The Journal of Laryngology and Otology
July 1979. Vol. **93.** pp. 737–739.

Parotid gland calculus

Report of a Case

R. Fesharaki, M. Baloochy, M. Sonbolastan and A. Fotuhi

Case report

A 10-year-old girl was admitted to Soraya Hospital, Isfahan, Iran on July 15, 1978, with pain and swelling in the left parotid region. The symptoms had appeared during the first half of May, 1978.

On examination there was a distinct, painful mass in the left parotid region, measuring $5 \times 3 \times 3$ cm (Fig. 1), while she was chewing solid food. The more she continued to chew, the bigger the mass became. Reluctantly, therefore, she was forced to stop eating. Her weight was 70·48 pounds, her height 4 feet.



Fig. 1
Depicts the localization of the subcutaneous parotid mass.

https://doi.org/10.1017/S0022215100087636 Published online by Cambridge University Press



FIG. 2
Sialogram, showing the left parotid duct with calculi.

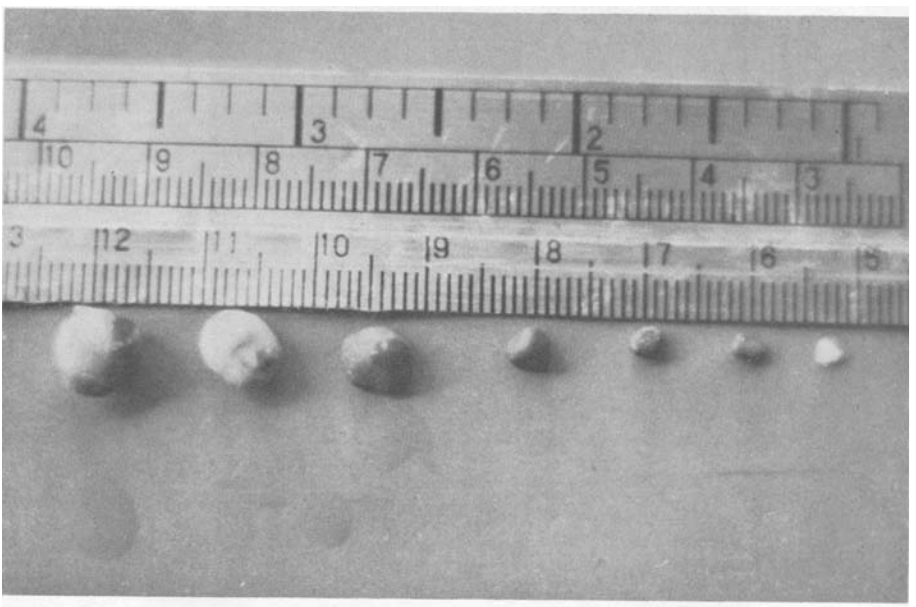


FIG. 3
Showing the seven calculi removed from the left parotid gland.

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Systemic examination and local examination of the ears, nose and throat showed no abnormality.

Plain radiography and sialography (Fig. 2) of the left parotid region revealed multiple calculi in the gland.

On 20 July, 1978, under general anaesthesia with intubation, a partial parotidectomy was performed. Seven calculi were found in the gland, but none in the duct; they were dissected and removed (Fig. 3). The post-operative course was uncomplicated and the patient was symptom-free ten days later.

Discussion

Calculi in the parotid and sublingual glands form about 15 to 20 per cent of all those in the salivary glands.

They are composed mostly of calcium phosphate and calcium oxalate, and they can therefore be demonstrated by radiological examination. It has been shown that 43 per cent of patients with recurrent symptoms of pain and swelling of the parotid gland have calculi in the glands (Hobsley, 1970). Examination of the gland and duct externally frequently reveals no abnormality. However, a stone in the distal end of the duct is usually palpable within the mouth (Thomson, 1973). The treatment is to enlarge the orifice, and the procedure will usually allow the calculus to be delivered into the mouth, or to pass spontaneously at a later time (Patey, 1969). Should the calculus be near the gland, a superficial conservative parotidectomy, with removal of as much of the duct as possible, is the treatment of choice (Patey, 1970).

Summary

A patient, was admitted with multiple calculi in the left parotid gland. Plain radiography and sialography confirmed the diagnosis. A partial parotidectomy was done and the calculi were removed.

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