Trauma

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Trauma to the salivary glands or ducts is uncommon and is usually associated with polytrauma due to penetrating injuries, blasts or vehicular accidents. This can result in injury to the salivary glandular tissue, the duct and the surrounding nerves, Aldred Scott Warthin , 1866–1931, Professor of Pathology , University of Michigan, Ann Arbor, MI, USA. go unnoticed and manifest later with a salivary fistula, nerve palsy and/or sialoceles. The basic principles of all wound care management apply - to salivary gland injuries, including removal of foreign bod - - ies, wound washout, debridement and tension-free closure of the wound. Besides this, the g landular tissue, the duct and the nerves in the vicinity require utmost attention to prev ent late - complications. These are often overlooked and missed. Facial nerve A cranial nerve examination guides the clinician towards the possibility of nerve injuries. The wound is examined for nerve - injuries. If the branches are severed anteriorly to an imaginary - line dropped vertically down from the lateral canthus of the eye, they are not repaired. If the injury is posterior to this line, a direct nerve repair or grafting is carried out depending on the wound status. If not feasible at that time the nerve endings are tagged for later. Salivary duct Within the first 72 hours a duct injury should be repaired with - a direct end-to-end anastomosis over a cannula. If there is a loss of duct tissue of over 1 /uni00A0 cm, the proximal portion is either cannulated for subsequent marsupialisation into the oral cavity or a duct rerouting is considered. In cases with significant parenchyma and duct injury a ductal ligation along with gland excision should be considered. Trauma

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