



EDITOR'S  
CHOICE

# Unusual pathology of unusual location: a case of a palatal sialolith

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## DESCRIPTION

Sialolithiasis is a pathological disease involving the major salivary glands and their ducts. More than 80% of sialoliths occur in the submandibular gland, 4–10% in the parotid gland and 17% in minor salivary glands. Among the minor salivary glands, the most common locations are upper lip (49.2%), inner aspect of cheeks (37.3%), lower lip (5.5%), vestibule (4.7%), palate and tongue (1.6%).<sup>1–3</sup> However, the presence of a sialolith in palatal minor salivary glands is extremely rare. Only two to three cases have been reported in the literature during 1970–1980.<sup>3</sup>

A 26-year-old man presented to the department with difficulty in swallowing and pain in the throat region of 1 month duration. On palpation, presence of a firm swelling on the mucosal surface of the soft palate was discovered. The patient also had limited tongue movement as the mass pressed against it. Clinical examination revealed the presence of a firm swelling in the left posterolateral area of the soft palate (figure 1). Occlusal and lateral oblique radiographs were taken and appeared normal. A differential diagnosis of tonsillolith or peritonsillar abscess (Quinsy) was performed.



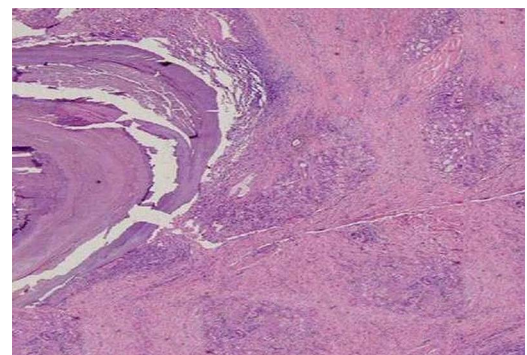
**Figure 1** Preoperative view of the sialolith in the posterolateral area of the soft palate.



**Figure 2** Excised calcified mass measuring approximately 1.7 cm×0.8 cm.

The surgical site was prepared with antiseptic solution and transoral sialolithotomy was performed. The sialolith was oval and hard in consistency measuring approximately 0.5 cm in diameter and 1.7 cm in length (figure 2).

Histopathological examination of the specimen revealed a calcified mass exhibiting a lamellated appearance with alternating eosinophilic and basophilic bands, with a more homogeneous central part, indicative of a sialolith (figure 3). Regular follow-up was maintained and the surgical site healed properly without any postoperative recurrence or complications (figure 4).



**Figure 3** Histopathological view demonstrating the lamellar pattern of excised mass (40×).



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**Figure 4** Postoperative view of the surgical site.

### Learning points

- ▶ Occurrence of sialoliths in major salivary glands/ducts is not unusual. They frequently involve submandibular and parotid followed by sublingual salivary glands. However, although the incidence of a sialolith in minor salivary glands is very rare, suspicion should be entertained, as in our case.
- ▶ We present a rare case of a sialolith in the posterolateral area of the soft palate, which is unique in terms of its location. Routine radiographic examination in such cases is not possible because of the location, however, CT scan/MRI may aid in the diagnosis; however, they are expensive. In our case, we confirmed the diagnosis of sialolith based on histopathological examination.

**Competing interests** None.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

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