

Parotid purulent sialocoele treated by grass seeds extirpation

P.P. Picavet¹, M. Grauwels¹, A.-L. Etienne¹, A. Hamaide¹, S. Claeys¹

¹. *Department of Companion Animal Clinical Sciences, School of Veterinary Medicine, FARAH, University of Liège, Belgium*

INTRODUCTION

Foreign body migration is a common syndrome in dogs, and clinical outcomes have a wide range of results. Very few reports are published on foreign bodies in the parotid gland or duct. Parotidectomy is usually required but is technically challenging and associated with a high complication rate.



Figure 1: Macroscopic aspect of the mass and previous surgery site (*).

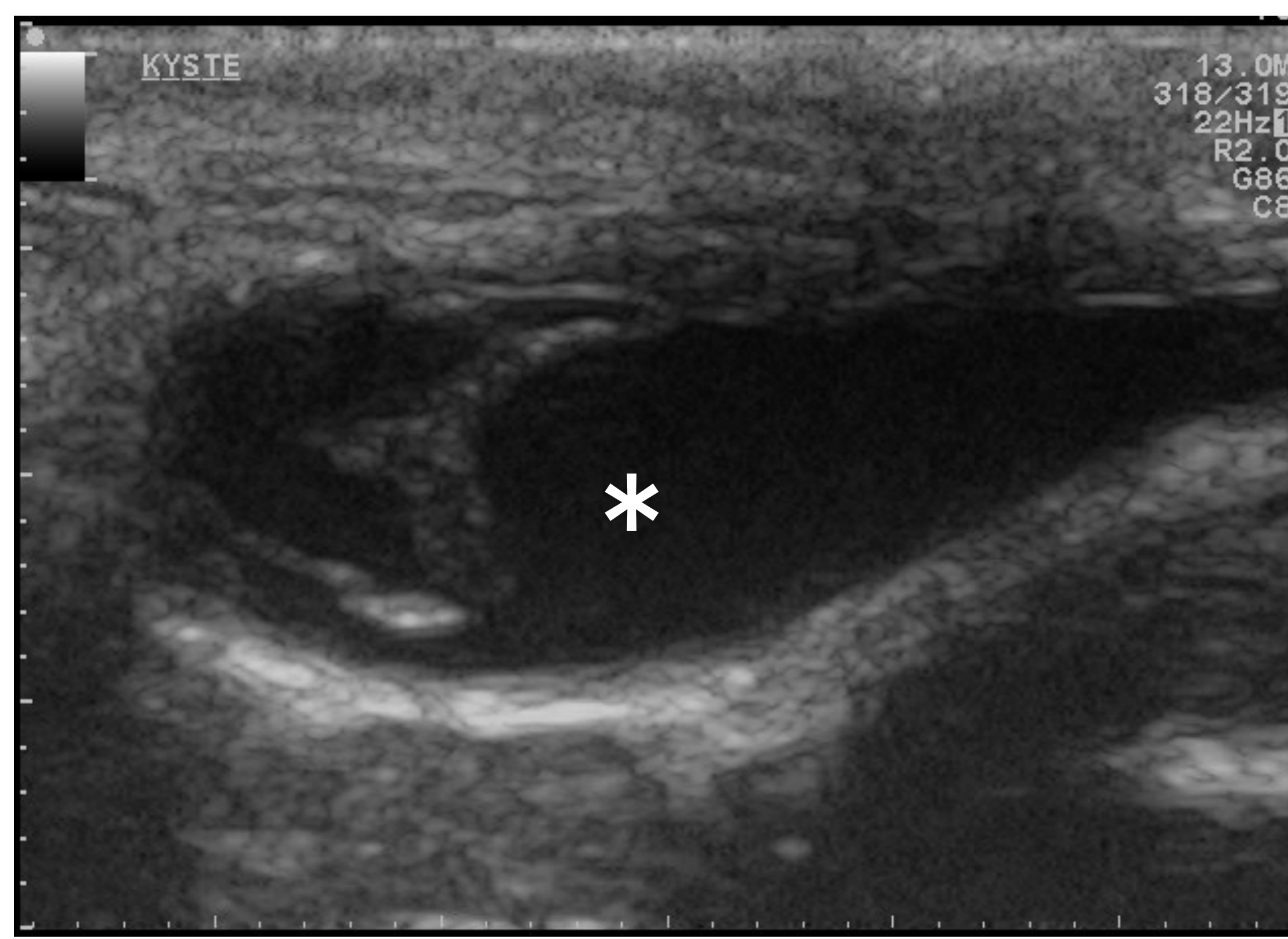


Figure 2: Longitudinal ultrasonographic image of the right parotid region. Anechoic fluid cavity with distal enhancement, delimited by an echoic wall is noted. This cavity is in continuity with an avascular anechoic tube, probably the parotid salivary duct. * : anechoic fluid cavity

