Acta Scientific Otolaryngology (ISSN: 2582-5550)

Volume 5 Issue 7 July 2023

Editorial

Anesthesia Mumps

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Received: May 26, 2023

Published: June 01, 2023

Anesthesia mumps, an acute, short-lived, enlargement of the parotid gland occurs after general anesthesia. It is also known as "Acute post-operative sialadenitis". Its occurrence is rare and may be a source of concern for the health care team and patients. In most cases it involves the gland unilaterally. Bilateral occurrence is rare. It has also been known to occur in rare instances following regional anesthesia [1]. Anesthesia mumps is not particular to any surgical procedure. It has no distinct etiology, but several speculations have been made.

It has been suggested that it could be due to impaired venous drainage of the gland caused by orotracheal intubation induced parasympathetic stimulation under general anesthesia or increased consistency of saliva caused by intra-operative administration of medications like Atropine, Succinylcholine and morphine [2]. Acute dehydration may also be a contributory factor [2]. Stensen's duct compression during lengthened, lateral positioning of patient has also been suggested but parotid gland enlargement in the upper, non-compressed gland has also been noted to occur [2]. It may also occur in patients placed in the supine position. It is known to occur more frequently in lengthened surgical procedure [3].

The enlargement of the parotid gland can occur intraoperatively or after a few hours. It may also be noticed more than 24 hours post anesthesia. There may be associated pain. This may be due to rapid enlargement of the gland. This parotid gland enlargement is however short-lasting, resolving spontaneously within a few hours or days. Hence, there is no need for medical intervention in most cases. Other causes of acute enlargement of the parotid gland should also be ruled out. Patients should be reassured of its spontaneous resolution.

Preventive practices like proper hydration of patient peri-operatively, padding of the gland during lateral positioned surgical procedures and reduction of the length of surgical procedures are encouraged. The awareness of this condition, though rare will reduce panic in the health team. It will also prevent misdiagnosis and mismanagement of the lesion when it does occur.

Bibliography

1. Rosique MJ., *et al.* "Parotitis after epidural anesthesia in plastic surgery: Report of three cases". *Anesthetic Plastic Surgery* 37 (2013): 838-842.

2. Jan R., *et al*. "Acute transient sialadenitis – 'Anesthesia Mumps': Case report and review of literature". *Anesthesia, Essays and Researches* 14 (2020): 352-354.

3. Serin S., *et al*. "A case of anesthesia mumps*". Anesthesia and Analgesia* 104 (2007): 1005.