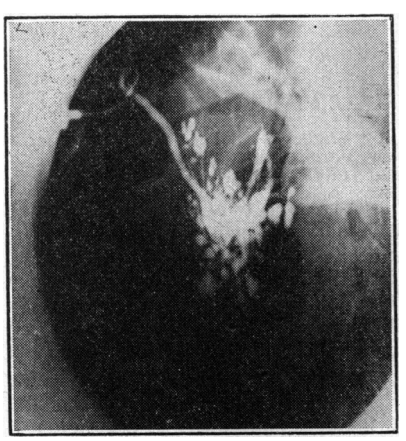
Medical Memorandum

Familial Incidence of Sialectasis

Cases of recurrent swelling of a salivary gland associated with characteristic *x*-ray appearances, and due to causes other than calculus, are seen from time to time. Such cases are described in detail in the literature, but there is sparse reference to any familial tendency, so that the occurrence of the condition in three generations of a family, all treated at Southend General Hospital, is of some interest.

REPORT OF CASES

Case 1.—In 1938 Mrs. X, then aged 50, was seen with a left-sided facial swelling which had been present on and off for 24 years. Until recently she had been able to make the swelling disappear by digital pressure, and stated that the disappearance coincided with the escape of fluid into her mouth. However, in the month prior to admission she had not been able to do this. Examination revealed a swelling in the region of the left parotid gland. It was lobulated and variable in consistency, the upper portion being firm, the lower portion fluctuant. (From a drawing in the case notes, the swelling appears to have been about the size of the patient's ear.) Radiotherapy brought about complete resolution of the swelling, and there has been no further recurrence in the succeeding 15 years. A recent sialogram, however, showed a dilatation of the main duct and some of the smaller ducts, as well as terminal cystic dilatations (see illustration).



Sialogram of Case 1, showing a severe degree of sialectasis with gross dilatation of ducts.

Case 2.—In 1942 Miss X, then aged 26, a daughter of Mrs. X, was seen with a swelling of the right side of the face, present on this occasion for three weeks. She gave a history of having had swellings of both sides of the face at different times since childhood, and had had treatment elsewhere. The parotid gland on the right side was found to be irregular, and was considered to be cystic. There was a discharge of flocculated material from Stensen's duct on that side, and a swab of this material subsequently grew a non-haemolytic streptococcus. A probe was passed up the duct, and no stone felt. The left parotid was slightly lumpy. A course of deep *x*-ray therapy was given with very good effect, and there was no recurrence for six years. An ear infection at that time, associated with some lymphadenitis, caused a temporary flare-up. The patient reappeared in April, 1952, with a recurrence of symptoms—intermittent swelling of one or other parotid gland, which at times was painful. A sialogram done at this time showed dilatation of all the ducts, but to a less degree than her mother's.

Case 3.—A son aged 7 of Miss X, who had married and had three children, was seen in October, 1951, with a history of swellings on both sides of the face, starting several months previously. That on the left side had subsided completely, but on the right side only partially, and tended to recur from time to time. The swelling would sometimes occur during a meal, accompanied by pain, and would subside after an hour or two. A sialogram showed the "snowstorm" appearance characteristic of an early stage of sialectasis, where the finest terminal ductules only are involved.

DISCUSSION

The underlying pathology in this condition, known variously as sialectasis, sialangiectasis, or chronic recurrent parotitis, is obscure, but the essential feature is obstruction of the parotid ducts. Diagnosis is dependent in the final instance on sialography, and the reader is referred to the writings of Payne (1931, 1933) and to the well-illustrated article by Rose (1950) for the technique and description of the sialographic types.

Pearson (1935), discussing the possible mechanism of the swelling, considers that obstruction of the ducts plays a prominent part, either by spasm, oedema, mucus plugs, or epithelial debris, or by the presence of an abnormally viscid saliva. He quotes Steinitz (1929) as a believer in the abnormally viscid saliva theory, and indeed most authors are agreed that the character of the saliva differs from the normal in these cases. Normal parotid secretion is watery, with very little mucus, but the saliva in this condition becomes more mucoid in type and may contain flakes and casts, plugs of mucus and cells, and has been compared with frog's spawn.

Meyer (1934) believed the condition to be due to an acid saliva, and found some improvement with alkali treatment. He also thought that allergy might play a part, and described a case of a boy aged 6 years with parotid swellings associated with the passage of ropy saliva, in whom he obtained positive skin reactions to certain foodstuffs. With the removal of these foodstuffs from the diet the swellings subsided. Sialography in this case showed dilatation of the minor ducts; and it is of interest to note that the boy's mother and his grandmother had a similar condition. No other examples suggesting a familial tendency can be traced in the literature, although two of Pearson's cases were brother and sister. These appeared in a whole series which he described, and, beyond mentioning that they were brother and sister, he made no further comment.

Monro (1951) is another who regards allergy as a main aetiological factor. His case showed a high eosinophil count in the blood and also in the parotid secretion, while the actual blockage of the orifices of Stensen's ducts was brought about by plugs of viscid purulent saliva, observed to be rich in eosinophil leucocytes.

It would seem reasonable to correlate the possible allergic nature of the condition, with its occurrence in different generations of a family as reported here and as described by Meyer, on the grounds of an inherited allergic diathesis, though the occurrence of primary congenital structural changes in cases of sialectasis has not been disproved.

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The Southend-on-Sea Hospital Management Committee has recently accepted a Trust from Mr. Sydney F. Body, for many years associated with hospitals in the town, expressed in favour of the medical staff of the group of hospitals. The Trust, *inter alia*, provides: (*a*) For an annual lecture to be known as the Sydney Body Lecture to be given by an eminent speaker; (*b*) the award of a medal, not necessarily annually, for merit or research in any approved medical subject in its widest sense. The first Sydney Body medal is to be awarded to Dr. William Evans for his meritorious work in cardiology. Dr. Evans was, until 1946, a consulting physician at the General Hospital, Southend.