



Figure 5.10. Algorithm for submandibular sialolithiasis.

Sialoliths located within the submandibular gland or its hilum are most commonly managed with submandibular gland excision (Figure 5.12). This controversial statement is made based on the relative difficulty to retrieve stones from this anatomic region of the gland, rather than based on the assumption that proximal stones cause permanent structural damage to the gland that results in the need for removal of the gland. To this end, a study examined a series of 55 consecutive patients who underwent transoral removal of stones from the hilum of the submandibular gland (McGurk, Makdissi, and Brown 2004). Stones were able to be retrieved in 54 patients (98%), but four glands

(8%) required subsequent removal due to recurrent obstruction. The authors emphasized that it was necessary for the stone to be palpable and no limitation of oral opening should exist in order for patients to undergo their technique. They reported an acceptable incidence of complications associated with their technique, although they lamented that it remained to be seen if the asymptomatic nature of their patients would be maintained over time.

Shock wave lithotripsy has been reported as a primary form of treatment for submandibular salivary gland stones. Salivary stone lithotripsy requires a gland to be functional by virtue of production of