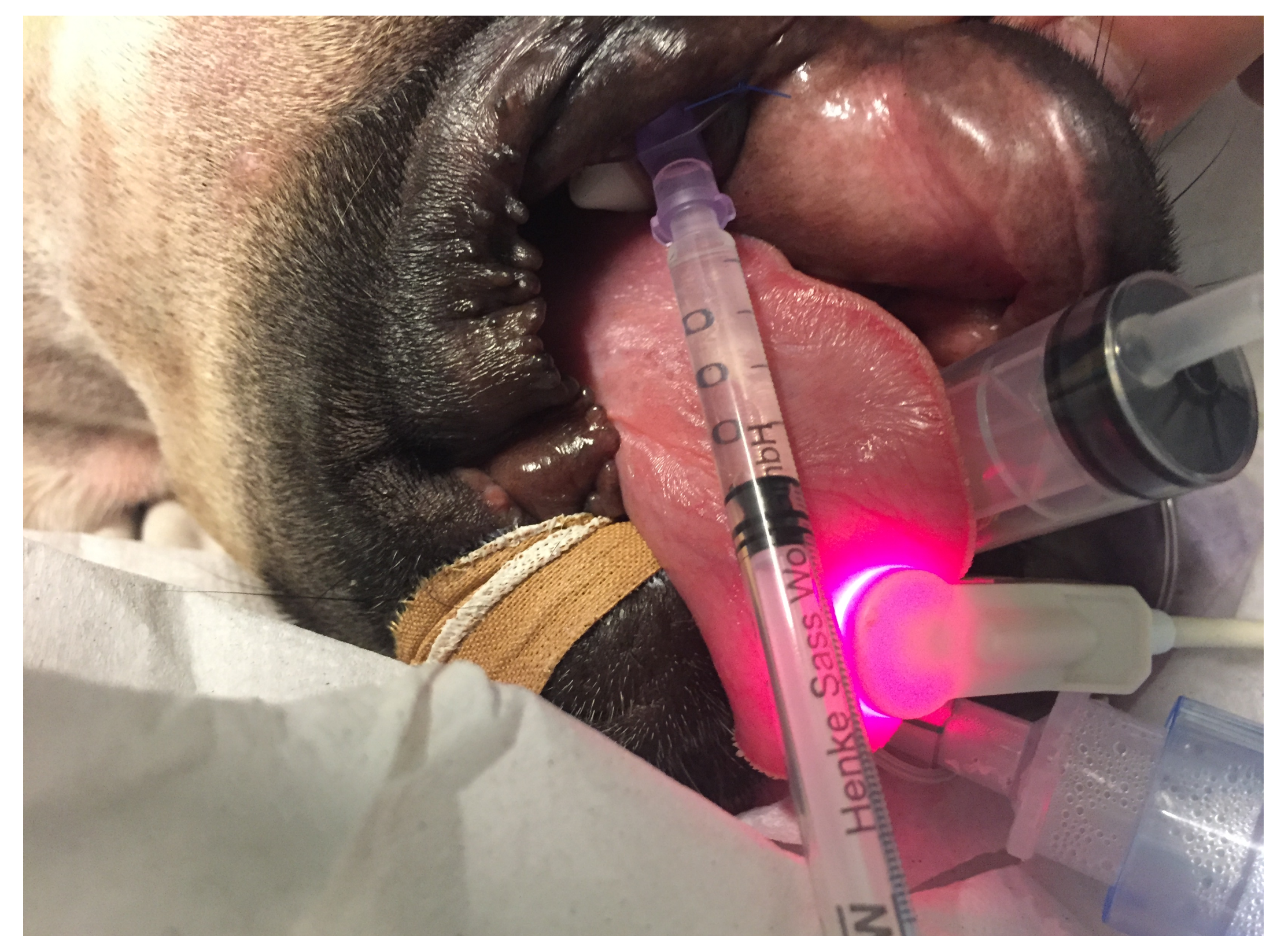
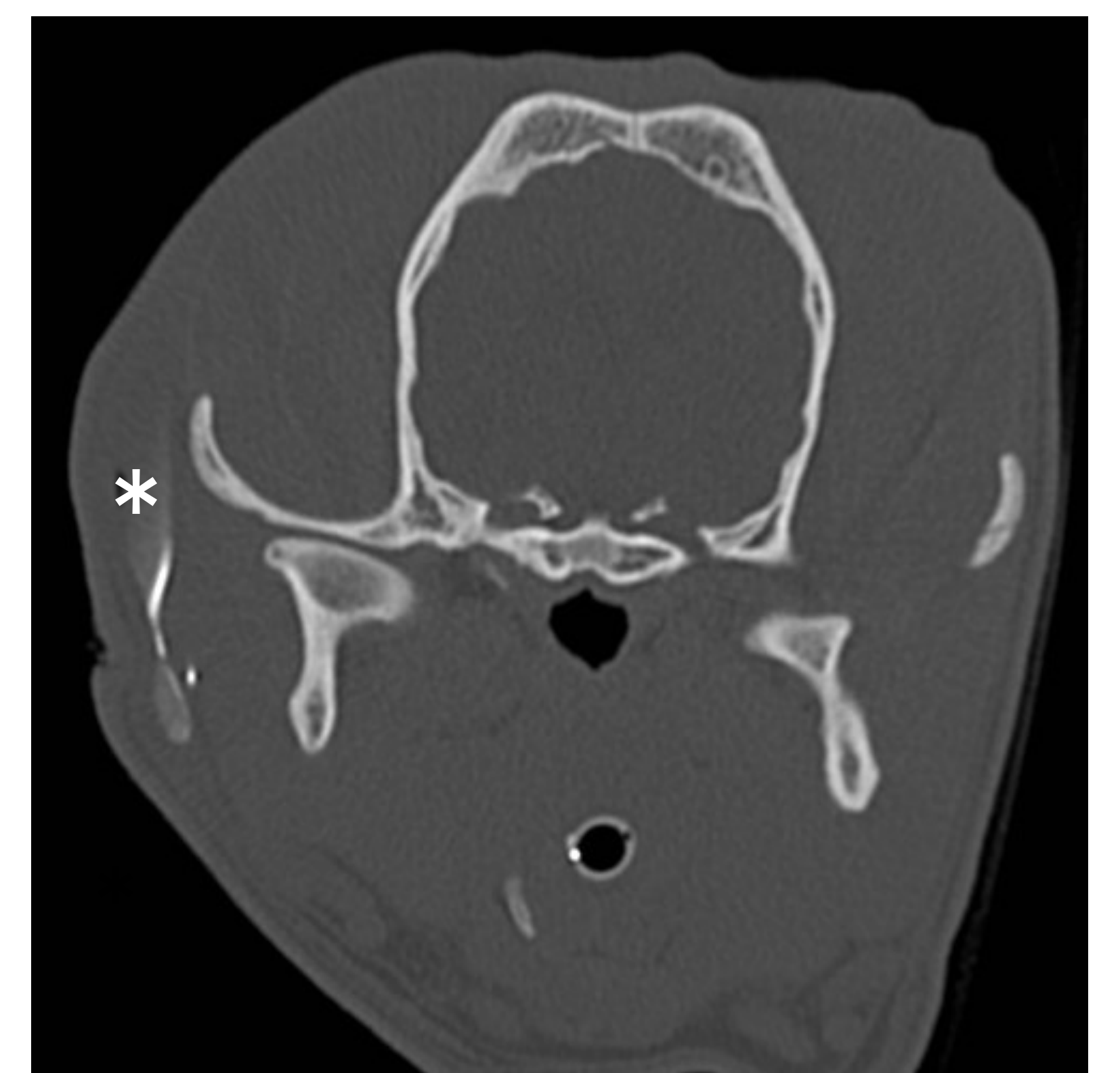
