INTRODUCTION

Parotid gland sialoceles typically present as early or intermediate complications of parotid surgery, rhytidectomy, and parotid gland or duct trauma. This case demonstrates the unusual presentation of an idiopathic deep lobe parotid sialocele.

CASE PRESENTATION

A 64 year old female presented with sudden onset of a painful left neck mass. After three days of worsening enlargement and pain, she presented to the Emergency Department.

The patient had no history of penetrating or blunt facial trauma, sialolithiasis, sialadenitis, parotid neoplasm, or parotid gland or duct surgery. She underwent rhytidectomy fifteen years prior to presentation.

A CT scan demonstrated a deep lobe parotid cystic lesion, and MRI revealed similar findings without any distinct mass (Figure 1). Blood serologies were obtained, and a fine needle aspiration produced 3mL of fluid sent for analysis (Table 1). The lesion appeared to reaccumulate fluid requiring repeat aspiration.

Initial diagnostics indicated an infected sialocele of the deep lobe of the parotid. The patient was initially treated with IV antibiotics, neck pressure dressing, and a scopolamine patch. After an appropriate response in 24 hours, the patient was discharged home on oral antibiotics.

One week post-discharge, the fluid re-collected but without significant infection. A repeat aspiration was performed. 25 units of botulinum toxin type A was injected into the parotid to decrease salivary flow; no related complications occurred.

Close follow-up was maintained, and one month later the neck fullness had resolved. Repeat imaging obtained at 2 months and 6 months (Figure 2) revealed no tumors along with resolution of deep lobe parotid sialocele.

DISCUSSION

Parotid gland sialoceles are established early or intermediate complications of parotid surgery, rhytidectomy, and parotid gland or duct trauma.1-2 Our patient underwent rhytidectomy 15 years prior, making it an unlikely etiology. No discernable etiology of this patient’s sialocele can be determined. Therefore, this case report demonstrates the rare presentation of an idiopathic deep lobe sialocele.

Similar to traumatic sialoceles, treatment was successful with aspiration, compression, antibiotics, scopolamine patch, and botulinum toxin type A injection.3-4

CONCLUSION

This case demonstrates the unusual presentation of a deep lobe parotid sialocele without any discernable etiology. Diagnostic methods verified salivary contents without any identifiable tumor. Successful treatment was achieved using conservative therapies.

REFERENCES