

# PATHOLOGICAL CONDITION OF THE SALIVARY GLANDS –SIALOLITHIASIS

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**Abstract:**Sialolithiasis or salivary duct calculus is the most common pathological condition of the salivary glands. Sialolithiasis represents more than 50% of all major diseases of the salivary glands that occur in the elderly population, but it often occurs in young people as well. Calculi are deposits of calcium salts that obstruct the drainage channels of the small and large salivary glands, and not infrequently affect the parenchymal parts of the salivary glands. Sialolite is made up of organic substances such as glycoproteins, mucopolysaccharides and cellular debris, as well as inorganic substances calcium carbonate and calcium phosphate. Most of the time, they have an oval shape and during examination with the PCR method, the remains of bacterial DNA were found. The disease usually occurs in middle-aged adults, but it can also occur in children and younger people. It occurs two to three times more often in men than in women. It most often occurs in one salivary gland, but in about 3% of cases it occurs simultaneously in several glands. In larger glands, calculi are more often localized in the main duct than intraglandular. The symptoms of obstruction of the salivary glands from calculi initially go with mild colic, while later edema of the affected salivary glands occurs. The symptoms appear when, in addition to the existence of calculi in drainage channels, there is a disturbance in the flow of saliva, that is, there will be a return of saliva to the acini -Backflow. Treatment of sialolithiasis is primarily surgical. The removal of calculi is indicated in the period when there is no sign of acute infection in the duct or in the gland itself. If the calculus is small from 1 to 2 mm and is located near or at the orifice of the outlet channel, its removal can be done by massaging the gland. In other cases, if the calculus is removed surgically. Sialolithiasis, as a frequent disease of the elderly population but also of the younger population, deserves special attention because this disease can often be prevented through proper maintenance of oral hygiene, remediation of oral factors that lead to disturbance of the Ph value of the oral cavity, treatment of associated comorbidities conditions.

**Keywords:**salivary gland, calculi, calcium phosphate, calcium carbonate, Wharton’s duct.