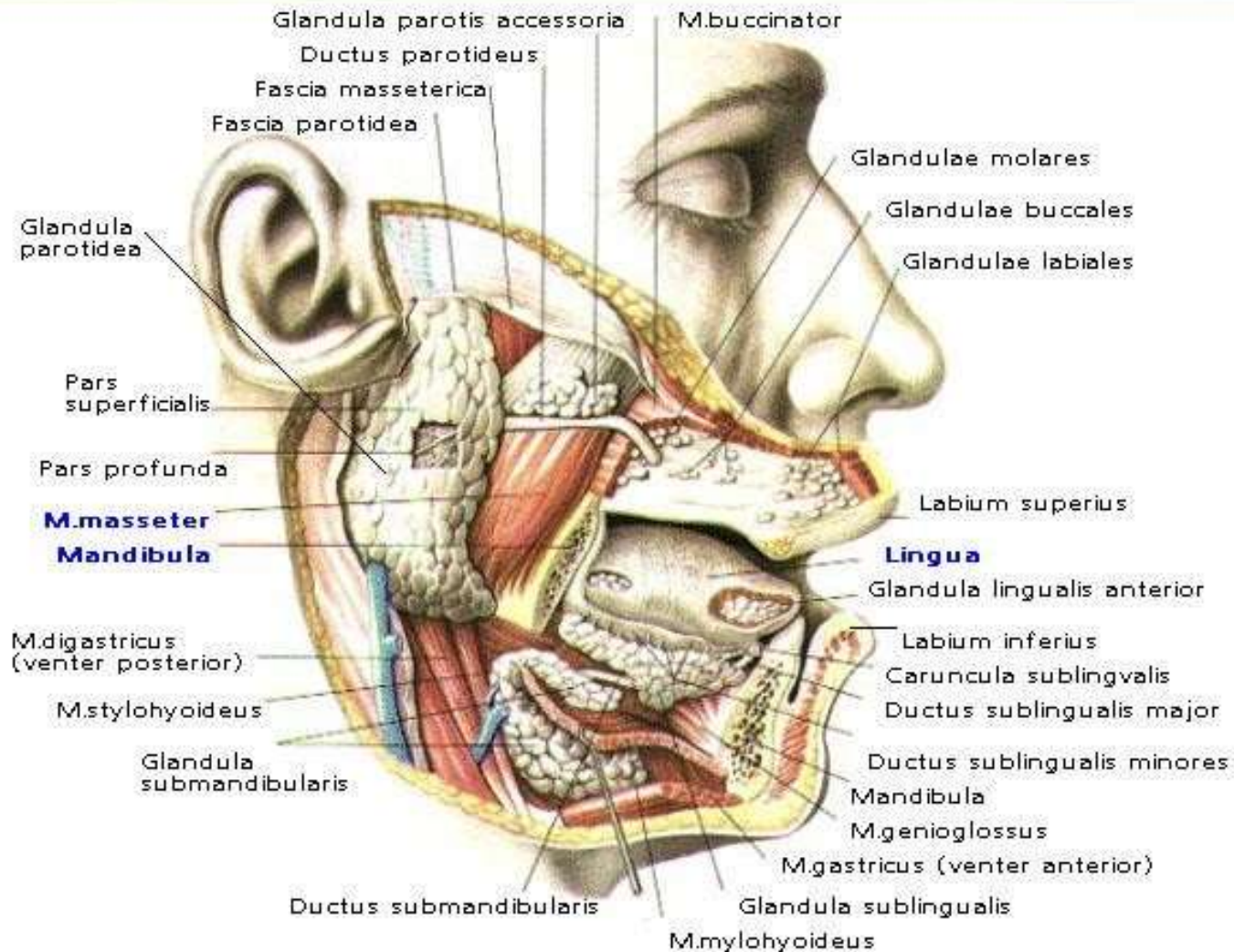
