Determination of Incidental Finding in Salivary Glands in Adult Sudanese Population using Ultrasonography

Mohammed Amir Hassan1,*, Awadia Gareeballah Suliman1,2, Ahmed Abdelrahim Mohammed1, Ragaa Ahmed Aburaida1, Mowada Burai Mohamed1, Naglaa Elsir Mohammed3

1Faculty of Radiological Sciences and Medical Imaging, Alzaiem Alazhari University, Khartoum, Sudan
2Department of Diagnostic Radiologic Technology, Faculty of Applied Medical Sciences, Taibah University, Al-madina Al-Munawarah, King Saudi Arabia
3Al-Ghad International College of Applied Medical Sciences, Kingdom of Saudi Arabia

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*Corresponding author: Mohammed Amir Hassan

Abstract

This was descriptive study done in Khartoum state -Sudan, to determine the incidental finding in salivary glands in adult Sudanese population using ultrasonography, the sampling includes 254 patients came to area of the study in age ranged 18-53 years, (59.4%) of them were female, verbal ethical approval taken from each of them, then ultrasound scanning of salivary gland was performed, the data collected by data sheet including the study variables which are age, gender, size and incidental ultrasound finding then analysed by SPSS version 16, frequency and percentage are calculated then chi square test were performed to assess correlation between study variables, the study found that 2.8% of the patients had an incidental finding during ultrasound scan, most finding present is parotitis due to mumps (0.8%), followed by Sjo¨gren syndrome, sialolithiasis, LNs, lesion+ LNs and lesion (0.4%) for each of them respectively. The study concluded that ultrasound can detect and determined the incidental abnormalities on salivary gland and also differentiate between them.

Keywords: Incidental sialolithiasis Sjo¨gren ultrasonography.

INTRODUCTION

There are many diseases affecting salivary gland such as inflammation, stones and tumours. Ultrasound is first modality to assess these diseases and differentiate between them. In inflammatory condition when it is acute inflammation the glands appears as an enlarged, hypoechoic with increased blood flow; they may contain multiple small, oval, hypoechoic areas and associated lymphadenopathy in some cases but in chronic inflammation the glands are normal sized or smaller, hypoechoic, and inhomogeneous with normal blood flow. Sialolithiasis appears as hyperechoic lines or foci with distal acoustic shadowing. In advance cases of Sjo¨gren syndrome the gland appears as inhomogeneous with multiple scattered small, ovals, hypoechoic or anechoic areas, well defined and increased blood flow. Pleomorphic adenomas appear as hypoechoic, well-defined and lobulated lesions with posterior acoustic enhancement and may contain calcifications; Warthin tumors are usually appear as oval, hypoechoic, well-defined lesions that often contain anechoic areas and high vascularity. Malignant neoplasms of the salivary glands may appear irregular shapes and borders, ill-defined and a hypoechoic inhomogeneous structure or may overlap a benign appearance. Salivary gland cysts appear as well-defined margins anechoic with posterior acoustic enhancement with no internal vascularity [1].

OBJECTIVE

To determine the incidental finding in salivary gland detected by ultrasound in adult Sudanese using high frequency ultrasonography.

METHODOLOGY

This was descriptive cross sectional study done in Khartoum state Sudan in Alhikma POLYCLINICS 1 in the period from 2018 to 2020, the sampling includes 254 adult Sudanese population came to ultrasound department of other purpose of scanning rather than for salivary gland, after ethical approval was taken from each patients, ultrasound for parotid and submandibular gland is performed using Ezoate mylap 40 with 7.5 MHz high frequency linear array probe to determine the incidental abnormalities in salivary gland, the patient is examined in reclining position, neck
extended, both sides are examined in longitudinal and transverse planes, the data collected using data collection sheet including the study variables which are patient age, gender and ultrasound finding in the gland. Each finding is assessed in two orthogonal planes, the whole neck is scanned to exclude associated lymphadenopathy, then analyzed by SPSS version 16, frequency and percentage are performed then cross-tabulation is performed to determine the relationship between age, gender and ultrasound finding (p value < 0.05 considered significant), all patients with known pathology of salivary gland excluded.

**RESULTS AND DISCUSSION**

Concerning the age of the patients, the study done in age ranging from 18-53 years, more than half of them (56.7%) in age ranging 18-27 years, followed by (24.4%) in age ranging 38-47 years (Table 1).

| Age (years) | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------|-----------|---------|---------------|--------------------|
| 18-27       | 144       | 56.7    | 56.7          | 56.7               |
| 28-37       | 33        | 13.0    | 13.0          | 69.7               |
| 38-47       | 62        | 24.4    | 24.4          | 94.1               |
| 48-53       | 15        | 5.9     | 5.9           | 100.0              |
| Total       | 254       | 100.0   | 100.0         |                    |

More than half of them were female gender (59.4%). Table (2)

| Gender     | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Female     | 151       | 59.4    | 59.4          | 59.4               |
| Male       | 103       | 40.6    | 40.6          | 100.0              |
| Total      | 254       | 100.0   |               |                    |

Out of 254 cases the study found that (2.8%) had an incidental finding in salivary gland, on the other hand E.A. Egorova et al. in our study of differential radiodiagnosis of salivary gland masses state that on (2.5%) of patients the mass is an incidental finding with no manifestation [2]. K. Onda et al. stated that an incidental finding in salivary gland is about 4% in patients came for thyroid scanning, their incidence is higher this may due to larger sampling in our study [3].

