

Round Table

SALIVARY GLAND DISEASES.

FROM THE INFLAMMATION TO THE MALIGNANCY.

FROM THE DIAGNOSIS TO THE MANAGEMENT. WHAT THE DENTIST NEEDS TO KNOW

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ABSTRACT

Salivary gland diseases include inflammatory, bacterial, viral, autoimmune and neoplastic causes. The clinical presentation may be acute, recurrent, or chronic. All clinical presentations may appear in salivary diseases of inflammatory, bacterial, viral etiology, presenting with rapid-onset pain and swelling. Viral etiologies include mumps and human immunodeficiency virus, and treatment is directed at the underlying etiology. Recurrent or chronic sialadenitis is more likely to be inflammatory than infectious; examples include recurrent parotitis of childhood and sialolithiasis. Inflammation is commonly caused by an obstruction such as a stone or duct stenosis. Management is directed at relieving the obstruction.

Benign and malignant tumors can occur in the salivary glands and usually present as a painless solitary mass for the major salivary glands or a fast growing painful lesion for the malignant neoplasms of the minor salivary glands. Diagnosis is made by imaging (e.g., ultrasonography, computed tomography, magnetic resonance imaging) and biopsy. Overall, most salivary gland tumors are benign and can be treated with surgical excision, whereas the surgical management of malignant salivary neoplasms is predicated by the location, histopathologic grade and clinical stage of tumor.

This round table will present and discuss the broad spectrum of the salivary gland diseases their diagnostic sequence and management, all the necessary steps that the dentist needs to know.