



Acute Sialadenitis After Intubation

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Acute post-operative sialadenitis can be caused by duct obstruction or submandibular gland injury. Although rarely presenting, it is thought that during surgery, the intra-operative head and endotracheal tube position leads to compression of the submandibular gland and surrounding tissues, thereby effectively limiting drainage (1). The patient in our study was a 42-year-old woman with no remarkable medical history who underwent right retrosigmoid craniotomy for resection of a brain mass. Her surgery proceeded without complication, and she was uneventfully extubated. On post-operative day 1 (POD1), the patient developed severe left neck swelling, although no stridor or wheezing was noted on lung examination. Computed tomography (CT) revealed a profoundly oedematous left submandibular gland (Figure 1). Patients who develop acute sialadenitis may experience severe upper airway swelling and obstruction, thus necessitating intubation.



Figure 1. a-c. (a) Axial (b) sagittal and (c) coronal computed tomography findings demonstrate prominent enhancement of the oedematous left submandibular gland with significant adjacent oedema and inflammatory stranding. No evidence of a sialolith suggests intra-operative drainage obstruction as the inciting cause

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