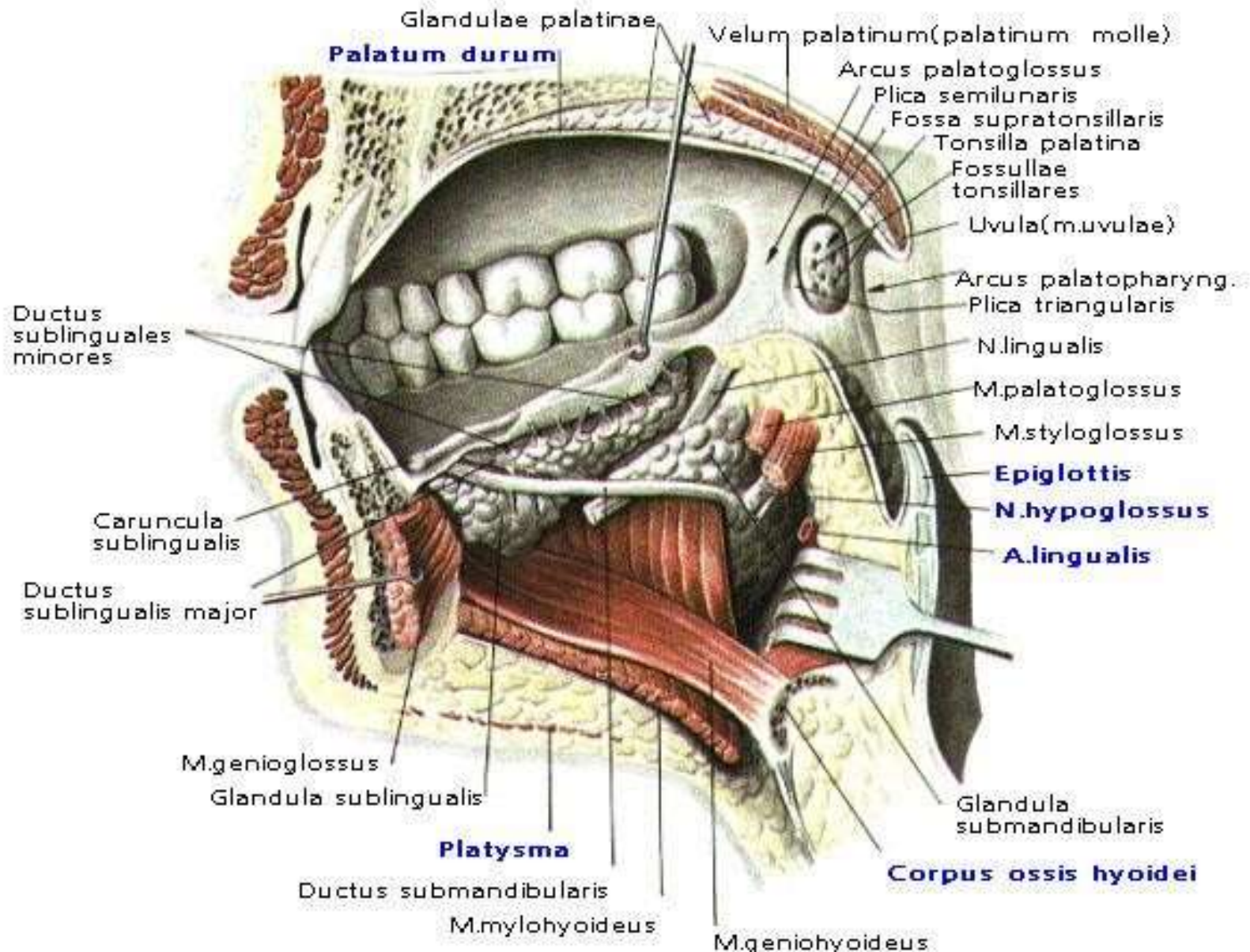