| Finding                        | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------------------|-----------|---------|---------------|--------------------|
| Yes                           | 7         | 2.8     | 2.8           | 2.8                |
| No                            | 247       | 97.2    | 97.2          | 100.0              |
| Total                         | 254       |         |               |                    |

The study demonstrated that the most common incidental finding was parotitis due to mumps two cases (0.8%), followed by Sjögren syndrome, sialolithiasis, LNs, lesion+ LNs and lesion each of them 1 case (0.4%, K. Onda et al. found that Sjögren syndrome is more common incidental finding followed by sialadenitis and tumors. On the other hand no previous studies done to determine an incidental finding in salivary gland during thyroid ultrasound [3].

| Finding                        | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------------------------------|-----------|---------|---------------|--------------------|
| Lesion                        | 1         | .4      | 14.3          | 14.3               |
| Parotitis due to mumps        | 2         | .8      | 28.6          | 42.9               |
| Lt parotid LNs                | 1         | .4      | 14.3          | 57.1               |
| Lesion + LNs                  | 1         | .4      | 14.3          | 71.4               |
| Sjögren syndrome              | 1         | .4      | 14.3          | 85.7               |
| Stones                        | 1         | .4      | 14.3          | 100.0              |
| Total                         | 7         | 2.8     | 100.0         |                    |
Concerning the size of the parotid gland the study found that 98.8% of those patients have normal gland size while 1.2% had an enlarged gland due to parotitis and Sjo¨gren syndrome. The size of the gland in case of Sjo¨gren syndrome was 10.42 cm$^3$ and in parotitis is 8.16 cm$^3$. Table (5-6)

| Parotid Volume | Frequency | Percent | Valid Percent | Cumulative Percent |
|----------------|-----------|---------|---------------|--------------------|
| normal         | 251       | 98.8    | 98.8          | 98.8               |
| enlarged       | 3         | 1.2     | 1.2           | 100.0              |
| Total          | 254       | 100.0   |               |                    |

Table-6: Cross tabulation between gland size and finding

| Size          | Finding                        | Total |
|---------------|--------------------------------|-------|
| normal        | lesion                         | 1(3.98cm$^3$) |
|               | Parotitis due to mumps         | 1(2.65 cm$^3$) |
|               | Lt parotid LNs                 | 1(4.18 cm$^3$) |
|               | lesion+ LNs                    | 1(10.42 cm$^3$) |
|               | Sjo¨gren syndrome              | 1(1.82 cm$^3$) |
|               | Stones                          | 4     |
| enlarged      | 0                               | 2(8.16 cm$^3$) |
|               | 1                               | 1     |
|               | 1                               | 1     |
|               | 1                               | 1     |
|               | 7(5.62cm$^3$)                  |       |
| Total         | 1                               | 2     |
|               | 1                               | 1     |
|               | 1                               | 1     |
|               | 1                               | 7     |

The study found that no significant correlation between age, gender and incidental finding in salivary gland P value more than 0.05. Concerning age group the study revealed that among the patients with incidental finding 18-27 years age are more affected by salivary gland pathology (42.85%), this result disagree with Patange NA et al. 2017 whom stated 41-50 years more affected by pathology of the gland. In this study the pathology of salivary gland was more common in male than female (57.14%), this result agree with Patange NA et al. and disagree with K. Onda et al. whom found the incidental detected more common in female in our studies larger sample volume is assess compare to this study[3-4] Table (7-8).

Table-7: Cross tabulation between age and findings

| Age     | Findings                        | Total |
|---------|--------------------------------|-------|
| 18-27   | lesion                         | 0     |
|         | parotitis due to mumps         | 1     |
|         | Lt parotid LNs                 | 1     |
|         | lesion+ LNs                    | 0     |
|         | Sjo¨gren syndrome              | 0     |
|         | stones                          | 1     |
|         | Total                          | 3     |
| 28-37   | 0                              | 0     |
|         | 1                              | 1     |
|         | 0                              | 1     |
|         | 1                              | 0     |
|         | 0                              | 2     |
| 38-47   | 1                              | 0     |
|         | 0                              | 0     |
|         | 1                              | 1     |
|         | 0                              | 2     |
| Total   | 1                              | 2     |
|         | 1                              | 1     |
|         | 1                              | 1     |
|         | 1                              | 7     |
| P value more than 0.05 | |

Table-8: Cross tabulation between gender and findings

| Gender | Findings                        | Total |
|--------|--------------------------------|-------|
| Female | lesion                         | 1     |
|        | parotitis due to mumps         | 0     |
|        | Lt parotid LNs                 | 1     |
|        | lesion+ LNs                    | 0     |
|        | Sjo¨gren syndrome              | 1     |
|        | stones                          | 0     |
|        | Total                          | 3     |
| Male   | 0                              | 0     |
|        | 2                              | 1     |
|        | 0                              | 1     |
|        | 0                              | 4     |
| Total  | 1                              | 2     |
|        | 1                              | 1     |
|        | 1                              | 7     |
| P value more than 0.05 | |

CONCLUSION
The study concluded that high frequency ultrasound determines different finding in salivary gland, differentiate most of them such as sialolithiasis, inflammation, Sjo¨gren syndrome, the most common abnormalities detected in salivary gland are inflammation and lesion, the male affected by salivary abnormalities more than male.

RECOMMENDATIONS
The study recommended that scanning of salivary gland is important during neck and thyroid scanning to exclude incidental findings and beside that further studies should be done with larger sampling and more duration to assess the incidental finding in salivary gland.

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Fig-1: 26 years female with left parotid LNs associated with lesion
Fig-2: 25 years male with left submandibular sialolithiasis

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