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Acute Sialadenitis After Intubation

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Acute post-operative sialadenitis can be caused by duct obstruction or submandibular gland injury. Although rarely presenting, it is thought that during surgery, the intra-operative head and endotracheal tube position leads to compression of the submandibular gland and surrounding tissues, thereby effectively limiting drainage (1). The patient in our study was a 42-year-old woman with no remarkable medical history who underwent right retrosigmoid craniotomy for resection of a brain mass. Her surgery proceeded without complication, and she was uneventfully extubated. On post-operative day 1 (POD1), the patient developed severe left neck swelling, although no stridor or wheezing was noted on lung examination. Computed tomography (CT) revealed a profoundly oedematous left submandibular gland (Figure 1). Patients who develop acute sialadenitis may experience severe upper airway swelling and obstruction, thus necessitating intubation.

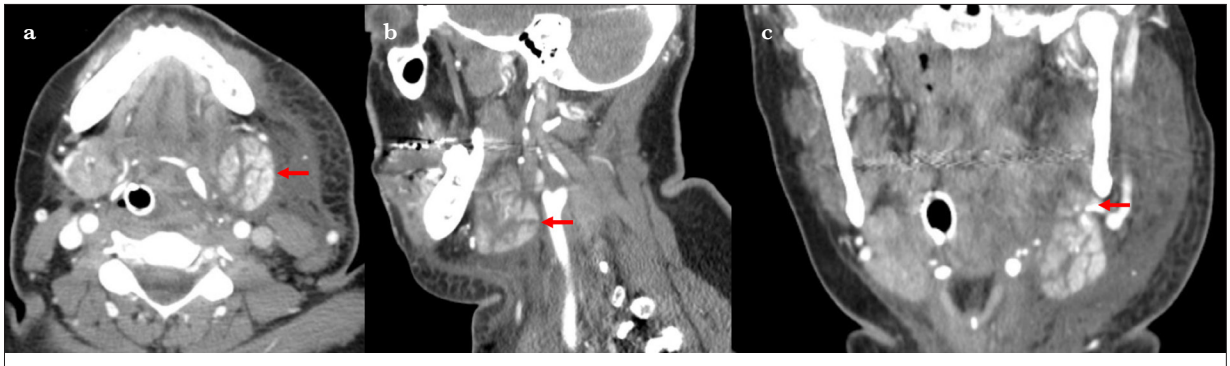

Figure 1. a-c. (a) Axial (b) sagittal and (c) coronal computed tomography findings demonstrate prominent enhancement of the oedematous left submandibular gland with significant adjacent oedema and inflammatory stranding. No evidence of a sialolith suggests intra-operative drainage obstruction as the inciting cause

Informed Consent: Written informed consent was obtained from the patient who participated in this study.

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References

1. Uchino H, Motegi H, Kobayashi H, Kamoshima Y, Kazumata K, Terasaka S, et al. Postoperative acute submandibular sialadenitis after neurosurgery: two case reports and a review of the literature. NMC Case Rep J 2015; 3: 1-4. **[CrossRef]**

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In the article by Al Alaywa et al., entitled "Toxicological Analysis Unveiling the Low Rate of Self-Reporting of Addictive/Recreative Substances in Acute Severe Drug Overdose Cases" (Turk J Anaesthesiol Reanim 2020; 48(2): 148-55, DOI: 10.5152/TJAR.2019.28003) that was published in the April 2020 issue of the Turkish Journal of Anaesthesiology and Reanimation, co-author Romain Jouffroy's name was erroneously written as Jouffroy Romain.

The error has been corrected, and the updated version of the article is available on the journal's website.