Methods of research of salivary glands. Sialadenitis, sialodochitis, sialozis, systems diseases with the lesion of salivary glands. Etiology, pathogenesis, classification, clinic, diagnostics, treatment, prophylaxis of exacerbation.

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Localization of salivary glands





Methods of research of patients with pathology of salivary glands

- **General** (those which use in all of patients for an investigation).
- **Private** (those which use for an investigation patients with certain pathology: gastroenteric tract, lungs, salivary glands and other).
- **Special** (require the special medical knack and special apparatus, allow to get additional information for confirmation or rejecting of disease).

General methods:

- questioning;
- examination;
- palpation;
- blood and urine analysis ;
- X-raying of thorax and other.

Private methods

- probing



Private methods

□ Radiography:

○ parotid gland:

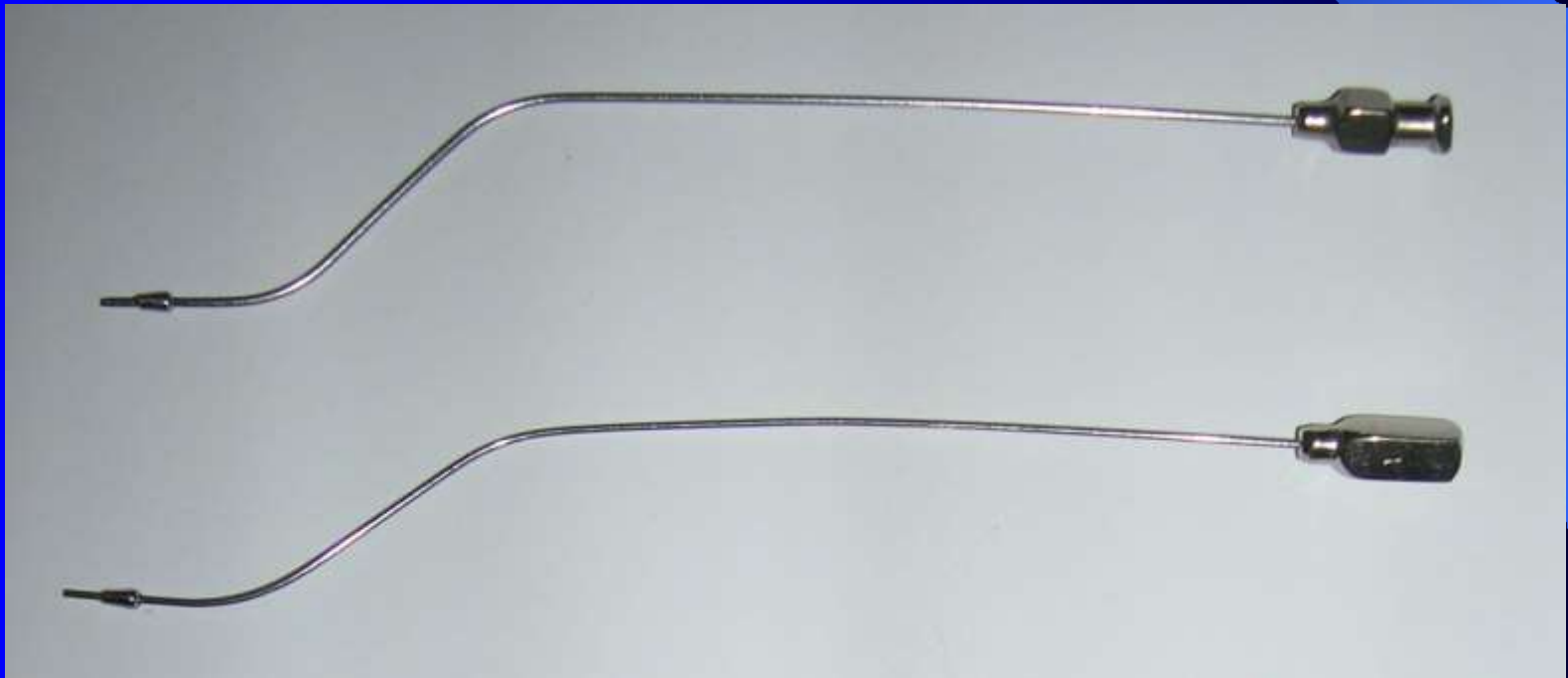
- lateral and direct projections - for research of gland;
- intraoral - for finding out a stone in a duct.

○ submandibular gland :

- the lateral and direct projection - for research of gland;
- intraoral in the bite of bottom of cavity of mouth - for finding out a stone in a duct.

Private methods

- research of secretory function (**sialometriya**): conducted on an empty stomach after a reception inward by a patient 8 drops of Pilocarpinum. Duration of offtake 20 minute s



Sialometriya

Amount of saliva at healthy:

1,1-2,5 (1-3 ml.) is a parotid salivary gland;

1-3 (1-4 ml.) is a submandibular gland.

The secretion of small salivary glands is estimated through the strips of filtration paper, which weigh before and after research.

