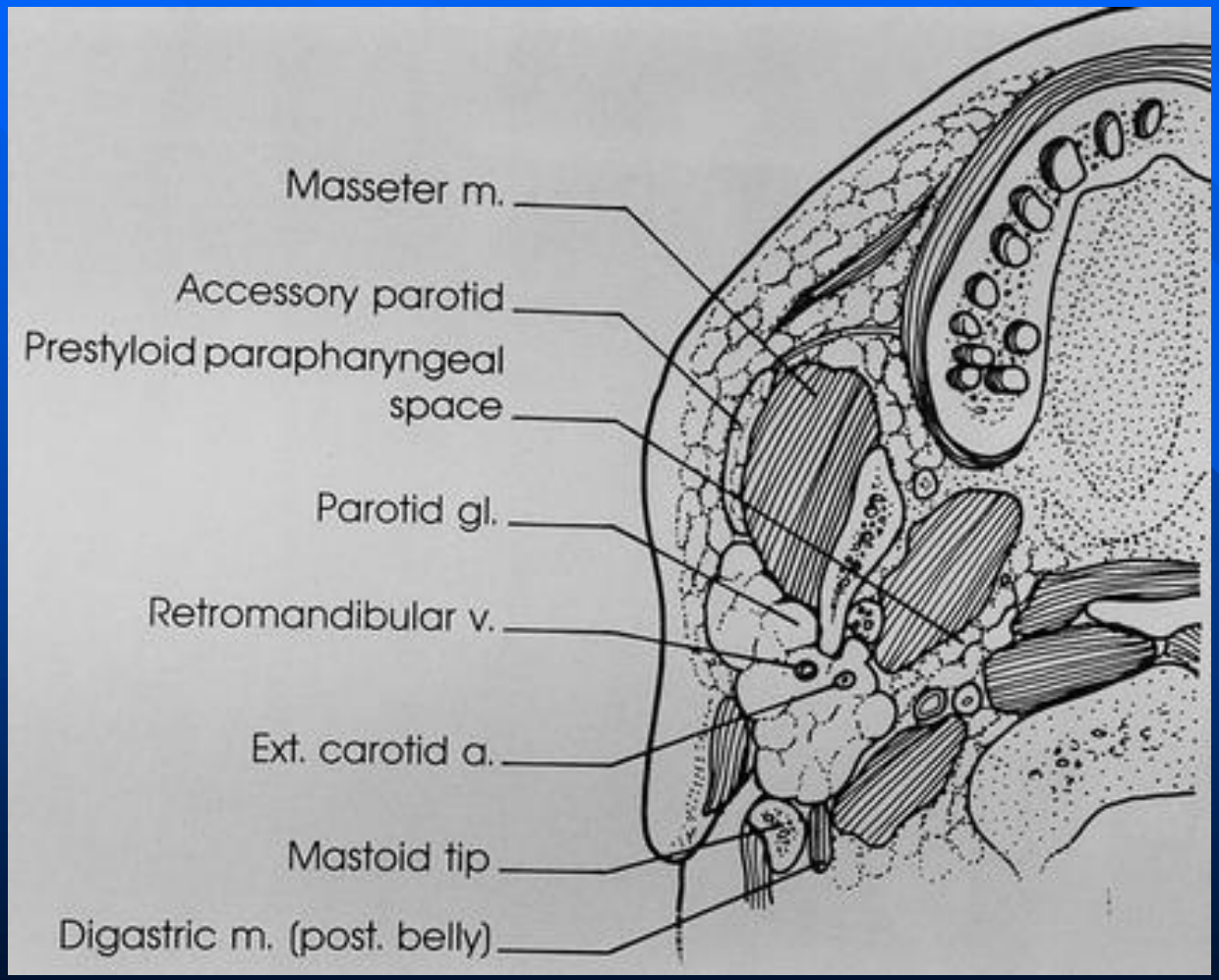
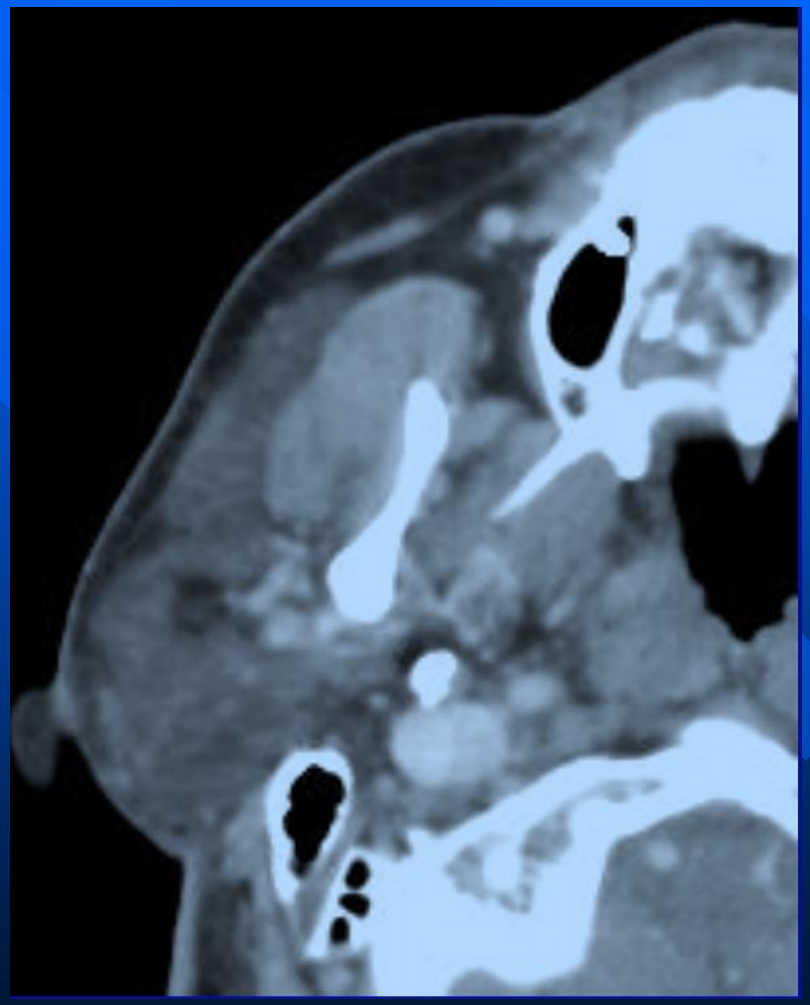
