



# Parotid salivary fistula post superficial parotidectomy

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## Clinical Image Description

A 67 year old gentleman presented to our otorhinolaryngology clinic with right parotid swelling for 6 months. It gradually increased in size and was painless. It was 6 cm by 5 cm in size with intact facial nerve function. Cervical lymphadenopathy was absent. Fine needle aspiration cytology showed pleomorphic adenoma. He underwent an uneventful superficial parotidectomy via modified Blair incision and vacuum drain was inserted post-operatively. Amount of drainage was minimal at day 3 and drain was removed. At post-operative day 12, he complained of salivary like fluid coming out from posterior edge of wound (Figure 1). There was no associated flushing and erythema of overlying skin. The fluid leakage worsened upon taking meals. Fluid analysis showed high concentration of amylase which is

consistent with saliva. He was just managed conservatively with 'watch and wait' policy and the leakage disappeared 3 weeks later. Salivary fistula is a rare complication from superficial parotidectomy. Its incidence was reported at about 4% after superficial parotidectomy [1]. Deeper part of residual parotid tissues will continually secrete saliva and accumulates as sialocele. When secretion is more than capacity of drainage via normal Stenson's duct, fistula forms. It can be prevented by placing Superficial Musculoaponeurotic System (SMAS) to ameliorate defect after parotidectomy, which was proven to reduce risk of sialocele, salivary fistula, and Frey's syndrome [2]. Other treatment options are Botulinumtoxin A injection [3], topical application anticholinergic drugs, tympanic neurectomy. More than 90% will heal spontaneously without any intervention.



## Figures



**Figure 1:** Picture showing leakage of saliva from the posterior edge of parotidectomy wound

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