

CASE REPORT

Sialolith of unusual size and shape

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Case report

A 52-year-old Caucasian female was referred to the Department of Oral Diagnosis and Surgery at the Araraquara Dental School (UNESP) for left submandibular swelling assessment. She reported intermittent episodes of moderate to severe pain and swelling on eating of 6 months duration. However, symptomless sialoliths are common.¹ The severity of symptoms when present depend on the degree of obstruction which is related to the size and location of the sialoliths.²

Oral examination revealed negligible salivary flow from the left Wharton's duct. Attempts to milk the left submandibular gland produced only minimal amounts of saliva. A firm mass was palpable in the anterior portion of the duct (Figure 1).

Generally, the most common radiographic techniques to diagnose sialoliths are panoramic and occlusal views.^{2,3} In this patient an unusually large radiopacity was observed extending from the left mandibular cuspid to the second molar region (Figures 2 and 3).

The differential diagnosis of a sialolith included a calcified lymph node, an avulsed or embedded tooth, a foreign body, a phlebolith, and myositis ossificans.²

The salivary stone was surgically removed under local anaesthesia and measured 22 millimeters in length with the colour varying from white to yellow (Figure 4). After removal of the sialolith, the duct was cannulated and reconstructed to permit the normal salivary flow. A cylindrical silicon drain was maintained for 6 days and normal salivary flow was



Figure 1 Intra-oral photograph of swelling of left floor of mouth and displacing midline to right



Figure 2 Panoramic radiograph showing a large radiopacity superimposed over the left mandibular cuspid and molar area

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observed. Postoperative evaluation of the patient revealed no pain or swelling and normal salivary flow.



Figure 3 Partial mandibular occlusal radiograph showing a sialolith in the left floor of the mouth

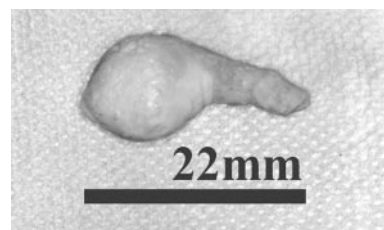


Figure 4 Specimen after surgical removal

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