

Acute Suppurative Parotitis



HEALTHY
(normal parotid gland)



PAROTITIS
(swollen parotid gland)



RISHACADEMY

educate yourself to empower yourself

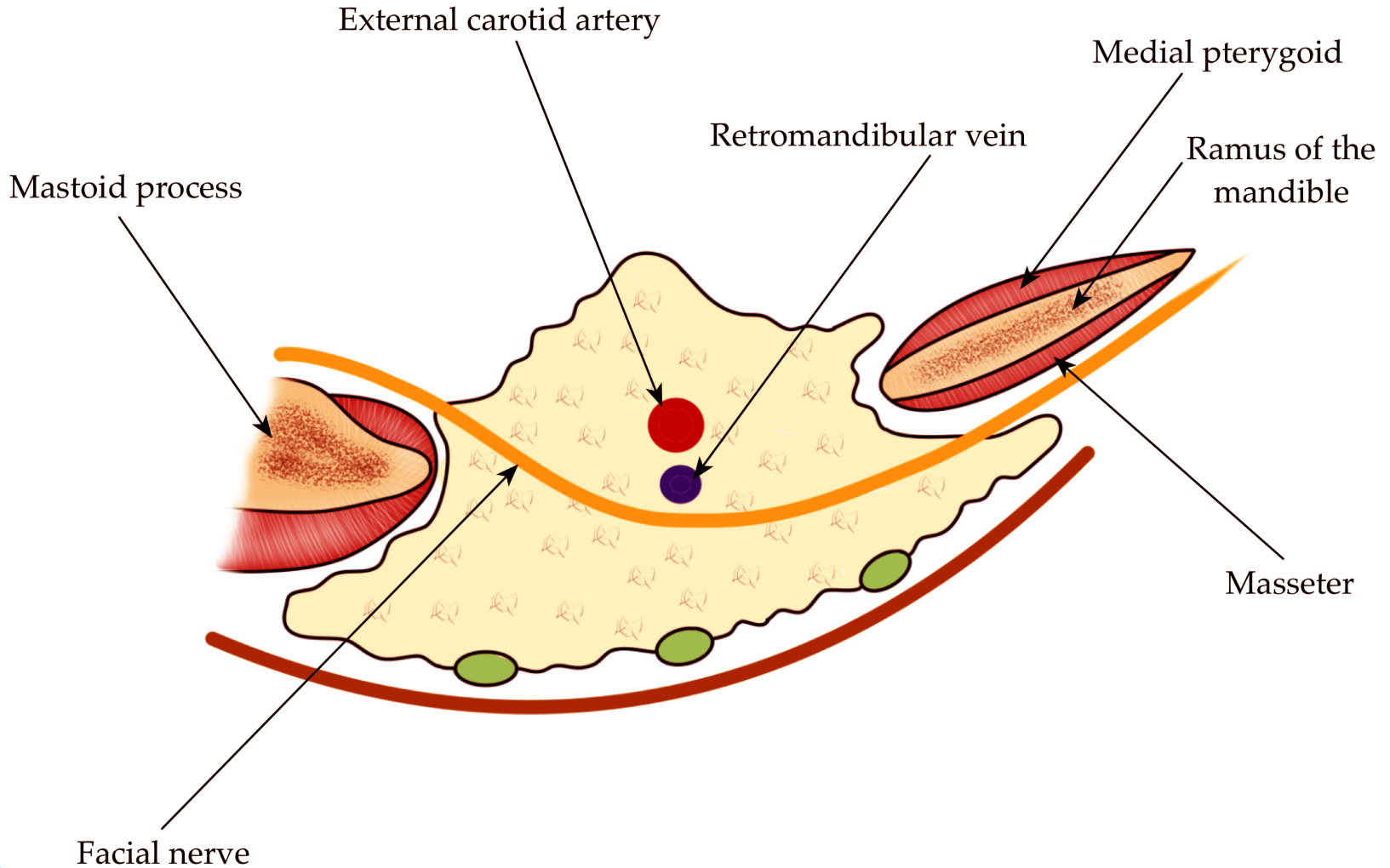
www.rishacademy.com

Parotid gland

- Lies in a recess bounded by the ramus of the mandible, the base of the skull and the mastoid process
- Enclosed in a sheath of dense deep cervical fascia
- Upper pole extends just below the zygoma
- Lower pole into the neck
- Several important structures run through the parotid gland.
 - Branches of the facial nerve
 - Terminal branch of the external carotid artery
 - Retromandibular vein;
 - Intraparotid lymph nodes.



Parotid gland



Parotitis

- Inflammation of the parotid gland
- There are several types-
 - Acute bacterial parotitis
 - Acute parotitis in neonates
 - Chronic bacterial parotitis
 - Acute viral parotitis (mumps)
 - HIV parotitis
 - Parotitis in tuberculosis
 - Influenza-associated parotitis
 - Chronic punctate parotitis (chronic autoimmune parotitis)



Viral parotitis

- Mumps is the most common cause of acute painful parotid swelling
- Predominantly affects children
- Presents with Fever, nausea and headache
- Followed by pain and swelling in one or both parotid glands
- Diagnosis is based on history and clinical examination
- Symptomatic treatment with regular paracetamol and adequate oral fluid intake



Recurrent Parotitis of Childhood

- Characterized by rapid swelling of one or both parotid glands
- Unknown etiology
- The diagnosis is based on the characteristic history
- Confirmed by Sialography
- Treatment
 - Prophylactic low-dose antibiotics
 - Parotidectomy



Acute Suppurative Parotitis

- Due to ascending bacterial infection
 - *Staphylococcus aureus* - Commonest
 - *Streptococcus viridans*
- Most frequently occurs in chronically ill patients
- The patient quickly becomes extremely ill
- Chronic bacterial sialadenitis is rare in the parotid gland



Precipitating factors

- Reduced salivary flow
- Dehydration
- Starvation
- Sepsis
- After major surgery
- Radiotherapy for oral malignancies
- Poor oral hygiene



Clinical features

- Painful parotid swelling that arises over several hours -exacerbated by eating or drinking.
- The parotid swelling may be diffuse, but often localizes to the lower pole of the gland
- Generalized malaise
- Pyrexia
- Cervical lymphadenopathy



Examination

- Pus exuding from the parotid gland papilla
- Swelling of the parotid gland - Tender and Firm
- Fluctuation of abscess will appear later
- Erythema of the overlying skin



Investigations

- CT scanning and MRI with gadolinium enhancement
- Sialography- contraindicated in acute phase
- Scintigraphy
- Ultrasonography
- Pus culture and antibiotic sensitivity test



Treatment

- After getting pus for culture, give Intravenous vancomycin at 500 mg every 6 hours (empirically)
- Change antibiotic depend on antibiotic sensitivity test
- Incision and drainage
- Symptomatic management
- Proper hydration
- Povidone Iodine mouth wash



If the gland becomes fluctuant



Ultrasound scan



Identify abscess formation within the gland



**Aspiration with a large bore
needle or formal
drainage under general
Anaesthesia**

