

# LETTERS TO THE EDITOR

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## CASE REPORTS

### Giant sialolith

Sir, salivary lithiasis is a condition characterised by the obstruction of the salivary gland or its excretory duct by a calculus or sialolith associated with: swelling, pain, and infection of affected gland, resulting in salivary ectasia and even provoking the subsequent dilatation of the salivary gland. They are classified as 'giant' in any case where the dimension exceeds 15 mm. Giant sialoliths in the submandibular gland is a rare disorder.<sup>1,2</sup>

A 62-year-old man presented with a painful swelling in the left submandibular region. The patient had noticed swelling in the region about 4 years earlier, but did not seek professional medical attention at that time. The patient reported that the lesion had gradually increased in size and had recently become painful. Intraoral bimanual palpation revealed a hard and tender mass. Extra oral examination revealed that the swelling was localised to the left submandibular region which was tender on palpation. Intraoral examination revealed a slight elevation of the left floor of the mouth, with absent salivary flow from the Wharton's duct. A radiograph revealed a large calcified mass extending from submandibular gland to the Wharton duct (Fig 1).

Submandibular gland resection was performed under general anaesthesia. Intraoperatively, it was found that the body of the gland was totally filled with a giant sialolith and the gland parenchyma was atrophic. Pathologic examination confirmed the diagnosis of chronic sialadenitis and a giant sialolith, 30 × 15 mm in size (Fig 2). The postoperative period was uneventful and the patient recovered without any complication. Different treatment options may be selected according to the size and location of the sialolith. Small stones often may be 'milked out' through the ductal orifice using bimanual palpation. If the stone is too large or located in the proximal duct, surgical removal of the stone or gland may be required.<sup>2,3</sup>

Sabit Demircan, Istanbul, Turkey

1. Siddiqui S J. Sialolithiasis: an unusually large submandibular salivary stone. *Br Dent J* 2002; **193**: 89-91.

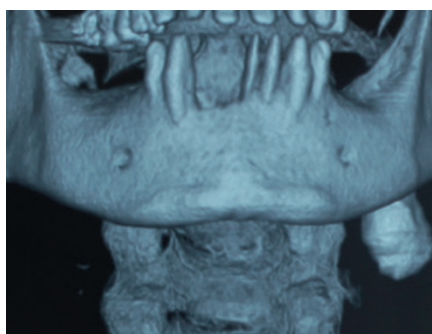


Fig. 1 Sialolith involving the submandibular gland

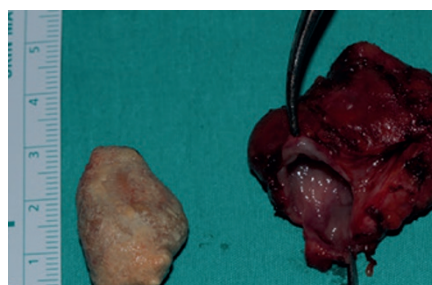


Fig. 2 The removed gland and sialolith

2. Oteri G, Procopio R M, Cicciu M. Giant salivary gland calculi (GSGC): Report of two cases. *Open Dent J* 2011; **5**: 90-95.
3. Wallace E, Tauzin M, Hagan I *et al*. Management of giant sialoliths: Review of the literature and preliminary experience with interventional sialendoscopy. *Laryngoscope* 2010; **120**: 1974-1978.

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### Sialoliths and megaliths

Sir, having read the paper by Kraajj *et al.* on salivary stones<sup>1</sup> we recently saw a rather large sialolith. Further reading revealed that it was in fact a megalith which are defined as a sialolith which exceeds 15 mm in any one of its dimensions<sup>2,3</sup> and are most commonly found in the Wharton's duct. These stones have usually been present as a partial obstruction for prolonged periods of time and in the absence of infection can lead to atrophy, reduced secretory function and fibrosis of the gland.<sup>4</sup>

Our patient was in her sixties and was referred by her GDP regarding an acute swelling affecting her right floor of mouth and right submandibular region. She complained of intermittent swelling which was exacerbated by eating. A recent course of penicillin had provided little relief and she



Fig. 1 Megalith on the floor of the mouth

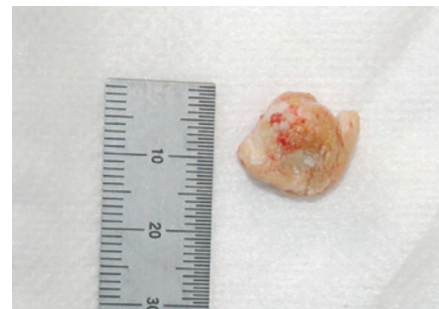


Fig. 2 The megalith measured 17.6 × 12.4 mm

now described an acidic taste in her mouth. Clinical examination revealed tenderness of the right submandibular gland. Intraorally there was a large firm palpable swelling in the right floor of the mouth with distended overlying mucosa and a purulent discharge. A lower occlusal radiograph revealed the megalith, in the right floor of the mouth (Fig 1), which we removed under local anaesthesia. It was largely extra-luminal and measured 17.6 × 12.4 mm (Fig 2).

Megaliths are likely to have been present for many years in order to reach their size and they tend to continue to grow unhindered and undiscovered until infection intervenes. Early intervention reduces the chance of long term irreversible structural and functional changes to the submandibular gland.<sup>4</sup> We therefore feel that it is important to palpate the submandibular ducts as part of the routine oral soft tissue examination in primary care as many of these sialoliths could be detected before they give rise to symptoms.

S. Ahiaku and T. Lord, by email

1. Kraajj S, Karagozlu K H, Forouzanfar T, Veerman E C, Brand H S. Salivary stones: symptoms, aetiology, biochemical composition and treatment. *Br Dent J* 2014; **217**: 636-637.