Bilateral Megaducts: An Unusual Cause of Facial Swelling

Thomas Wotherspoon MD; University of South Florida, Diagnostic Radiology PGY-3
Matthew Mifsud MD; University of South Florida, Department of Otolaryngology
Ryan Murtagh MD; University of South Florida, Department of Radiology

Department of Radiology
University of South Florida Morsani College of Medicine



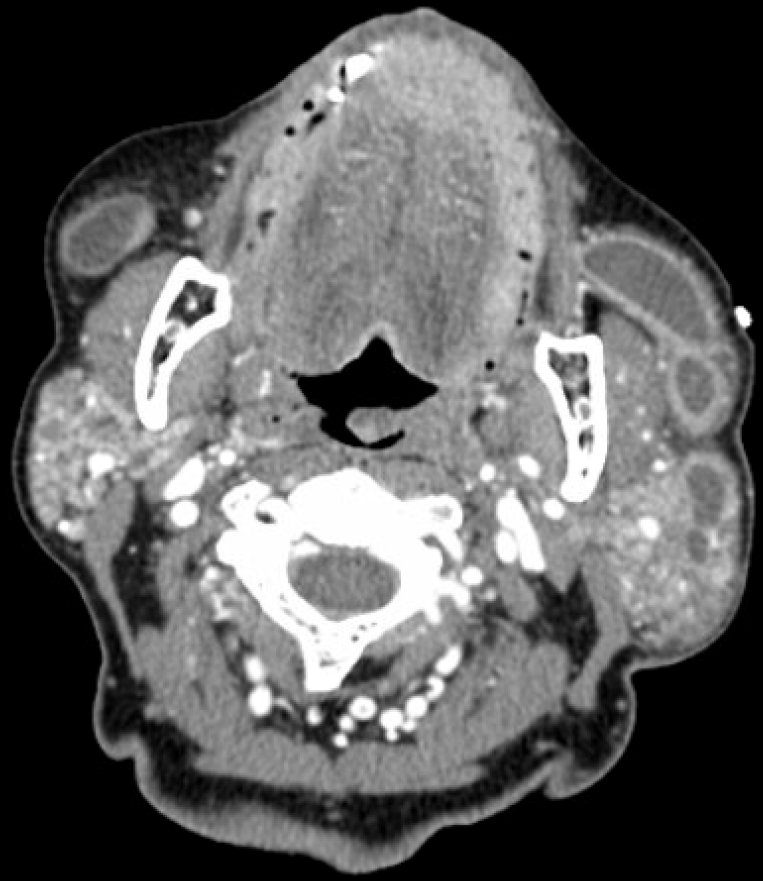
Clinical Presentation

- A female patient in her 80's presents with a mildly painful lump in her left jaw for several months
  - On exam, palpation of lump expulsed green-fluid into oral cavity
  - Diagnosed with abscess and treated with antibiotics
  - Persistent symptoms despite treatment prompted ENT referral
  - Aspiration yielded polymicrobial oral flora, and lead to symptom improvement
  - CT Soft Tissue Neck ordered after subsequent recurrence

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Imaging

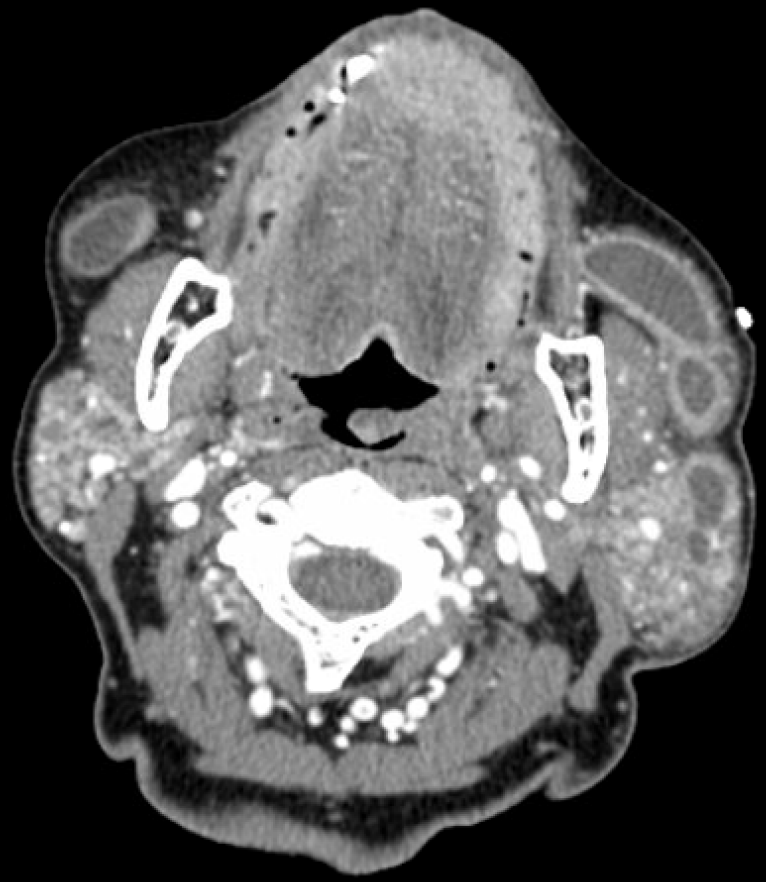






Imaging

- Marked bilateral parotid duct dilation
- Asymmetric mucosal enhancement of the left parotid duct
- No obstructive calculus
- Impression: Bilateral Megaduct



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Management/Outcome



- Treated surgically with left-sided sialodochoplasty with stricture reduction
- Treatment of right sided megaduct deferred due to lack of symptoms



- Reported complete resolution of symptoms at one month

Take Home Points

- Proposed cutoff for megaduct- duct diameter > 10 mm[1]
- Most frequently reported as precipitated by ductal stenosis
  - Upstream pooling of saliva
  - Prone to superimposed infection
- Classic image description- “sausage-like haustrations”[2]
- Typically unilateral on presentation

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References

1) Kandl, J. A., Ong, A. A., & Gillespie, M. B. (2016). Pull-through sialodochoplasty for Stensen's megaduct. *The Laryngoscope*, *126*(9), 2003–2005. https://doi.org/10.1002/lary.25983

2) Vatin, L., Foletti, J. M., Collet, C., Varoquaux, A., & Chossegros, C. (2017). A case of bilateral megaducts: Diagnostic and Treatment Methods. *Journal of Stomatology, Oral and Maxillofacial Surgery*, *118*(2), 125–128. https://doi.org/10.1016/j.jormas.2017.01.004

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