Private methods

- Qualitative analysis of secret:
Color, seamlessness, the presence of including is checked visually.

pH saliva PG - 5,6-7,6;

SG - 6,9-7,8.

viscosity PG - 0,75-1,2 units;

SG -1,4-1,9 units.

contents PG - 3,3-26,4 gram/l;

albumin SG - 0,66-33,3 gram/l.

contents PG - 2,47-26,19 millimole/l;

sodium SG - 20,22-23,55 millimole/l.

contents PG - 20,22-23,55 millimole/l;

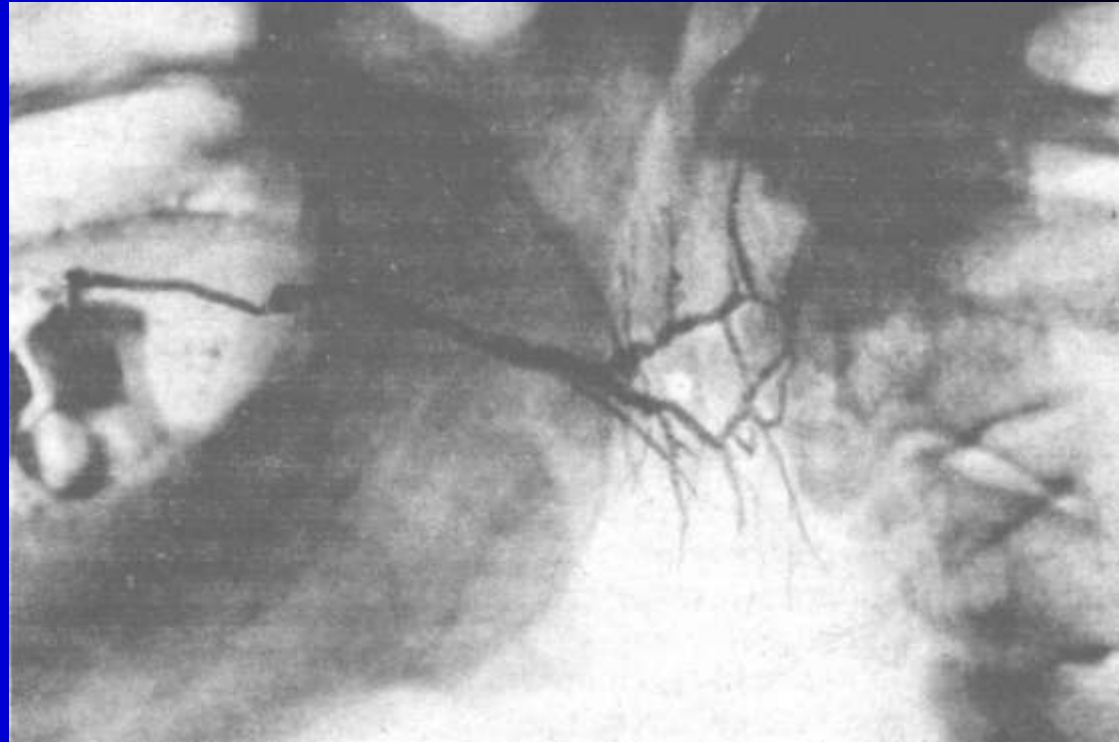
potassium SG - 12,0-15,1 millimole/l.

Private methods

- cytodiagnosics of smears:
neutrophilic leucocytes and
lymphocyte find out in a norm
the cells of pavement and
cylindrical epithelium (epithelium
of main and interlobule
excretory ducts).

Private methods

- Ptyalography:
Contrasting matters:
water-soluble
(verografin 76 %, urografen 60 % and other)
liposoluble (yodolipol, lipiodol, yodipin, yodetidol and other).

