SPIT RELOCATED:

When a salivary duct is ruptured and pockets of saliva start growing.

Direct Veterinary Surgery
Surgical Solutions Direct to You

Synopsis

The salivary system includes a gland, a duct and an orifice in the mouth. Saliva is generated in the gland, travels down the duct and exits nicely in the mouth in response to stimuli. When a gland or duct is injured, either by trauma, inflammation, obstruction or tumor, saliva will leak into the surrounding tissues where it is a foreign substance. The body will respond with inflammation (red and white blood cells, etc.) The proteinaceous nature of saliva makes it very slow to be removed, but the fluid nature will be resorbed over time. The result is a very inspissated, thick, red/cloudy viscous fluid hanging out in an odd location.

The most common presentations are: 1) mandibular salivary gland/duct injury with resultant saliva accumulation in the ventolateral neck region (**sialocele**); 2) sublingual salivary gland/duct injury with resultant saliva accumulation laterally under the tongue (**ranula**). Or a combo platter of both. (I use this terminology to help distinguish things during communications about this condition.)

Treatment is not an emergency; the condition is rarely troublesome to the pet. It is disturbing to owners though. Draining the pocket of salivary fluid may resolve the issue ONLY if the original duct/gland leak has stopped. Worth trying; nothing is lost except time.

It is very uncommon for a sialocele or ranula to be truly infected; sialadenitis and migrating foreign bodies in salivary ducts look very different—pain, inflammation, pus.

Treatment for any presentation involving a cervical component is to remove the mandibular/sublingual gland and duct and drain the extravasated saliva. Treatment for a sublingual ranula can be marsupialization alone; it is less invasive and creates a permanent "new" duct stoma for gland complex (this may stricture and reform, requiring mandibular/sublingual gland and duct removal.)

Complications that may arise with this procedure are:

- Seroma—sialocele chamber (cervical treatment) fills with serous fluid soon after surgery; no treat, aspirate, or minor drain placement; resolution 2-4wks.
- Jaw pain, tongue palsy—transient, no treat.
- Bloody saliva—marsupialized site drainage (sublinqual treatment)

Postoperative outcomes may be poor due to the above complications, and/or:

- Ongoing accumulation of cervical saliva— may require add'l surgery to identify remaining rafts of sublingual gland
- Return of ranula—may require add'l surgery to remove mandibular/sublingual gland and duct

What a surgeon needs prior to surgery:

- Confirmation of typical cytology.
- Identification of cervical sialocele, sublingual ranula or both.

General considerations and complications for all surgery/anesthesia procedures are:

- *Difficult and/or painful anesthetic recovery (variable; may require additional medications or re-hospitalization)*

- *Incisional infections (rare, minor; usually require oral antibiotics)*
- *Incisional dehiscence (rare, minor or major; may require surgical revision)*
- *Adverse anesthetic event (rare, major; may result in serious impairment or death)*

Proper owner expectations are important to a successful experience and patient outcomes. Please discuss this information with your clients while assisting them with decision-making for **sialocele and ranula treatment.**

Lara Rasmussen, DVM, MS
Diplomate, American College of Veterinary Surgery
DIRECT VETERINARY SURGERY, LLC

(See additional materials at www.directvetsurg.com for veterinary professionals and pet owners.)