

Name ,Muhammad Tahir

ID NO, 15083

Programm , BS DT

Semester ,4

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## **CLINICAL CONSIDERATION OF SALIVARY GLANDS**

Taking of medical history from a patient can lead us to know about the function of salivary glands. Major abnormalities occur in salivary gland which are caused by hormonal imbalance, diabetes mellitus and neurological problems. For example,

### **1] XEROSTOMIA AND SIALORRHEA**

In xerostomia disorder, dry of mouth takes place and secretion of saliva may decrease. In sialorrhea disorder, excessive secretion of saliva occurs which creates abnormalities in pH of oral cavity. These disorders are caused by dysfunction of the parotid salivary center, autonomic innervation to glands and damage of glands itself.

### **2] RADIATION CARIES**

Radiation caries is a rampant form of dental decay that may occur in individuals who receive a course of radiotherapy that includes exposure of salivary glands.

### **3] Sjogren Syndrome**

In this disorder, inflammation of the cornea and conjunctiva, xerostomia and rheumatitis take place. This disorder is caused by genetic or autoimmune disorder. Features include dry mouth and eyes due to hypofunction of lacrimal and salivary glands. Viral inflammation of glands causes it to swell, resulting in pain on movement of the jaw. Abscesses or cysts of glands may result in pressure on the facial nerve.

## **PAROTID GLAND**

Because of fibrous fascia covering the parotid, its inflammation and swelling is intense and hard. This permits storage of secretion so that a ready flow may be available on stimulation without waiting for the secretory process. This relatively static reservoir may form an obstruction and is a ready nidus for bacterial activity. The close association of the facial nerve with glands is very important consideration during surgical procedure.

## **SUBMANDIBULAR GLAND**

The entire submandibular gland and duct system lies in a dependent position, which predisposes it to retrograde invasion by oral flora. Similar to parotid gland duct, the Wharton duct is wider before reaching the papilla. This can lead to angulation of saliva and organic matter. This sharp bend of Wharton duct at posterior border of myohyoid muscle allows stasis of saliva favoring the formation of salivary stones.

## **SUBLINGUAL GLAND**

The sublingual glands and minor salivary glands have very small duct due to chances of stasis is less. The obstruction of lesions do not occur in glands. Since minor salivary glands are placed.