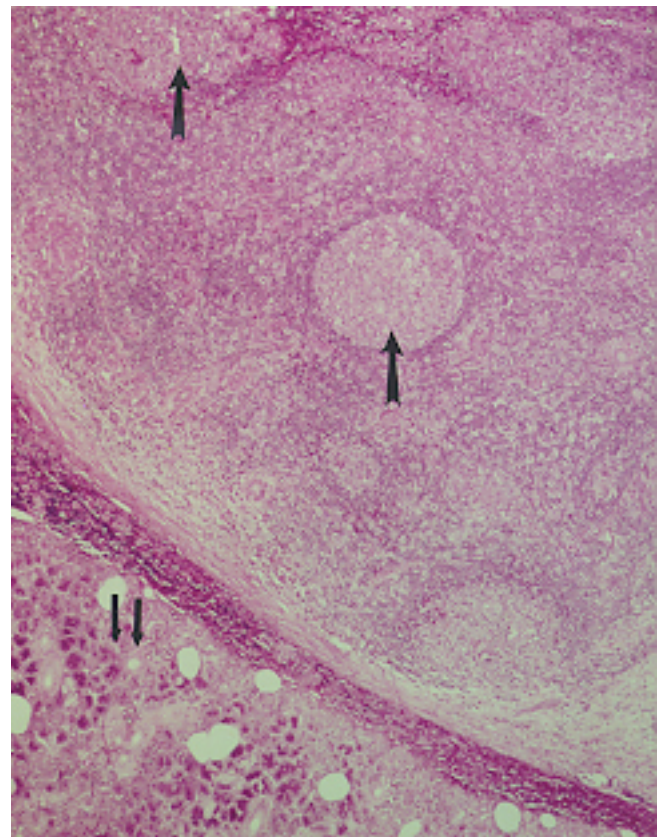


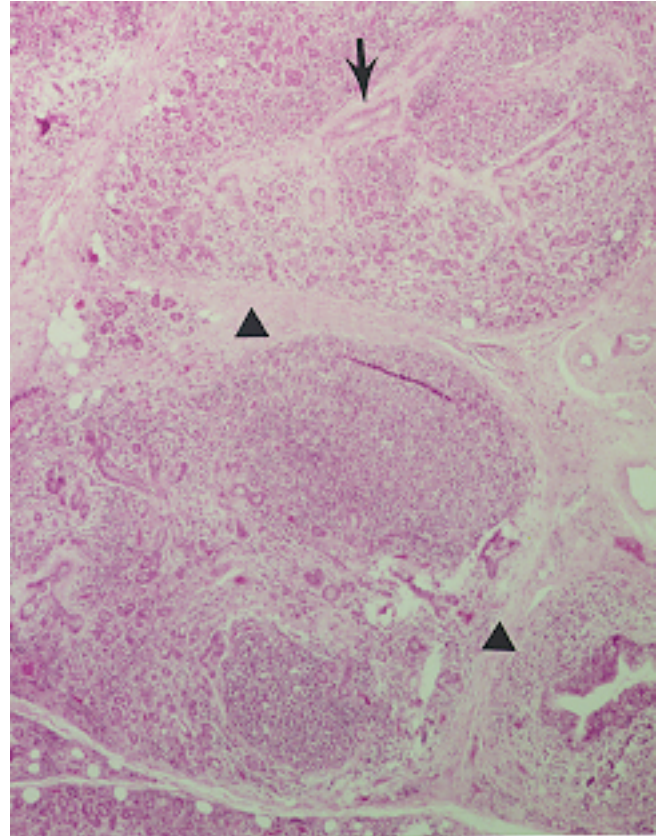
SIALADENITIS

Sialadenitis may be the result of an infection and there are non infectious causes. One common cause is a calculus in the duct causing blockage and similar blockage might be caused by a stricture or compression by tumor. Conditions that produce xerostomia may produce sialadenitis, one example of which is acute parotitis sometimes called "surgical mumps" seen in patients who have been kept without adequate fluids. In chronic disease there is an infiltrate and often associated atrophy or acinar and ductal dilatation.

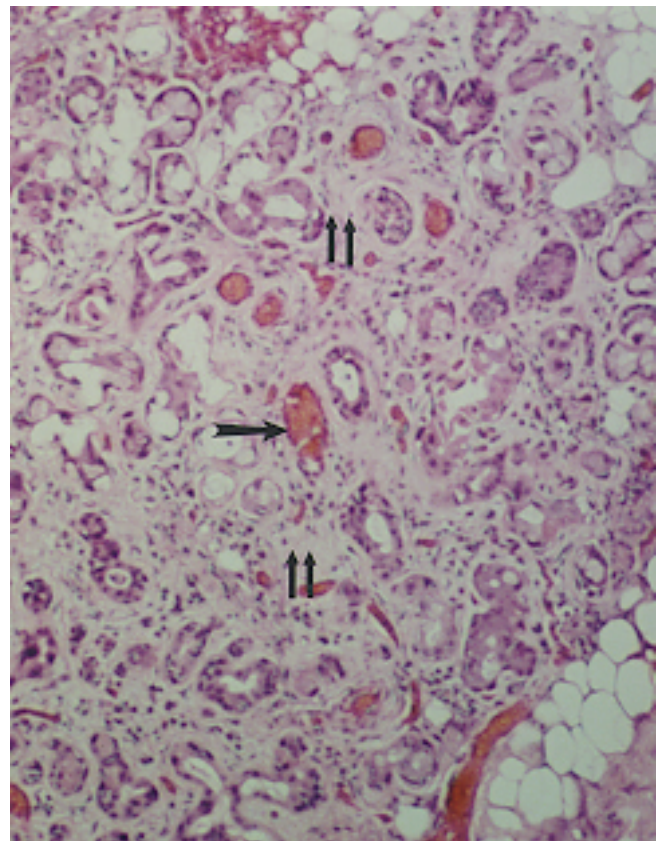
Intraglandular lymphoid hyperplasia showing marked follicular lymphoid hyperplasia with germinal center formation (single arrows). Double arrows point to glandular tissue. The entire submandibular salivary gland was filled with similar lymphoid hyperplasia.

