SIR Publishers
CENTER FOR INTERNATIONAL SCIENTIFIC PUBLICATIONS
JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2024): 6.569|
Volume-7, Issue-3, Published |20-03-2024|

SALIVARY STONE DISEASE

https://doi.org/10.5281/zenodo.10864799

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ANNOTATION

the reason for the development of salivary gland Stones is a violation of the production of electrolytes inside the salivary gland, which significantly increases the density of saliva and, as a result, forms calculations. The stone is usually small, it looks like a cherry stone, but this size is enough to close the canal of the salivary gland. There may sometimes be a few of these stones.

Keywords

salivary gland stones, mucocele, sialoadenosis, oncocytosis, submandibular, parotid, sublingual.

Salivary stone disease (sialolithiasis) - chronic disease of the salivary gland formation of salivary stones in its ducts. In most cases, the submandibular gland. Stones can be single or multiple, from calcium salts, mainly phosphates, Matrix desquamated epithelial cells, musin. In their pathogenesis, 3 factors: stagnation of secretion with dyskinesia or obstruction of the ducts, an alkaline shift in the salivary pH value and an increase in its viscosity, infection of the excretory duct or gland itself. When Sialolithiasis often develops sialodoxitis (inflammation of the canal) and chronic sialadenitis. With sick salivary stone disease, they complain of swelling of the gland, paroxysmal pain during ingestion of food (salivary colic associated with impaired salivation).

Atrophy of the affected gland parenchyma with increased connective tissue, often with squamous or oncocytic metaplasia of the duct epithelium, as well as the development of cysts.

The long duration of sialolithiasis leads first to a decrease and then to a cessation of function of the affected gland.

Mucocele (mucous cyst) is the most common obstructive injury to salivary glands, a cyst that usually contains mucus up to 1 cm in diameter, and is the consequence of injury to the ducts of small salivary glands. Large mucoceles of the lower part are called wounds to the oral cavity.

Storage cysts

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Retention cysts are less common than mucosel. They develop as a result of cysts dilation of the canal of the salivary gland due to clogging with salivary stone, external compression or bending.

Autoimmune diseases of the salivary glands

Autoimmune diseases of the salivary glands are represented by Sjogren's syndrome keratoconjunctivitis, triad, xerostomia and any autoimmune diseases. nature (rheumatoid arthritis, scleroderma, SLE, etc.) and isolated Sjogren's disease are damage to the salivary glands, in which antibodies are detected to the epithelium of their ducts.

Tumor-like damage to the salivary glands

Tumor-like lesions of the salivary glands include sialoadenosis (sialosis), oncocytosis, necrotizing sialometaplase, benign lymphoepithelial lesion (disease Miculich), and lymphoepithelial cysts of the parotid salivary glands that accompany HIV infection.

Sialoadenosis (sialosis) is a bilateral enlargement of the parotid, sometimes submandibular, salivary glands of a non - inflammatory and non-swollen nature. This lesion is associated with hormonal rule violations. Serous asinar cells are characterized by hypertrophy, interstitial edema, strient atrophy ducts. Eventually, salivary gland lipomatosis and xerostomia develop.

Oncocytosis is an oncocytic alteration of one or a part of the cells of the lobes and canals of the salivary gland.

Necrotizing sialometaplasia

Necrotizing sialometaplasia is a combination of asinar necrosis of the canal epithelium and squamous cell metaplasia, a disease of unknown etiology, mainly small salivary glands. Back on its own in 6-10 weeks.

Safe lymphoepithelial lesion

A safe lymphoepithelial lesion (Myculich's disease) is characterized by a lymphoid cell infiltrate replacing the glandular parenchyma of the salivary gland lobules, proliferation epithelial and myoepithelial cells of the ducts with the formation of epithelial myoepithelia adacıks that replace the intralobular ducts. This is observed, in particular, with Sjogren's syndrome. There is a high risk of developing non-Hodgkin's lymphoma or cancer.

Lymphoepithelial cysts of mumps salivary glands associated with HIV infection

Lymphoepithelial cysts of mumps salivary glands associated with HIV infection are lined squamous epithelium and contain horny masses. The appearance is taken as permanent common lymphadenopathy (damage to the

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intraorganic lymph nodes). There are also lymphoepithelial cysts in the Parotid salivary glands associated with HIV infection.

