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Salivary glands under tongue images

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Philadelphia, PA: Elsevier; 2018:chap 65.Page 3Hewson I. Dental emergencies. In: Cameron P, Little M, Mitra B, Deasy C, eds. Textbook of Adult Emergency Medicine. 5th ed. Philadelphia, PA: Elsevier; 2020:chap 17.Martin B, Baumhardt H, D'Alesio A, Woods K. Oral disorders. In: Zitelli BJ, McIntire SC, Nowalk AJ, eds. Zitelli and Davis' Atlas of Pediatric Physical Diagnosis. 7th ed. Philadelphia, PA: Elsevier; 2018:chap 21.Pedigo RA. Amsterdam JT. Oral medicine. In: Walls RM, Hockberger RS, Gausche-Hill M, eds. Rosen's Emergency Medicine: Concepts and Clinical Practice. 9th ed. Philadelphia, PA: Elsevier; 2018:chap 60.Page 4Tooth decay is a very common disorder. It most often occurs in children and young adults, but it can affect anyone. Tooth decay is a common cause of tooth loss in younger people.Bacteria are normally found in your mouth. These bacteria change foods, especially sugar and starch, into acids. Bacteria, acid, food pieces, and saliva combine in the mouth to form a sticky substance called plaque. Plaque sticks to the teeth. It is most common on the back molars, just above the gum line on all teeth, and at the edges of fillings.Plaque that is not removed from the teeth turns into a substance called tartar, or calculus. Plaque and tartar irritate the gums, resulting in gingivitis and periodontitis.Plaque begins to build up on teeth within 20 minutes after eating. If it is not removed, it will harden and turn into tartar (calculus).The acids in plaque damage the enamel covering your teeth. It also creates holes in the tooth called cavities. Cavities usually do not hurt, unless they grow very large and affect nerves or cause a tooth fracture. An untreated cavity can lead to an infection in the tooth called a tooth abscess. Untreated tooth decay also destroys the inside of the tooth (pulp). This requires more extensive treatment, or possibly removal of the tooth.Carbohydrates (sugars and starches) increase the risk of tooth decay. Sticky foods are more harmful than non-sticky foods because they remain on the teeth. Frequent snacking increases the time that acids are in contact with the surface of the tooth.Page 5Chow AW. Infections of the oral cavity, neck, and head. In: Bennett JE, Dolin R, Blaser MJ, eds. Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 9th ed. Philadelphia, PA: Elsevier; 2020:chap 64.Stefanac SJ. Developing the treatment plan. In: Stefanac SJ, Nesbit SP, eds. Diagnosis and Treatment Planning in Dentistry. 3rd ed. Philadelphia, PA: Elsevier; 2017:chap 4.Teughels W, Laleman L, Quirynen M, Jakubovics N. Biofilm and periodontal microbiology. In: Newman MG, Takei HH, Klokkevold PR, Carranza FA, eds. Newman and Carranza's Clinical Periodontology. 13th ed. Philadelphia, PA: Elsevier; 2019:chap 8.Page 6Chow AW. 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In: Feldman M, Friedman LS, Brandt LJ, eds. Sleisenger and Fordtran's Gastrointestinal and Liver Disease. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 42.Page 18Updated by: Michael M. Phillips, MD, Clinical Professor of Medicine, The George Washington University School of Medicine, Washington, DC. Also reviewed by: David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team. Page 19Nguyen T, Akhtar N. Gastroenteritis. In: Walls RM, Hockberger RS, Gausche-Hill M, eds. Rosen's Emergency Medicine: Concepts and Clinical Practice. 9th ed. Philadelphia, PA: Elsevier; 2018:chap 84.Schiller LR, Sellin JH. Diarrhea. In: Feldman M, Friedman LS, Brandt LJ, eds. Sleisenger and Fordtran's Gastrointestinal and Liver Disease: Pathophysiology/Diagnosis/Management. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 16.Wong KK, Griffin PM. Foodborne disease. In: Bennett JE, Dolin R, Blaser MJ, eds. 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In: Feldman M, Friedman LS, Brandt LJ, eds. Sleisenger and Fordtran's Gastrointestinal and Liver Disease. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 14.Page 22Updated by: Michael M. Phillips, MD, Clinical Professor of Medicine, The George Washington University School of Medicine, Washington, DC. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team. ABOUT CAUSES DIAGNOSIS TREATMENT NEXT STEPS The salivary glands produce saliva to moisten the mouth, to help protect teeth from decay and to digest food. The three major salivary glands are the parotid gland, submandibular gland (also called the submaxillary gland) and sublingual glands. Saliva drains into the mouth through small tubes called ducts. The parotid gland makes 25 percent of the saliva and drains into the mouth near the upper teeth. The submandibular gland makes 70 percent of the saliva and drains into the mouth under the tongue. The sublingual gland makes 5 percent of the saliva and drains into the floor of the mouth. In addition, 600-1,000 tiny glands (the minor salivary glands) are located in the lips, inner cheek, and the lining of the mouth and throat. The most common problems in the salivary gland occur when the ducts become blocked and saliva cannot drain. Problems