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Transient Parotitis After Oesophagogastroduodenoscopy: A Rare Complication

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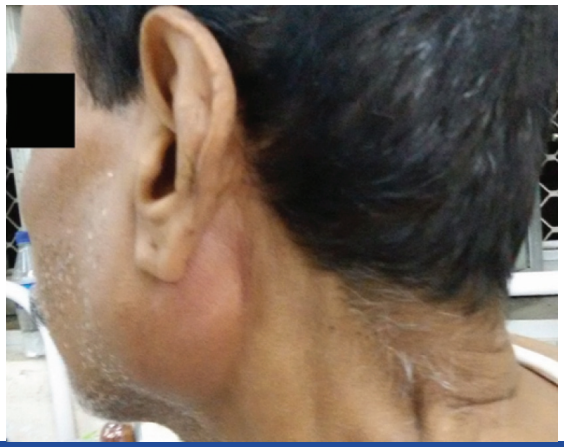
A 46-year-old male was symptomatic for dyspeptic symptoms since last 2 months. These symptoms were associated with anorexia and weight loss. For the above symptoms upper gastrointestinal endoscopy was performed with local lignocaine spray. He had an ulcerated growth in the body of the stomach involving almost one third of the circumference. There was no obstruction to the lumen and the endoscope passed up to second part of the duodenum easily. The procedure was uneventful. Post endoscopy after around 12 hours he developed pain followed by swelling around left angle of mandible. It was not associated with fever. The patient was having excruciating pain while opening mouth and chewing. On examination swelling with erythema was present at left angle of the mandible [Table/Fig-1] and it was tender on touch suggestive of Parotitis. There was no crepitus. The ultrasound showed diffusely swollen parotid gland. There was no abscess, fluid collection or enlarged lymph nodes. The pain decreased with injection tramadol. Patient was started on semisolid diet. The swelling disappeared within 18 hours with complete relief from pain.

Upper gastrointestinal endoscopy is safe and very rare complications such as parotitis have been reported in literature [1]. Post endoscopy parotitis is a transient complication and it subsides within 24 hours. This complication is also associated with bronchoscopy [2] and endotracheal intubation [3]. The most important clue for above aetiology is transient nature of symptoms and its spontaneous remission within few days. The history of viral prodrome should be noted. The complaints of parotitis in the family members or neighbors should be asked to rule out infective aetiology. Was there any previous history of parotitis, dry mouths, and decreased salivation? This is to rule out remote possibility of SJOGRENS syndrome. In our patient none of the above confounding findings were present. It is imperative to rule out other aetiology. The mechanisms postulated for post endoscopy transient parotitis were blockage of the salivary ducts by secretions which are increased while performing endoscopy, venous congestion caused by straining or coughing during the procedure [4] and reflex parasympathetic stimulation during the procedure leading to vasodilation in parotid gland [5]. The head manipulations and prolong endoscopy are considered as risk factor. The role of microorganisms in parotitis if any during endoscopy needs to be studied. The local ultrasonography should be done in every patient. These patients were managed with analgesics, iodine gargles and short course of antibiotics preferred by some if associated with fever. If the parotitis does not resolve rapidly we suggest evaluation with computed tomography to rule out other aetiology of abscess/calcifications and ductal calculi.



[Table/Fig-1]: Swelling and erythema around left angle of mandible suggestive of parotitis

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