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IMAGE | ENDOSCOPY

# Post-Endoscopy Sialadenitis

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## Case Report

A 70-year-old woman reporting 1 year of non-progressive intermittent solid dysphagia underwent an outpatient endoscopy. Endoscopy was normal, and a 54-French bougie dilator was empirically passed, which encountered moderate resistance in oral cavity. On withdrawal, no blood was noted. The dilator passed freely on the second attempt. Subsequent screening colonoscopy was uneventful. Five hours after discharge, she returned with odynophagia and pain from a tender right submandibular swelling (Figure 1). Contrast computed tomography of the neck showed submandibular sialadenitis with adjacent cellulitis (Figure 2). After 12 hours of IV clindamycin, hot compresses, and hydration, she was discharged. Given the remarkable improvement in cellulitis, we prescribed a 72-hour course of empiric oral amoxicillin/clavulanate.[1] On phone follow-up, she reported total resolution of the swelling after the antibiotics.

Presentation of post-endoscopy sialadenitis is concerning for cervical esophageal/pharyngeal perforation. Proposed mechanisms of sialadentitis include drug reactions, coughing, or parasympathetic stimulation leading to increased gland secretions or vascularity, and ductal blockage due to thickening of secretions from dehydration.[2-4] It typically presents with parotid and/or submandibular swelling during or immediately after endoscopy, resolving over minutes to hours.[2-4] In our case, the initial attempt at dilation could have traumatized the submandibular gland duct opening, triggering inflammation, with dehydration from her colonoscopy preparation contributing. Our case differed from prior reports by delayed onset, intense inflammation, adjacent cellulitis, prolonged course, and bougie dilatation. Selected cases without evidence of concomitant infection may be managed with supportive treatment inclusive of warm compresses and hydration.

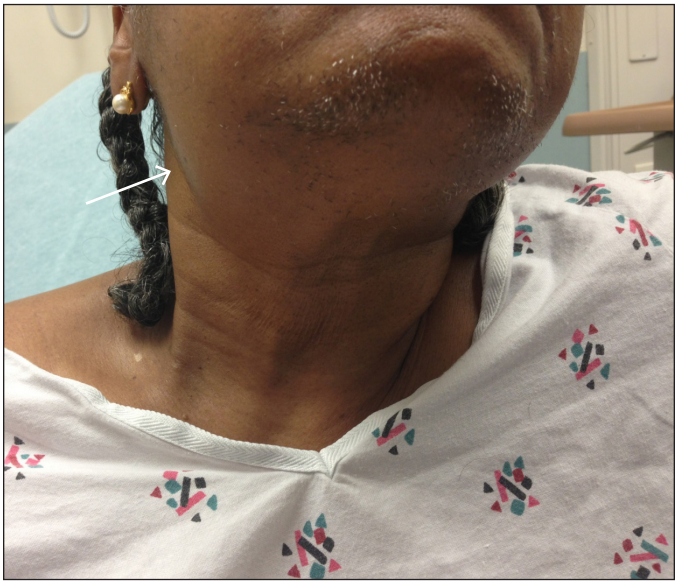

**Figure 1.** Swollen right submandibular area.

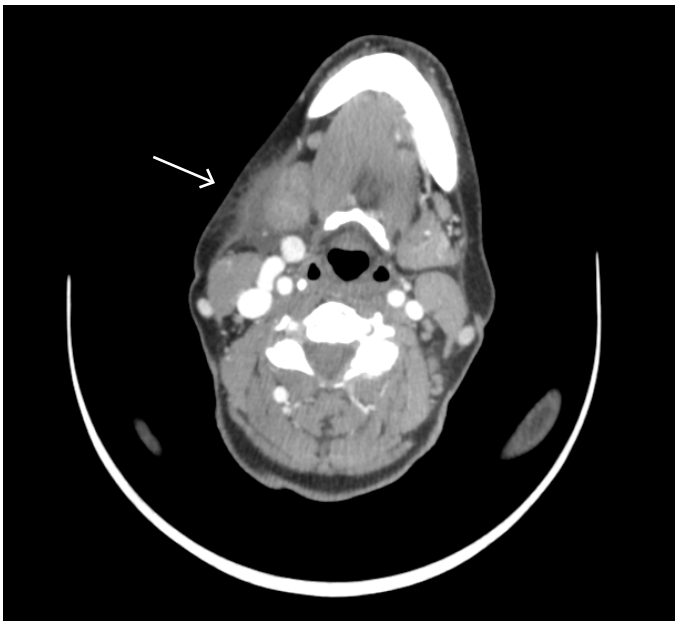

**Figure 2.** Contrast CT scan of the neck showing right-sided submandibular sialadenitis with adjacent cellulitis. No sialoliths were noted.

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## Disclosures

Author contributions: P. Molakatalla prepared the manuscript, and is the article guarantor. Y. Govil edited the manuscript and mentored the process.

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Informed consent was obtained for this case report.

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