with the ducts Sialolithiasis (sigh a lo THIGH a sis) is a condition in which tiny salivary stones form in the glands. The stones, called sialoliths, are made of calcium. Some stones do not cause any symptoms, but some block the ducts. The saliva flow is partially or completely stopped. The gland might enlarge, and an infection can develop. Sialadenitis (sigh a la dent I tis) is a painful infection of a salivary gland. Staphylococcus, streptococcus, Haemophilus influenzae or anaerobic bacteria are usually the cause. The condition is common with elderly people who have salivary gland stones, but infants can develop sialadenitis during the first few weeks of life. Sialadenitis can become a severe infection if not treated properly. Viral infections such as mumps, flu, Coxsackie viruses, echovirus and cytomegalovirus can make the salivary glands enlarge. Cysts can develop in the salivary glands after injuries, infections, stones or tumors. Sometimes babies are born with cysts in the parotid gland because of a problem with early development of the ears. Tumors Most salivary tumors are benign (noncancerous), but they can also be cancerous. Most salivary tumors grow in the parotid gland. Pleomorphic adenomas are the most common parotid tumor. It grows slowly and is benign. A pleomorphic adenoma begins as a painless lump at the back of the jaw, just below the earlobe. These are more common in women. Benign pleomorphic adenomas can also grow in the submandibular gland and minor salivary glands, but less often than in the parotid. Warthin's tumor is the second most common benign tumor of the parotid gland. It is more common in older men. Cancerous (malignant) tumors are rare in the salivary glands and usually occur between ages 50 to 60. Some types grow fast, and some are slow-growing. Other salivary gland conditions Sjögren's syndrome is chronic disease. White blood cells attack the moisture-producing glands such as the salivary glands, and sometimes the sweat and oil glands. Middle-aged women are most affected. Sjögren's syndrome is frequently seen in people who have rheumatoid arthritis, lupus, scleroderma and polymyositis. Sialadenosis is a painless enlargement of the salivary gland without a known cause. The parotid is usually the affected gland. The exact cause of stone formation is not known, but certain factors might contribute to the condition: Dehydration, which thickens the saliva Decreased food intake, which lowers the demand for saliva Antihistamines, blood pressure medications, psychiatric medications and other medication that can decrease saliva production Factors that increase the risk to develop sialadenitis: Dehydration, malnutrition, eating disorders Recent surgery, chronic illness, cancer, prematurity Antihistamines, diuretics, psychiatric medications, blood pressure medications, barbiturates History of Sjögren's syndrome Air blowing occupations (trumpet playing, glass blowing) Risk factors for pleomorphic adenomas: Radiation exposure Smoking Risk factors for salivary gland cancers: Sjögren's syndrome Exposure to radiation Smoking Sialadenosis is more likely to develop in people who are: Obese Pregnant or breastfeeding Malnourished or have eating disorders Alcoholics with liver cirrhosis Having kidney failure or thyroid problems Sialolithiasis usually begins as a painful lump under the tongue. The stone blocks the flow of saliva, so pain might increase while eating. Sialadenitis creates a painful lump in the cheek or under the chin. Foul-tasting pus drains into the mouth. Fever can occur. Generalized viral infections cause fever, headache, muscle aches and joint pain in the entire body. If the virus settles in the parotid glands, both sides of the face enlarge in front of the ears. A mucocele, a common cyst on the inside of the lower lip, can burst and drain yellow mucous. Other cysts can hinder eating, speaking or swallowing. With tumors, a cancerous or noncancerous lump can grow in the roof of the mouth, in the cheek, on the tongue or under the chin. It often grows slowly and is painful. Sjögren's syndrome causes decreased moisture and dry mouth, tooth decay, mouth sores, enlarged salivary glands, sialoliths and recurrent salivary gland infections are possible symptoms. The syndrome also affects moisture in the eyes, which might cause chronic eye infections, corneal ulcers and vision loss. Sialadenosis is usually painless, but the parotid glands enlarge. Your doctor will ask questions about your symptoms and medical history. During the physical, the doctor will examine your head, neck and the inside of your mouth for lumps or areas of pain. The doctor might order: An X-ray, CT scan or MRI to look for stones or tumors A fine needle biopsy to determine if a tumor is cancerous Salivary function tests, eye tests and blood tests to diagnose Sjögren's syndrome A sialogram X-ray that uses dye to look for problems in the salivary ducts Small stones might pass out of the duct without treatment. A doctor might be able to remove a stone by pressing on it if the stone is close to the opening of a duct. Ultrasound waves can be used to shatter large stones into small pieces. Deep or large stones