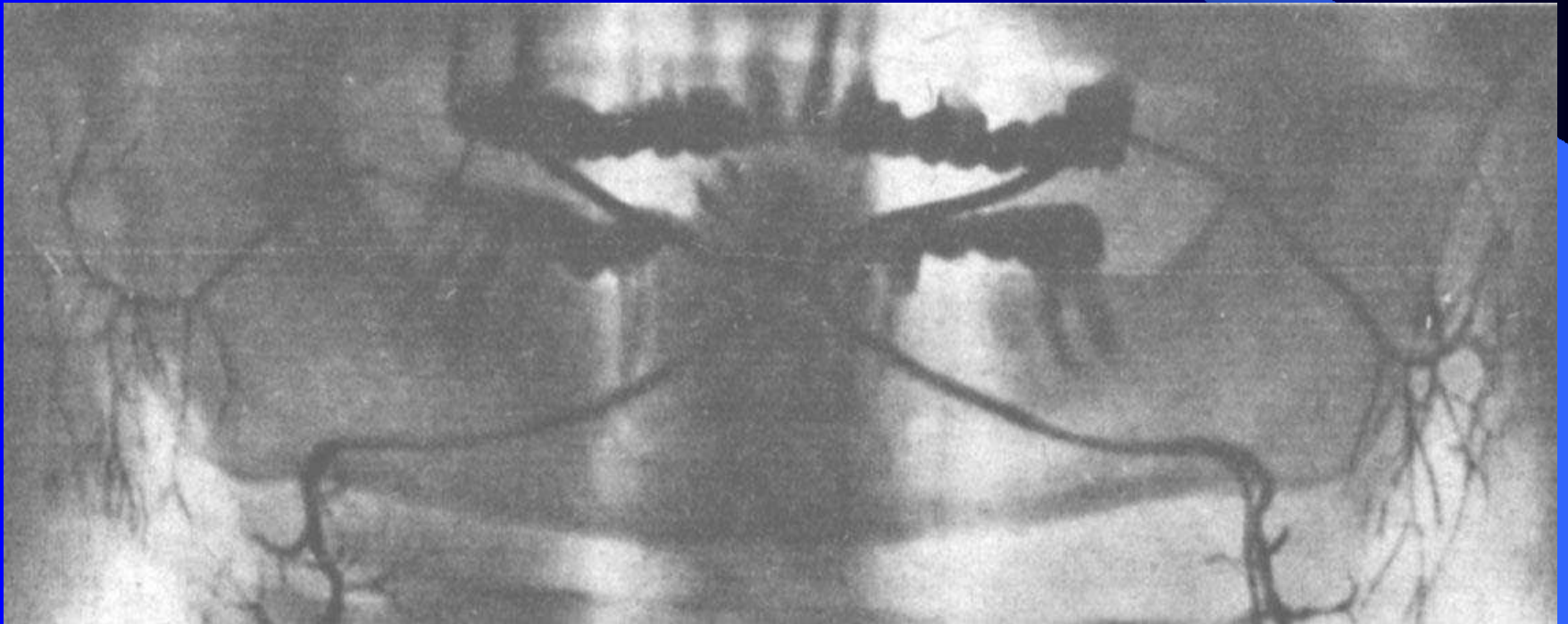


It is necessary for filling of ducts of the unchanged salivary gland:

PG 1-2 (1,32 ml.);
SG 0,5-1,5 (0,89 ml.).

Private methods

- pantomosialografiya



Private methods

- Decoding of results of ptyalography

At research parenchyma determine:

- clearness and uniformity of image;
- presence of defect of filling;
- presence of cavities, and clearness of their contours.

At research of ducts determine:

- narrowing of ducts of I-V of orders (even, uneven);
- expansion of ducts of I-V of orders (even, uneven);
- expansion of main excretory duct (even, uneven);
- displacement of ducts;
- intermittence of ducts;
- clearness of contours of ducts.

Special methods of research

- ✓ Stereoroentgenography.
- ✓ Sialtomography.
- ✓ Sialo(adeno)graphy with the direct increase of image.
- ✓ Computer tomography.
- ✓ Radiosialography.
- ✓ Echosialography (ultrasonic biolocation).
- ✓ Termoviziography.
- ✓ Morphological methods of research:
 - exploratory puncture (taking of material on cytology);
 - puncture [needle, punch] biopsy (taking of material for histological research).

Sialadenitis

Acute:

1. Acute viral sialadenitis:
 - epidemic parotiditis (mumps)
 - influenzal sialadenitis;
 - cytomegalies caused viruses, herpes, Koksaki and other)
2. Acute bacterial sialadenitis:
 - postinfectious;
 - postoperative;
 - lymphogenic;
 - contact;
 - sialadenitis, arising up because of introduction of foreign body.

Sialadenitis

Treatment of acute sialadenitis

Epidemic: bed rest, warming compresses, salve dressing, physical therapy procedures (sollyuks, UHF), ultraviolet irradiation, care of cavity of mouth. Application of interferon. At development of complications there is application of antibiotics, operative methods.

Sialadenitis

Treatment of acute sialadenitis

General principles and methods of holiatry:

- Sialagogue diet (sometimes assign 1% solution of Pilocarpinum 5-6 drops 3-4 times per days).
- Compresses with 30 % solution of dimeksidi.
- Insertion of antibiotics to the excretory ducts.
- Physical therapy procedures: hot-water bottles, fluctuating current, UHF, oily compresses.

At growth of the inflammatory phenomena are novokain-antibiotic blockades, antihistaminic, antiinflammatory drug.

