

Table 6.3. Classification of sialosis.

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| Malnutritional sialosis |
| Achalasia |
| Bulimia |
| Alcoholism |
| Hormonal sialosis |
| Sex hormonal sialosis |
| Diabetic sialosis |
| Thyroid sialosis |
| Pituitary and adrenocortical disorders |
| Neurohumoral sialosis |
| Peripheral neurohumoral sialosis |
| Central neurogenous sialosis |
| Dysenzymatic sialosis |
| Hepatogenic sialosis |
| Pancreatogenic (exocrine) sialosis |
| Nephrogenic sialosis |
| Dysproteinemic sialosis |
| Mucoviscidosis |
| Drug-induced sialosis |

From Werning 1991.

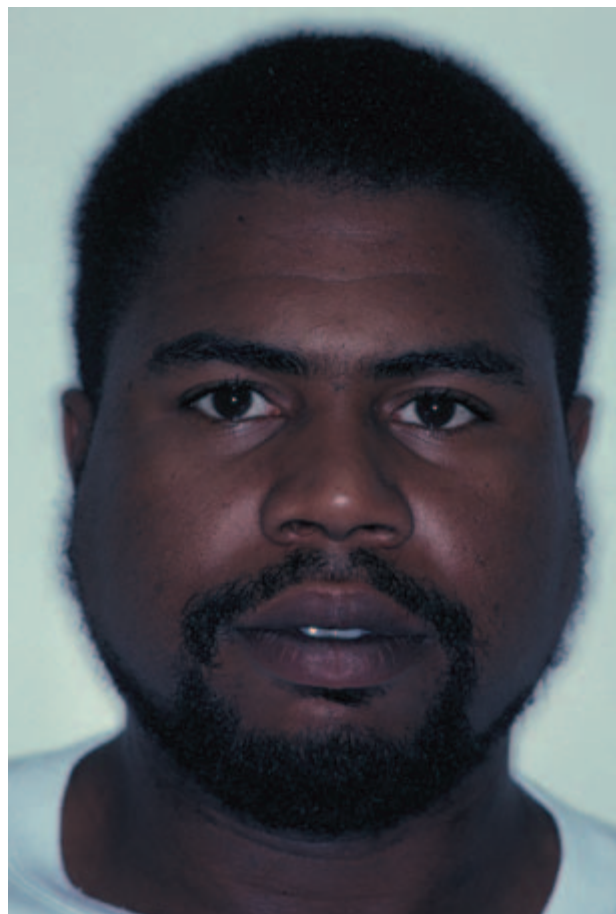


Figure 6.14. A 32-year-old man with a chronic history of bilateral parotid swellings. He gave a history of achalasia. The history suggested that the parotid swellings were consistent with a diagnosis of sialosis. There were no physical or historical findings suggestive of another diagnosis.

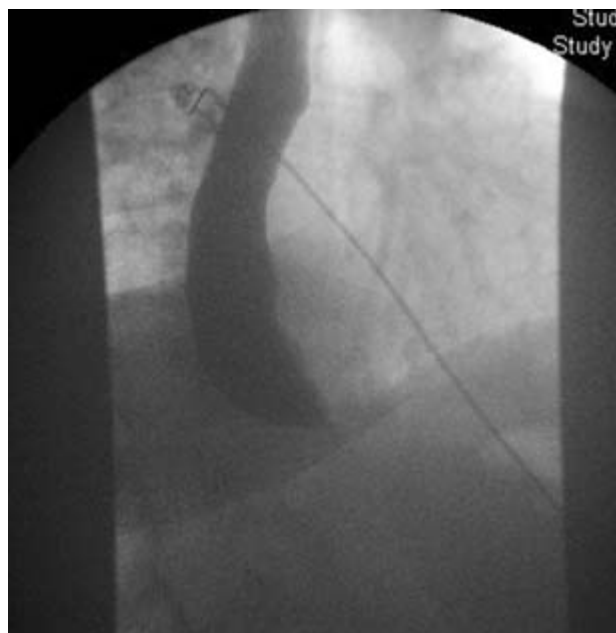


Figure 6.15. The fluoroscopic images of the barium swallow performed in the patient in Figure 6.14. The characteristic “bird’s beak” deformity is noted, reflective of failure of the lower esophageal sphincter to relax. This is diagnostic of achalasia.