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Assignment topic-------------- clinical consideration of salivary glands.

Subject --------------------------- Oral Histology.

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Clinical consideration of salivary glands.

1. Age changes.
2. Disease viral and bacterial infections.
3. Saliotliths.
4. Tumours.
5. Auto immune disease.
6. Sjorgrens syndrome.
7. AIDS.
8. Cystic fibrosis.
9. Diabetes .
10. Dry mouth (xerostomia).
11. Mucoceles.
12. Caries and periodontal disease.
13. Irradiation.

Salivary gland diseases are an important consideration in differential diagnosis of orofacial swellings. Besides organ-specific diseases such as inflammation and tumour, pathology of the salivary glands may be a manifestation of disorders of the immune system and metabolism, neurological and genetic disorders as well as hormonal dysfunction. Due to the complexity of pathology of salivary glands, we will only discuss those diseases that are most relevant for dental practitioners.

A [sialolithiasis](https://en.wikipedia.org/wiki/Sialolithiasis) (a salivary calculus or stone) may cause blockage of the ducts, most commonly the [submandibular ducts](https://en.wikipedia.org/wiki/Submandibular_duct), causing pain and swelling of the gland.[[29]](https://en.wikipedia.org/wiki/Salivary_gland#cite_note-29)

Salivary gland dysfunction refers to either [xerostomia](https://en.wikipedia.org/wiki/Xerostomia) (the symptom of dry mouth) or salivary gland hypofunction (reduced production of saliva); it is associated with significant impairment of quality of life. Following radiotherapy of the head and neck region, salivary gland dysfunction is a predictable side-effect. Saliva production may be pharmacologically stimulated by [sialagogues](https://en.wikipedia.org/wiki/Sialagogue) such as [pilocarpine](https://en.wikipedia.org/wiki/Pilocarpine) and [cevimeline](https://en.wikipedia.org/wiki/Cevimeline).It can also be suppressed by so-called [antisialagogues](https://en.wikipedia.org/wiki/Antisialagogue) such as [tricyclic antidepressants](https://en.wikipedia.org/wiki/Tricyclic_antidepressant), [SSRIs](https://en.wikipedia.org/wiki/SSRI), [antihypertensives](https://en.wikipedia.org/wiki/Antihypertensives), and [polypharmacy](https://en.wikipedia.org/wiki/Polypharmacy). A Cochrane review found there was no strong evidence that topical therapies are effective in relieving the symptoms of dry mouth.

[Cancer](https://en.wikipedia.org/wiki/Cancer) treatments including [chemotherapy](https://en.wikipedia.org/wiki/Chemotherapy) and [radiation therapy](https://en.wikipedia.org/wiki/Radiation_therapy) may impair salivary flow. Radiotherapy can cause permanent hyposalivation due to injury to the oral mucosa containing the salivary glands, resulting in xerostomia, whereas [chemotherapy](https://en.wikipedia.org/wiki/Chemotherapy) may cause only temporary salivary impairment.

[Graft versus host disease](https://en.wikipedia.org/wiki/Graft_versus_host_disease) after [allogeneic](https://en.wikipedia.org/wiki/Allogeneic) [bone marrow transplantation](https://en.wikipedia.org/wiki/Bone_marrow_transplantation) may manifest as dry mouth and many small [mucoceles](https://en.wikipedia.org/wiki/Oral_mucocele). [Salivary gland tumours](https://en.wikipedia.org/wiki/Salivary_gland_tumour) may occur, including [mucoepidermoid carcinoma](https://en.wikipedia.org/wiki/Mucoepidermoid_carcinoma), a [malignant growth](https://en.wikipedia.org/wiki/Cancer).