are more difficult. If they cannot be removed and symptoms of pain or infection persist, the entire salivary gland may need to be removed. Bacterial infections require taking antibiotics and extra fluid either by mouth or intravenously. Warm compresses are placed on the infected gland. Chewing sugar candies encourages the flow of saliva. Surgery may be needed to drain the gland. Antibiotics do not help cure a viral infection. The body must use its own defense system to clear itself of a virus. Bed rest, increased fluids, and acetaminophen for fever are the best ways to help the body cure itself. Small cysts may drain without treatment. Large cysts might need surgery. Benign tumors usually require surgical removal. Some are treated with radiation to keep them from coming back. Malignant tumors require surgery if possible. Some tumors need surgery only; others require radiation and chemotherapy in addition to surgery. Radiation and chemotherapy are also used for tumors that are inoperable. Prescribed medications help decrease dry mouth. Parotidectomy Parotidectomy is the removal of the parotid gland, the largest salivary gland. The parotid is usually removed because of a tumor, a chronic infection or a blocked saliva gland. Most parotid gland tumors are not cancerous. The nerve that closes the eyes, wrinkles the nose and moves the lips grows through the middle of the parotid gland. Small branches of the nerve might need to be trimmed if the gland is large and the surgeon cannot remove it. Decreased motion of facial muscles might occur while the nerve recovers from surgery. If facial movement does not completely return, rehabilitation can help restore facial movements. Surgeons think of the gland as two separate lobes: a superficial lobe and a deep lobe. The facial nerve separates the two lobes. The parotid gland can usually be removed without permanent damage to the facial nerve. A facial nerve monitoring machine, called a facial nerve stimulator, allows the surgeons to monitor the nerve during the operation. Benign tumors usually need only the superficial lobe removed. But if a benign tumor is deep in the gland, the deep lobe might need to be partially or completely removed. In most cases, the entire gland is removed if the tumor is cancerous. If the tumor is small and low-grade (does not spread and does not grow quickly), the surgeon might be able to remove only the superficial lobe. General anesthesia is required for a parotidectomy. During the operation, the surgeon will determine the amount of tissue that should be removed. After the gland or section is taken, it is sent to a pathologist. The pathologist slices a thin section, freezes it, colors it with special dyes, and examines it under a microscope. This procedure is called a frozen section. The frozen section is used to determine if the tumor is cancerous or benign, and the specific type of tumor. The most common type of cancer tumor in the head and neck is called squamous cell carcinoma. After surgery After surgery you might feel: Numbness of the earlobe and incision site from the scar Weak face muscles Nerves that link to the saliva-producing areas in the parotid gland sometimes link with the nerves that control sweating in the skin. This might cause sweating of the skin at meal time (Frey's syndrome). A rare condition, called a salivary fistula or sialocele, can develop and cause saliva to leak through the skin. Submandibular Sialadenectomy A submandibular sialadenectomy is used for chronic infections, stones and tumors. Submandibular gland tumors are often malignant, in which case entire gland needs to be removed. Many other glands in the mouth make saliva, so the mouth will still have enough saliva after the submandibular gland is removed. Sublingual gland surgery The incision for sublingual gland surgery is through the mouth. No incision is made in the face or neck. Key points The most common problems in the salivary gland occur when the ducts become blocked and saliva cannot drain. Causes include dehydration, smoking and exposure to radiation. Most salivary tumors are noncancerous, and small blockages may pass without treatment. Severe cases may require the removal of a salivary gland. Tips to help you get the most from a visit to your healthcare provider: Know the reason for your visit and what you want to happen. Before your visit, write down questions you want answered. Bring someone with you to help you ask questions and remember what your provider tells you. At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you. Know why a new medicine or treatment is prescribed, and how it will help you. Also know what the side effects are. Ask if your condition can be treated in other ways. Know why a test or procedure is recommended and what the results could mean. Know what to expect if you do not take the medicine or have the test or procedure. If you have a follow-up appointment, write down the date, time, and purpose for that visit. Know how you can contact your provider if you have questions. © 2000-2021 The StayWell Company, LLC. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

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