

Sialosis

What are the aims of this leaflet?

This leaflet has been written to help you understand more about sialosis (sometimes known as sialadenosis). It tells you what the condition is, its cause, what can be done about it, and where you can find more information about the condition.

What is sialosis?

Sialosis is a condition which usually causes painless swelling of the parotid salivary glands on both sides of the face. It is occasionally associated with some discomfort and rarely can affect other salivary glands. It may occur on its own or be associated with other medical conditions. Males and females are equally affected and the condition often affects people aged between 30-70 years of age. The swelling does not cause any long term problems.

What causes sialosis?

The exact cause of sialosis is unknown. It is not inflammatory, infective or cancerous, but is probably due to abnormal nerve function that stimulates the salivary glands. It has been associated with many medical conditions such as:

- Diabetes
- Chronic alcohol misuse
- Liver cirrhosis

- Bulimia (eating disorder)
- Hormonal disturbances and endocrine diseases including thyroid problems
- Pregnancy and breast feeding
- Vitamin deficiencies such as in pellagra (niacin/ Vitamin B3 deficiency)
- Obesity
- Kidney failure

It can also be a side effect of some drugs such as thyroid medication.

Is sialosis hereditary?

Sialosis is not hereditary.

What does sialosis look like?

Typically, there is swelling of both sides of the face just to the front of the ears can be seen. The appearance may mimic mumps. The skin overlying the affected glands is not inflamed.

What are the symptoms of sialosis?

The swellings of both parotid salivary glands are symmetrical, soft and generally painless.

How is sialosis diagnosed?

Your dentist or doctor may be able to make a diagnosis when they examine you. However, special tests are often performed to rule out any other causes of swelling and to help to identify an underlying cause. Blood tests may be performed, to look at your blood glucose levels, liver function and also for certain enzymes. Sometimes imaging techniques such as an ultrasound scan can be helpful to check for any abnormality of the salivary glands.. Biopsy of the affected gland (taking a small piece of tissue and looking at it under the microscope) is rarely needed.

Can sialosis be cured?

If the sialosis is due to an underlying condition such as diabetes, alcoholism or an eating disorder, then treating the underlying condition may result in improvement of the salivary gland swelling, but there is limited evidence that any particular treatment is of notable benefit.

How can sialosis be treated?

There is no specific treatment for sialosis. If an underlying cause has been identified then successful treatment of that cause may reduce the swelling of the salivary glands. In rare cases of very severe salivary gland swelling, in which no underlying cause has been identified, surgery may be considered.

What can I do?

Correction of some of the underlying causes of sialosis should reduce or even eliminate the swelling. This may mean better control of diabetes, possible changes to any medication you are taking, getting help for eating disorders or reducing alcohol consumption as appropriate.

If no underlying cause for your sialosis can be found, accepting the swelling may be your best option.

Where can I get more information?

The following websites may be useful:

- <http://www.tree.com/health/salivary-gland-disease-sialadenosis.aspx>
- <http://www.exodontia.info/Sialosis.html>

This leaflet has been prepared by the British Society of Oral Medicine (BSOM). It is reviewed periodically to reflect relevant advances and improved understanding. Not all the information will be relevant to all patients. For individual advice please see your Oral Medicine specialist. The BSOM is not responsible for information on web sites where links are provided.

This leaflet is available online at www.bsom.org.uk

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