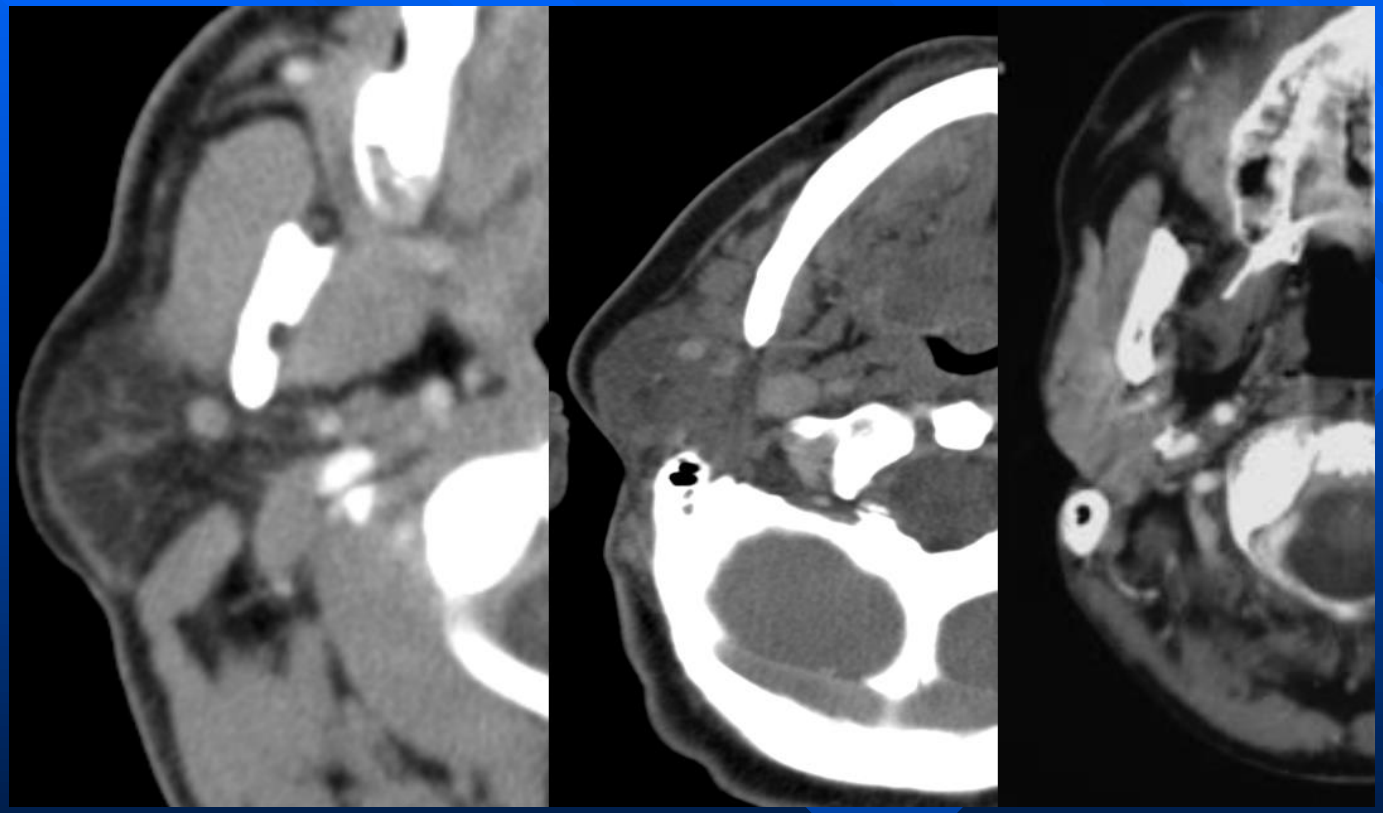
Parotid Gland Anatomy



