

## Case Report

# Sialocele – A Rare Entity Following Submandibular Gland Excision

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Submitted: 23 September 2016

Accepted: 18 November 2016

Published: 20 November 2016

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## Keywords

• Submandibular

## Abstract

We report very rare and first case of infected submandibular sialocele following surgery for sialadenitis in a 45 years old man. He had persistent pain and discharge from the submandibular region after surgery. Sialocele was diagnosed on CECT neck and was confirmed on surgical exploration.

## INTRODUCTION

Sialoceles are characterised by extravasation of saliva into the surrounding soft tissue, and may be idiopathic, posttraumatic, or iatrogenic [1-3]. Sialocele is most commonly seen in parotid gland and rarely in submandibular gland and sublingual gland. Sialoceles of the submandibular gland are rare, and only five cases of submandibular sialoceles have been published so far. Common causes of injuries include penetrating wounds (sharp instruments), perforating wounds (firearms) and injuries secondary to surgical procedures<sup>4</sup>. Infected sialocele is even more rare with only 1 case published so far [5]. Diagnosis depends on a proper history taking with complete physical examination and imaging in order to discard other lesions of a similar appearance. This paper describes an infected sialocele of the submandibular gland 4 months post surgical excision of submandibular gland for chronic submandibular sialadenitis with history of 2 years.

## CASE REPORT

A 45 years healthy male presented with complaints of swelling in the left submandibular region since 2 years insidious onset and gradually progressive which was associated with pain while chewing food. 19 months later patient underwent surgical excision of the left submandibular gland with preoperative findings of 3.5 X 2 cm left submandibular gland swelling with histological features of chronic non specific sialadenitis. 4 months post surgery patient noticed a swelling in left submandibular region gradually progressive and only associated with pain on chewing food. No associated history of fever was present. Total leucocyte count was increased at 14,300 cells per cubic millimetre.

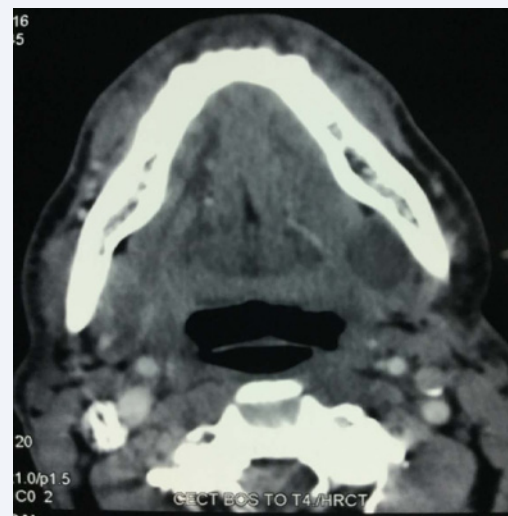
On examination there was a 3X2 cm firm, non tender, mobile swelling in left submandibular region and was bimanually palpable with 2X2 cm mucosal bulge present in left floor of

mouth just beneath the ventral aspect of tongue. CECT Neck was done which showed a cystic lesion along the course of left submandibular duct.

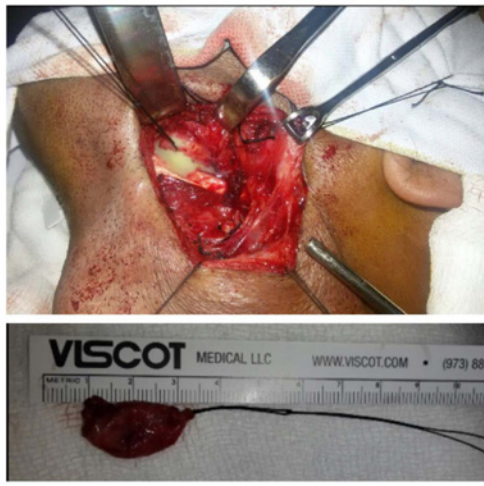
Patient underwent surgical excision of left sialocele with findings of 5 X 3 cm cystic swelling in the left submandibular region with ~7 ml of purulent fluid coming out of the swelling. Fluid analysis showed Pus cells present with aerobic bacterial culture sterile and no AFB seen in entire specimen.

## DISCUSSION

Sialoceles are characterised by extravasation of saliva into the surrounding soft tissue, and may be idiopathic, posttraumatic,



**Figure 1** Showing cystic soft tissue density in left submandibular region along the course of submandibular duct.



**Figure 2** Showing purulent material coming out of the cystic swelling in left submandibular region and the specimen post surgical excision.

or iatrogenic [1-3]. Most commonly sialoceles are encountered in parotid gland with only few published sialoceles being found in submandibular gland. Sialoceles in parotid gland occur following superficial parotidectomy rather than near total or total parotidectomy [6]. Only 3 cases of idiopathic submandibular sialoceles have been published so far [1]. However, no infected submandibular sialoceles post surgery has been published.

Infected sialoceles are rare in the salivary glands with rarer being in the submandibular gland due to less likely chances of

sialoceles as parotid gland is the most frequently involved gland.

We think that ours is the first case of an iatrogenic, postoperative infected submandibular sialocela.

Diagnosis can be made with proper history taking along with past history of surgery or other trauma along with the imaging modalities like Ultrasonography or CECT neck. Patients will have increased total leukocyte count with presence of fever or not with tender swelling. Post operative fluid analysis of the aspirated fluid with gram staining, culture sensitivity and AFB staining needs to be done when infected sialocela is suspected.

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### Cite this article

Bakshi J, Kaur N, Paudel S (2016) Sialocela – A Rare Entity Following Submandibular Gland Excision. *J Ear Nose Throat Disord* 1(1): 1015.