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Editorial

Sialendoscopy: New Promising Modality

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The long standing inflammation of salivary gland i.e. chronic sialadenitis is mostly due to sialolithiasis i.e. calculi within the duct system. The confirmation of diagnosis is by bimanual palpation, ultrasound and computerized tomography (CT). CT is helpful in assessing the size, site and number of calculi. Conventional treatment sialodochotomy i.e. stone removal by intraoral incision over salivary duct is still useful for palpable stones. For stones located proximally in the gland sialadenectomy i.e. gland excision was advocated.

With the advances in the optical lenses, the new modality of both diagnostic and therapeutic " Sialendoscopy" is getting popular. In sialendoscopy the small sized endoscope is introduced via natural opening i.e. papilla after dilatation by using lacrimal punctum dilator and serial probes. The stone is removed by variety of forceps, wire basket or broken into pieces with intracorporeal laser lithotripsy, before being lavaged out.

The complications associated with sialendoscopy are infection, local swelling, formation of ranula after ductal perforation and ductal stenosis following scarring. It is contraindicated in presence of acute infection.

Despite certain limitations, sialendoscopy is promising, with less morbidity than previously followed procedures and also retains functioning salivary gland.