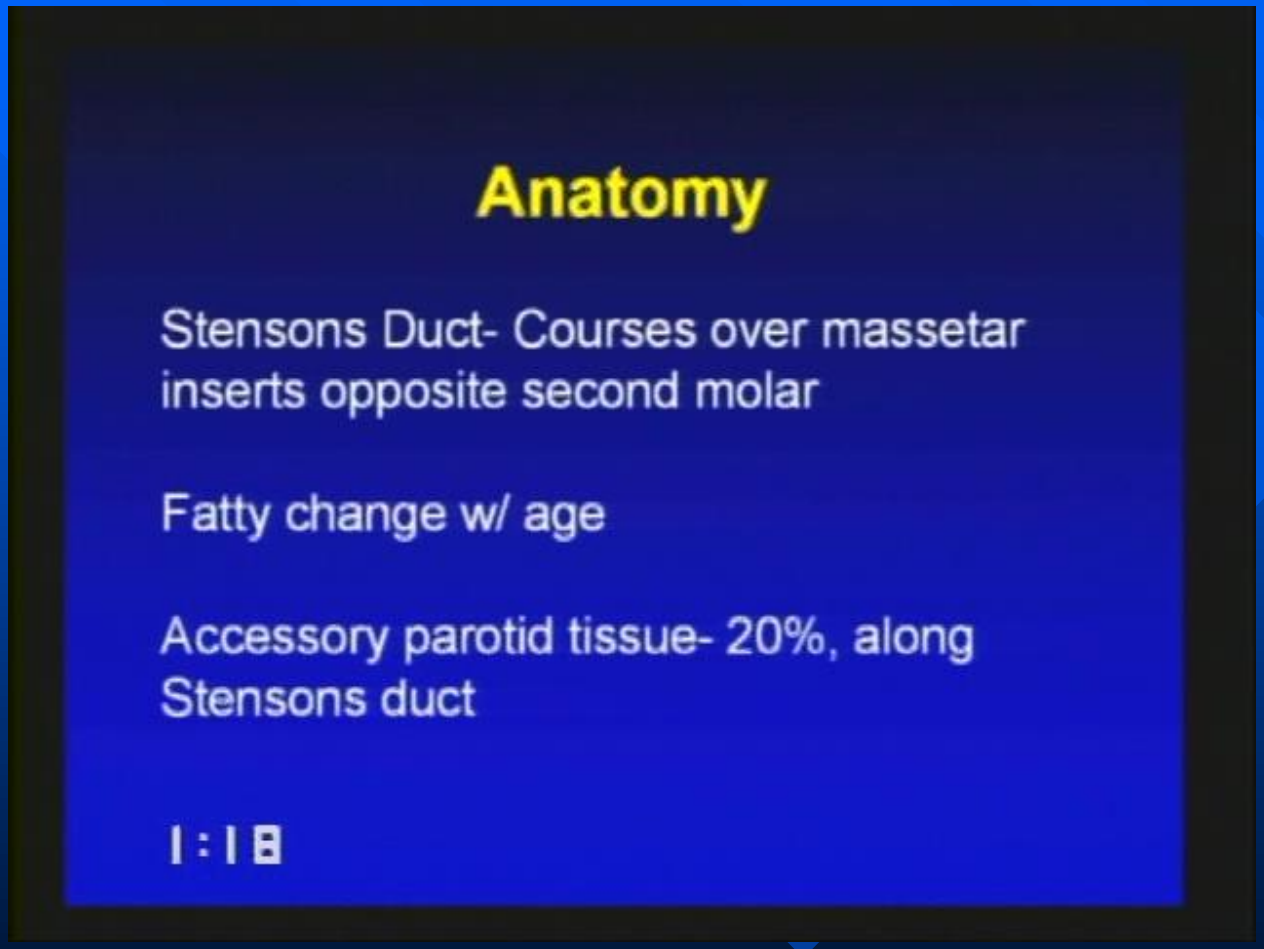
Accessory “lobe”