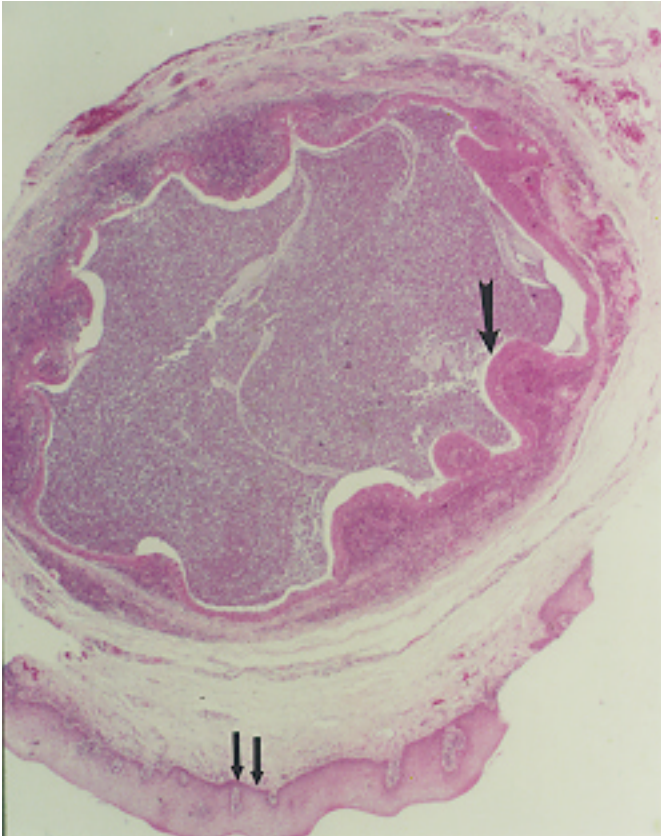


Submandibular gland. Marked chronic salivary sialadenitis. Triangles indicate fibrous bands coursing through gland. Chiefly ductal elements remain (arrow).

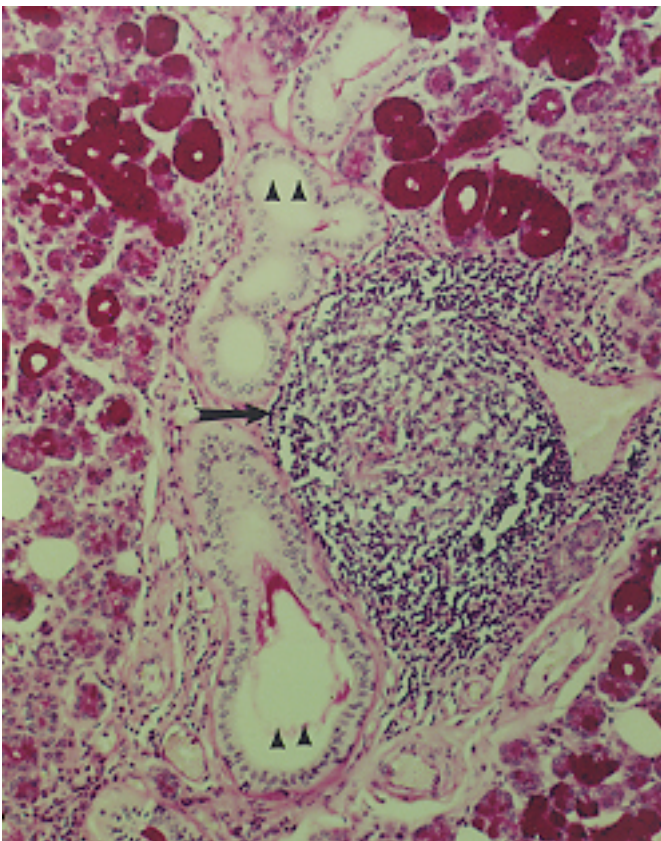


Submandibular gland shows atrophy after irradiation therapy. Double arrows indicate fibrous tissue, single arrow a blood vessel.





Submandibular duct cyst. Single arrow indicates lining of duct and double arrows point to mucosa, floor of mouth.



Submandibular gland, PAS stain. Arrow points to inflammatory infiltrate adjacent to ducts (triangle). The rest of the gland is also affected but often the most change is periductal. The magenta colored areas are mucous glands with mucus taking this color in the PAS stain.