

Salivary gland diseases a challenge for GPs and Surgeons

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The salivary gland system consists of a network of major and minor secretory glands and ducts, that keep the oral cavity and upper aerodigestive tract moist and lubricated; the oral salivary glands dissolve also water-soluble compounds and begin the digestion¹. They account for 6-8% of all tumours of the head and neck area, and the majority of them are benign and occur in the parotid gland. Moreover salivary glands can develop non neoplastic diseases such as inflammatory disorders, and calculi.

A salivary tumour often presents as a mass in the neck, in the face, or in the nasal cavities, and most of them are asymptomatic. On the contrary inflammation and stones often have a dramatic clinical picture with swelling and shooting pain (salivary colics).

Clinical diagnosis of these diseases and particularly of tumours can be difficult due to their uncommon occurrence, mainly when they develop in the deep lobe of the parotid gland, in the parapharyngeal space or in the minor salivary glands of nasal and paranasal cavities.

Reliability of cytology is around 70%, so sometimes it is difficult to diagnose early salivary cancers pre-operatively.

Surgery is the treatment of choice in most cases, and needs experienced surgeons. The surgery of the parotid gland requires preservation of the facial nerve, or its reconstruction when it is resected because of gross tumoral infiltration. Approach of tumours of the deep lobe needs a good knowledge of the surgical anatomy of the parapharyngeal space. Treatment of nasal and paranasal neoplasias could be done with endoscopic techniques.

Diagnosis and treatment of salivary diseases need a multidisciplinary team whose expertise allows to deal with the above diagnostic and therapeutic difficulties in order to achieve the best functional and oncological results.

Many problems are still open. In July 2008 a conference was held in Paris on the left bank in the famous Institute Pasteur, chaired by Prof Mark McGurk. The conference had been designed with the intention of addressing questions or problematic areas in the management of salivary gland diseases. The topics were discussed according to a new, exciting working method: a lead speaker with a particular interest in the topic under discussion was chosen for each. The lead speakers reviewed the topic, produced a manuscript and presented the data to a select panel of experts and the audience. The manuscript was circulated to the panel before the meeting to help inform the debate.

We are honoured to publish the report of this Conference in this issue of *Acta Otorhinolaryngologica Italica*.

We publish also some clinical cases on salivary gland tumours. They show how difficult could be the diagnosis of a mass in the neck (primary salivary tumour, primary multiple tumours or metastasis), and the therapeutic decision making process for choosing the best surgical approach for removing a parapharyngeal adenoma.

We hope that the information offered by the report of the Paris Conference and the clinical cases can help the readers to improve their expertise in order to offer their patients the best diagnostic and therapeutic procedures.

References

- ¹ Shah J. *Salivary glands*. In: Shah JP, Patel SG, Editors. *Head and Neck. Surgery and Oncology*. Third Ed. Edinburgh: Mosby 2003. pp. 439-73