Parenchyma- fatty to dense



Anatomy


Anatomy
Stensons Duct- Courses over massetar inserts opposite second molar
Fatty change w/ age
Accessory parotid tissue- 20%, along Stensons duct
1:18

Parotid Mass

- 85%benign
- 70%Pleomorphic adenoma (PA)
- 80%superficiallobe
- MRI- modality of choice

Multiple masses single parotid

- Very very rare to be PA
- Lymph nodes-look for skin/scalp cancer
- Warthin's
- Less common : Acinic cell or Oncocytomas

Multiple Bilateral Parotid Masses

- Nodes: Sarcoid, Lymphoma
- Warthin's
- HIV–benign lymphoepithelial cysts
- Sjogren's

Cystic lesions in the salivary glands

- **Causes in Parotids:** (enlarged parotid +/- adenopathy)
- Infection, granulomatous,
- autoimmune disease e.g. Sjogren's syndrome) (Figure a)
- Benign lymphoepithelial lesions of HIV (Figure b)
- Other benign (e.g. Warthin's tumour),
- malignant (e.g. cystic intraparotid lymphadenopathy)
- obstructive disorders (e.g. sialocoeles) (Figure 18).

(a) Axial CT scan : bilateral multiple cystic lesions in both the deep and superficial lobes of the parotid (Sjogren's syndrome)

D/D :benign lymphoepithelial lesions of HIV