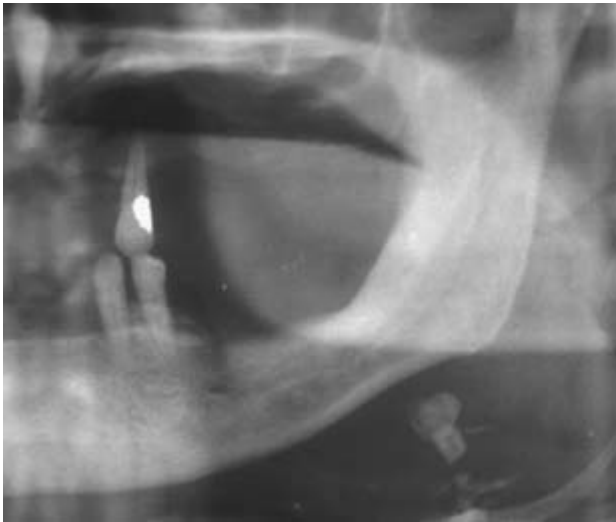


**Figure 5.1.** A single sialolith noted within the right submandibular gland. Isolated stones are most common in the submandibular system.



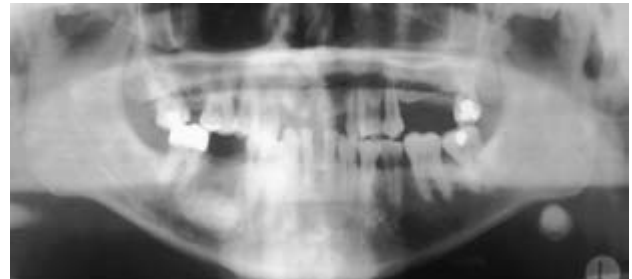
**Figure 5.2.** This panoramic radiograph close-up shows two sialoliths within the left submandibular gland.

parotid stones are located in the hilum or gland parenchyma in at least half of the cases (Williams 1999). Submandibular stones located within the gland are oval in shape (Figure 5.4) and elongated in shape when they occur in the duct. When present for long periods of time, these stones may become quite large (Figure 5.5). Bilateral salivary stones are quite rare; however, they have been observed (Lutcavage and Schaberg 1991) (Figure 5.6).

Sialolithiasis most commonly presents with painful swelling, although painless swelling or pain only are occasionally reported as symptoms. Lustmann's study showed swelling to be present in 94% of their 245 cases of sialolithiasis, while pain occurred in 65.2%, pus secretion in 15.5%, and an absence of symptoms in 2.4% of their patients (Lustmann, Regev, and Melamed 1990).



**Figure 5.3.** This lateral cephalometric radiograph shows a single stone located within Stenson's duct.



**Figure 5.4.** This panoramic radiograph shows an oval sialolith of the left submandibular gland.

When symptoms do occur, their magnitude seems to vary according to the gland involved and the location and size of the sialolith. A small sialolith may be asymptomatic and serendipitously discovered during routine dental radiographic examination. Once the stone increases in size, salivary flow will be impaired, and spasmodic pain occurs during eating. Purulent infection may accompany sialolithiasis.