ECRONICON OPEN ACCESS

EC EMERGENCY MEDICINE AND CRITICAL CARE
Case Report

Oropharyngeal Dysphagia Related to Pediatric Salivar Gland Obstructive Swelling: A Case Report

Maria Clara Bezerra Fontes, Júlia Damasceno Pompílio, Marília Cleide Tenório Gomes, Samuel Rodrigo de Andrade Veras, Maria da Conceição de Barros Correia, Leonardo Bezerra Cavalcanti dos Santos, Niedje Siqueira de Lima, Rosa Maria Mariz de Melo Sales Marmhoud Coury, Maria das Graças Duarte and Luciana de Barros Correia Fontes*

Department of Clinical and Preventive Dentistry, Federal University of Pernambuco, Cidade Universitária, Brazil

***Corresponding Author**: Luciana de Barros Correia Fontes, Department of Clinical and Preventive Dentistry, Federal University of Pernambuco, Cidade Universitária, Brazil.

Received: February 21, 2020; **Published:** March 03, 2020

Abstract

This is the case report of a 5-year-old female feoderm, complaining of difficulty in swallowing, obstructive sleep apnea, excessive weight loss and recurrent oral infections. There was a diagnosis of oropharyngeal dysphagia associated with sialoliths in the submandibular gland, with a multidisciplinary approach in programmed interventions.

Keywords: *Deglutition Disorders; Comprehensive Health Care; Child*

Introduction

Dysphagia is any disruption to the swallow sequence that results in compromise to the safety, efficiency, or adequacy of nutritional intake. Because swallowing and breathing share a common space in the pharynx, problems in either of these processes, or lack of synchronization between processes, can affect a child's ability to protect their airway during swallowing and ingest fluid and food safely [1]. Research suggests that approximately 1% of children in the general population will experience swallowing difficulties [2], though the incidence rate is much higher in some clinical populations (e.g. children with cerebral palsy, traumatic brain injury, and airway malformations) [3].

Oropharyngeal Dysphagia (OPD) is known to influence their nutritional status, respiratory health, and parental stress. Despite this, OPD has had limited attention, and little is known about its progression [4]. This is a challenging and relatively common condition in children. Both developmentally normal and delayed children may be affected. The etiology of OPD is frequently multifactorial with neurologic, inflammatory, and anatomic conditions contributing to discoordination of the pharyngeal phase of swallowing. Depending on the severity and source, OPD may persist for several years with significant burden to a patient›s health and family [5].

Case Report and Discussion

A 5-year-old female feoderm was referred to the Department of Clinical and Preventive Dentistry at the Federal University of Pernambuco, in Recife city, northeastern Brazil. Her grandmother reported as major complaints recurrent oral infections, difficulty in chewing and swallowing, weight loss, sleep disturbances and history of hospitalization. She also reported that the child had been on an exclusively liquid diet for the last 30 days, with difficulty and pain.

There was no history of trauma, syndromes or associated neurological conditions. There was also no report of mumps, HIV or neoplasms; but from lesions with occasional bullous vesicles in the mouth associated with fever. Laboratory tests suggested anemia and leukocytosis (hemogram).

On physical examination was noted over a 1-cm indurated mass in the left submandibular region, sensitive to palpation. Per-oral examination revealed a 1-cm tender and firm mass in the left floor of the mouth, near the submandibular gland.

The mandibular occlusal radiograph was taken. It allowed the visualization of an extensive radiopaque image in the affected region. After the conical beam computed tomography, hyperdense image was evidenced, medially to the mandibular fovea, with the diagnose hypothesis of intragrandular salivary calculus (sialolith).

There was an indication for removal of the sialolith with an intraoral approach and anatomopathological examination, upon prior assessment regarding the possibility of acute infection by associated Herpes zoster virus. Sialendoscopy represented a safe and effective method to treat pediatric patients, under local anestesia [6].

This patient remains in control with a multidisciplinary health team: doctors, speech therapists, psychologists and dental surgeons.

Diseases of the salivary glands are rare in children and adolescents, with the exception of viral-induced infections. Due to their low prevalence and the lack of pathognomonic symptoms, salivary gland diseases in children and adolescents are often misdiagnosed, resulting in an unnecessarily long period of suffering despite a favorable outcome following the correct treatment [7].

Conclusion

Oropharyngeal Dysphagia related to pediatric salivar gland obstructive swelling is a rare condition. However, this possibility should be considered and treated due to the adversely impact on the health-related quality of life.

For this child the calculi was removed with local anestesia and her immunity was treated with respect to the herpes vírus. During the past three months (follow-up) and considered a multidisciplinary approach, there was a better performance of the oral functions and to ensure suficient intake from foods of modified consistency.

Bibliography

1. Dodrill P and Gosa MM. “Pediatric Dysphagia: physiology, assessment, and management”. *Annals of Nutrition and Metabolism* 66.5 (2015): 24-31.

2. Bhattacharyya N. “The prevalence of pediatric voice and swallowing problems in the United States”. *Laryngoscope* 125.3 (2015): 746-750.

3. Lefton-Greif MA and Arvedson JC. “Pediatric feeding and swallowing disorders: state of health, population trends, and application of the international classification of functioning, disability, and health”. *Seminars in Speech and Language* 28.3 (2007): 161-165.

4. Benfer KA., *et al*. “Validity and reproducibility of measures of oropharyngeal dysphagia in preschool children with cerebral palsy”. *Developmental Medicine and Child Neurology* 57.4 (2015): 358-365.

5. Durvasula VS., *et al*. “Oropharyngeal Dysphagia in children: mechanism, source, and management”. *Otolaryngologic Clinics of North America* 47.5 (2014): 691-720.

6. Kanerva M., *et al*. "Pediatric sialendoscopy: an 11-year study from a single tertiary care center". *International Journal of Pediatric Otorhinolaryngology* 131 (2020): 109869.

7. Gellrich D., *et al*. "Salivary gland disorders in children and adolescents: a 15-year experience". *International Archives of Otorhinolaryngology* 24.1 (2020): e31-e37.

Volume 4 Issue 4 April 2020