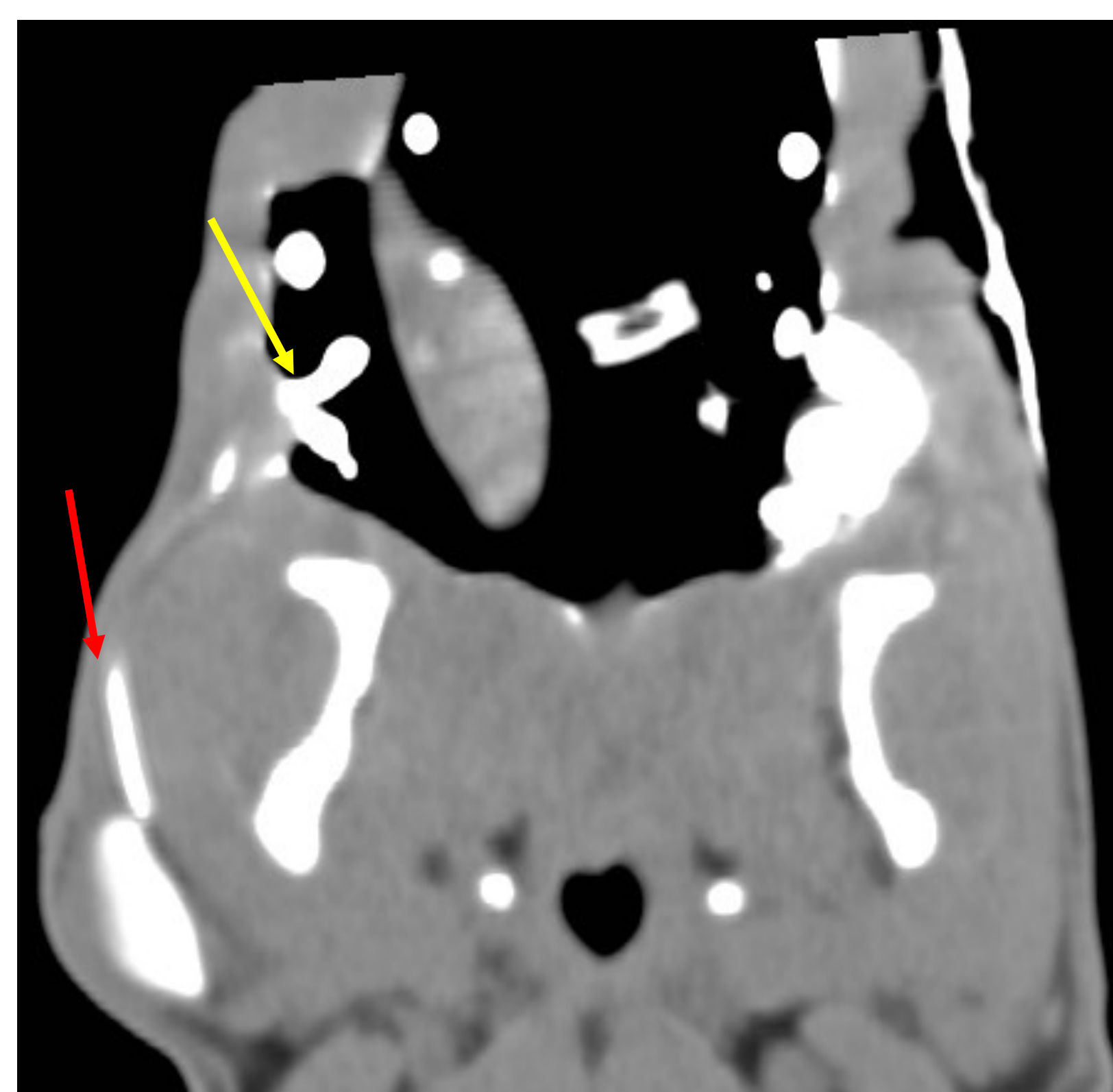


