

IMAGES IN CLINICAL MEDICINE

Sialolith of the Submandibular Salivary Gland



AN EDENTULOUS 63-YEAR-OLD WOMAN PRESENTED WITH A 2-WEEK HISTORY of discomfort in the right submental region. Her symptoms were exacerbated by the anticipation of eating, and she reported having a 2-year history of episodic swelling in the area. On external examination, the area was painful on palpation, but the overlying skin was normal and there was no lymphadenopathy. Intraoral examination revealed the presence of a hardened nodule, 1.5 cm in length, in the oral floor. The oral mucosa was normal in texture, with mild erythema (Panel A). Performance of a milking maneuver along the length of Wharton's duct resulted in interrupted salivary flow and local mucosal blanching. A dental occlusal radiograph (Panel B) confirmed that the nodule was a radio-opaque sialolith. Large sialoliths may lead to ductal obstruction, salivary stasis, and infection. Given the size of the sialolith and the duration of the patient's symptoms, we elected to remove the sialolith surgically after administering local anesthesia (Panel C). The patient remained asymptomatic at a 6-month follow-up visit.

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