Removal of stone from the salivary gland is the process of getting rid of stones that have hardened as a result of the deposition of calcium compounds from the salivary gland, which are a combination of channels that produce saliva.

Stones in the salivary gland - a condition characterized by the formation of stones / deposits in the salivary gland due to a violation of saliva production. Each of US has 3 pairs of salivary glands, among which there are salivary glands:

- submandibular
- parotid
- sublingual

Each of us also has salivary glands located on the mucous membrane of the throat and the entire mouth. Some people may have other accessory glands that appear along with the parotid glands. Often urolithiasis affects the submandibular glands (in 85% of cases), less often the parotid glands. The reasons for the appearance of stones in the salivary gland are not fully explained. The disease often affects adults over the age of 40, in addition, they are more male than female.

SALIVARY GLAND STONES-SYMPTOMS

As a result of salivary gland stones, one or more stones appear in the salivary glands. They are stones that are usually made up of phosphates or calcium carbonates. The submandibular gland, which is a conduit for saliva or pulp, is often blocked, although all glands may be affected. Salivary gland stones are numerous and small.

Stones of the salivary gland cause stagnation of saliva in the gland itself, causing inflammation and swelling in the patient, which is also associated with pain. Pain is significantly reduced after eating, because simply looking at food or thinking about food stimulates saliva and increases swelling and pain at the same time.

TYPES OF SALIVARY GLAND STONES

1. The submandibular gland is located in the sub-jaw triangle of the neck, blocked from above by the mandible. This type of salivary gland is located under the mucous membrane of the oral cavity and has a discharge tube that protrudes from the inside of the frenulum at the bottom of the mouth.

2. The Parotid gland is the largest salivary gland located close to the corner of the jaw. The Parotid gland is surrounded by a bag of connective tissue, which, when stretched, causes pain when the salivary gland becomes inflamed. The tube of the salivary gland runs along the cheek and exits the mouth at the level of the upper second molar.

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3. The pancreas is classified as a large gland. It is located at the bottom of the mouth and adjoins the lower jaw gland. The salivary gland duct usually connects to the submandibular (Wharton) gland duct.

4. Small salivary glands – located on the lips, nose, larynx, cheeks, trachea and palate. They are treated as emergency salivary glands, as they can be replaced when any of the salivary glands fail.

DIAGNOSIS OF SALIVARY GLAND STONES

The doctor will diagnose salivary gland stones based on Anamnesis and patient palpation. On examination, a large swelling appears in the area of the salivary gland, which has increased attachment and is severe, and touching this area causes pain in the patient. In addition, the discharge output can be significantly red, and the extraction of saliva can be blocked. The doctor may also find an extension of the canal and the presence of a stone in it (especially in the submandibular gland). In the case of a secondary bacterial infection - discharge can flow through the mouth, and nearby lymph nodes become larger.

Another additional examination carried out to confirm the diagnosis is an X - ray examination (occlusion image of the mandibule, which is useful in diagnosing the anterior part of the canal leading to the pancreas). Most of the stones are visible in the photo. In addition, sometimes an ultrasound examination is carried out (it allows you to identify salivary stones not seen on an X-ray examination) or a sialogram (examination of an image using contrast), as well as magnetic resonance imaging and computed tomography. . Ultrasound examination allows you to assess the parenchyma of the salivary gland and the location of stones that are not visible on an X-ray examination.

SALIVARY GLAND STONES TREATMENT

The treatment of salivary gland stones can be conservative or surgical. Oral hygiene is particularly important. The patient's diet should be balanced and provide a sufficient portion of energy, as well as be acidic, which can stimulate saliva and wash away stones. You need to drink a lot (in the case of small stones). There are no restrictions on the patient's activity. You can still play sports.

Doctors also recommend taking non-steroidal anti-inflammatory drugs to relieve pain. If the symptoms indicate a bacterial infection, the doctor will prescribe antibiotic therapy. This happens quite often, pharmacological treatment does not bring the expected benefits, then the stones are surgically removed in hospital conditions. The procedure is performed by an otolaryngologist or maxillofacial surgeon. This leads to immediate pain relief. If the scale is in the discharge channel, the treatment consists of cutting the channel and removing the deposits. On the other hand, if urolithiasis is a recurrent condition or belongs to the parenchyma of the salivary gland - this gland must be completely removed.