Figure 3: Identification of the site of catheterization of the right parotid duct.



Figure 4: Macroscopic aspect of grass seeds after extraction.



Figures 5 and 6: Computed tomography images with right parotid sialography. Transverse (5) and dorsal (6) multiplanar reconstruction, displayed in soft tissue (5) and bone windows (6), at the level of bilobed fluid-filled cavity (*) near the parotid duct (red arrow). On dorsal image (6), contrast in the oral cavity on the orifice of the right parotid duct is visualised (yellow arrow).

CASE DESCRIPTION

An 11-month-old female neutered French Bulldog was initially presented to the referring veterinarian with a recurrent swelling under its right ear. Conservative and surgical treatments failed. On clinical examination, a non-painful subcutaneous swelling was present at the level of the right parotid gland. Iatrogenic facial nerve paralysis and secondary corneal ulcer were diagnosed. Regional ultrasonography was performed, showing a fluid cavity that could be of salivary origin. Computed tomography with sialography was performed. Two vegetal foreign bodies protruding from the aperture of the parotid duct were removed. Medical treatment was installed as the cause of obstruction was identified and removed. Oral amoxicillin-clavulanate was prescribed based on bacterial culture as well as antibiotic eyedrops and lacrymomimetics. At recheck 10 days later, the swelling had resolved and the corneal ulcer had healed. Two months after treatment, the dog remains asymptomatic except for permanent facial paralysis. Therefore, a permanent partial temporal tarsorrhaphy was performed. This is the first report of a purulent parotid sialocoele treated by grass seed extirpation.