There is surgical treatment at abscess formation.

Sialadenitis

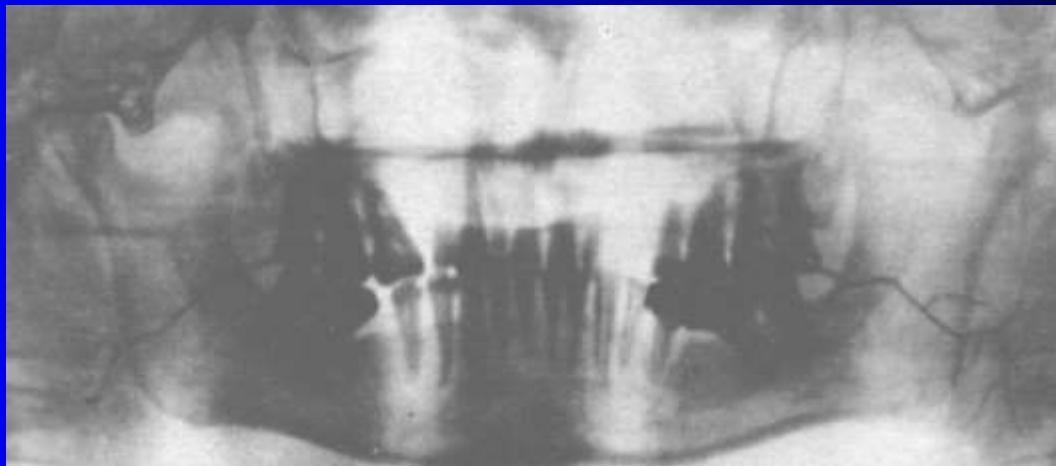
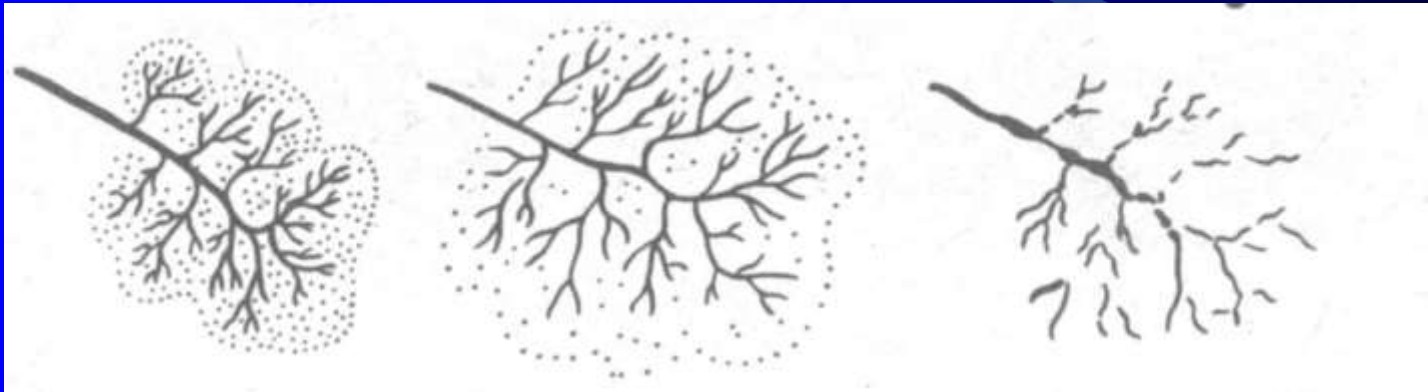
Chronic sialadenitis:

- Interstitial (chronic productive sialadenitis, chronic sclerosing parotitis, inflammatory Kyuttners tumour, chronic atrophy sialadenitis, hormonal sialoz and other) 37,1 %.
- Parenchymatous (chronic recurrent parotitis, chronic sialectasis parotitis, cystic parotitis, cystic displaziya, ducts parotitis) 32 %.
- Sialodochitis (fibrinogenous sialadenitis, fibrinogenous sialodokhit, ductocele, idiopathic dilatation of ducts, chronic unepidemic parotitis and other) 30,8 %.

