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Treatment of severe ductal deformity of the parotid salivary gland Supervisor: TDSI

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Annotation
It is known that congenital changes in the canal system of the parotid salivary gland can occur in the form of cyst-like lesions of the parotid canal of the "megasthenon" type, both outside and inside its parts (ectasia) in combination with the individual.These changes, which remain clinically invisible and undetectable for a long time, can ultimately lead to the development of chronic sialodochitis of the parotid gland or the formation of salivary stones

Research methods Anamnesis Visual Radiography Sialography

Research results Materials and methods were all 14 patients between the ages of 24 and 74 under our supervision, who were diagnosed with congenital deformities of the parotid ducts based on a comprehensive examination, in which a significant expansion of the extra - and/or intraglandular part of the parotid ducts was found. "megasthenon" - type parotid duct.Comprehensive examination includes general (complaint, Anamnesis, examination, channel examination), special (general radiography, sialography) and special research methods (computer sialotomography, digital dynamic sialography). During the examination, attention was paid to the frequency of exacerbation of chronic mumps, the severity of the expansion of channels, the localization of ectasia and the presence of strictures. All our patients were disturbed by the frequent exacerbation of chronic mumps, which in some cases led to urgent hospitalization of the patient. Thus, 4 patients conducted operations on phlegmon of the mumps chewing area before muroiaat was performed on us, which were caused by an exacerbation of mumps gait-gait. In one patient, such interventions were carried out 8 times over 5 vil. In 3 patients (out of 14), a stone was previously removed from the parotid duct by entering the oral cavity, after which the strictures of the duct were formed, which led to frequent exacerbations of

chronic parotid. 1 patient was found to have a significant extension along its entire length in the anterior third of the parotid canal gism and a stone in combination with atypical ectasia in combination with strictures of the accessory lobe

Conclusion

We performed reconstructive plastic surgery on the parotid canal in all patients, the exception to the further exacerbation of this process is guaranteed to disable the secretory function of the parotid salivary gland for gilish. This was caused by the presence of several strictures of very small diameter along the channel and the impossibility of restoring its permeability. In all patients, the operation was performed with an external entrance organ. Meanwhile, G.By cutting according to the P method. Kovtunovich managed to limit himself in 9 cases and in order to ensure optimal access in 5 patients A.v. it was necessary to make an additional incision using the method. Klementova. Surgical intervention was carried out as follows.

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