Sialadenitis

Chronic sialadenitis

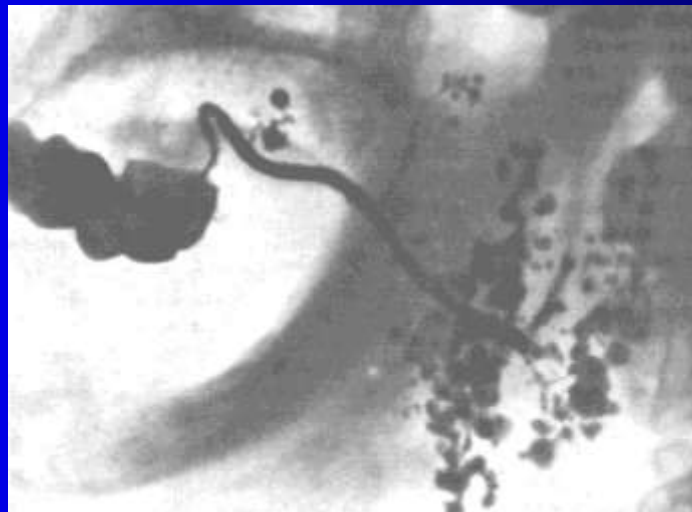
Interstitial



Sialadenitiss

Chronic sialadenitiss

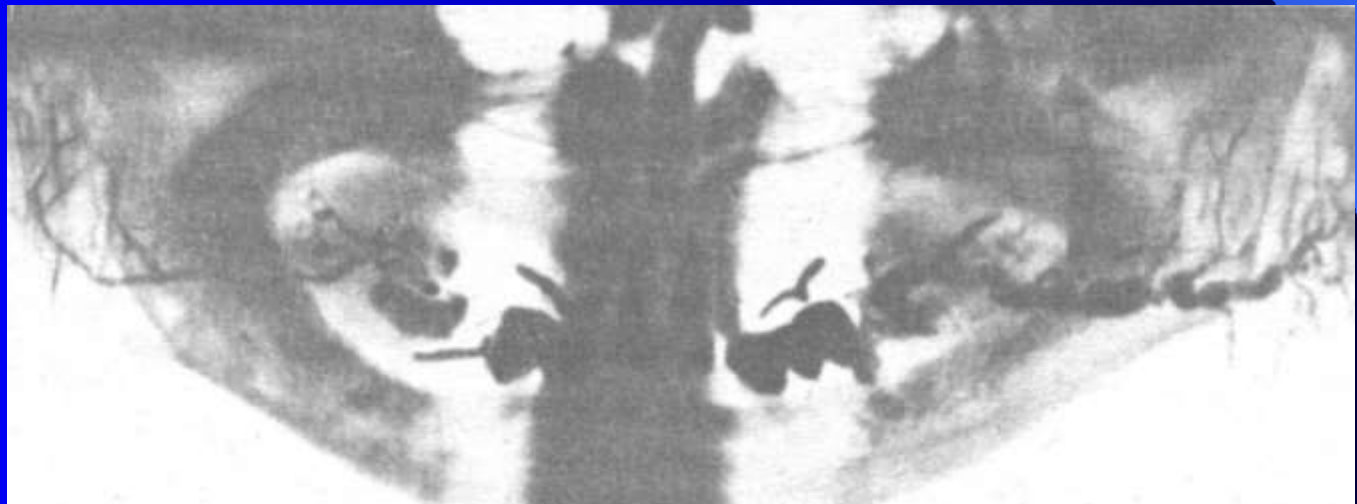
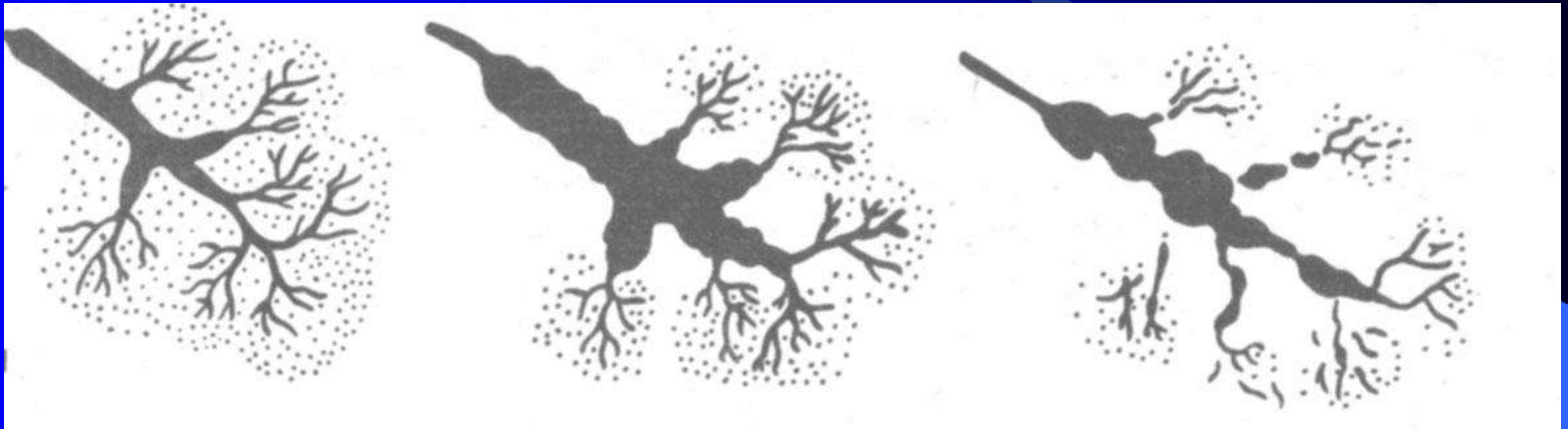
Parenchymatous



Sialadenitiss

Chronic sialadenitiss

Sialodochitis



General principles of treatment of chronic sialadenitis

- Increase of nonspecific resistance:
- liquidation of chronic nidus of infection, rational mode of day, variety of feed;
- Application of polyvitaminic complexes;
- Application of nukleinatis sodium.

Application of potassium of iodide.

Novocaine blockades.

Compresses with dimeksidi.

General principles of treatment of chronic sialadenitis

- Application of pyrogenal.
- Treatment by galantamini.
- Application of autovaccine.
- At exacerbation of sialadenitis, with suppuration - application of antibiotics, enzymes both natively and by an injection a way.
- Galvanization.

General principles of treatment of chronic sialadenitis

Surgical:

- Bougi(e)nage of ducts.
- Subtotal or total resection of parotid gland.
- Ligation of parotid duct.

Sialozises

- Violation of secretory and excretory functions of salivary glands.
- Violations in salivary glands in case neuroendocrine diseases.
- Violations in salivary glands in case autoimmune rheumatic diseases (kollagenosis)

! Sialozis not long flow without the signs of inflammation and infecting of gland comes after a while, a sialadenitis develops.

Violation of secretory and excretory functions of salivary glands.

- Hypersalivation (ptializm, sialorheya).
- Hyposalivation (oligoptializm, oligosialiya).

Violations in salivary glands in case neuroendocrine diseases.

- Increase of salivary glands at menstruation, pregnancy, feeding of child, climax, hypogonad pathosis after gynaecological operations.
- A Kharvat sign is an increase of PG at saccharine diabetes.
- Lipomatosis of salivary glands at the hypothyroid state, parafunction sex glands.

Violations in salivary glands in case autoimmune rheumatic diseases (collagenoses)

- **Mikulicz's** disease and syndrome.
- **Sjogren's** disease and syndrome.
- **Kheerfordt's** syndrome.
- Have general signs (system lesion of lachrymal and salivary glands, protracted chronic flow of process with the periodic exacerbation) that etiology and pathogeny is different.

Mikulicz's disease and syndrome

Combined increase lachrymal and all of salivary glands name Mikulicz's disease, and if it is observed at a leucosis, megakaryoblastoma, tuberculosis, syphilis, endocrine violations - that by a syndrome.

Sjogren's disease and syndrome

Characterized combination of signs of insufficiency of glands of external secretion: lachrymal, salivary, sudoriferous, sebaceous, mucous.

In salivary glands there is proliferation of myoepithelial and formation of epymyoepithelial island on a background the expressed lymphoid infiltration of stroma. Infiltrates consist of T- and B-lymphocytes.

Kheerfordt's syndrome

Fever of uveoparotitis - describable combination of bilateral parotitis and uveitis. In salivary glands - the proliferatio-tumorous changes of structures of lachrymal and salivary glands, presence of epithelioid granulation, are determined with giant cells.

The Kheerfordt's syndrome describable the painless bilateral increase of PG and subfebrile, hyperplasia of SG, paresis of facial nerve, carrying convertible character, and lesion of eyes as an iridocyclitis, uveitis, chorioiditis appears whereupon, and rarely optical neuritis.

Treatment: corticosteroid therapy (diminishes tumorous formations of glands), antipyretic and sedative drugs.