

H&E — PAROTID SWELLING



HISTORY

1) Chief Complaint

“Swelling near angle of jaw × duration”

2) History of Present Illness

- ◆ Onset
 - Gradual → benign tumor (e.g., pleomorphic adenoma)
 - Rapid → infection / malignancy
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- ◆ Progression

- Slowly increasing over years → benign
 - Rapid growth → malignancy
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◆ Pain

- Painless → benign tumor
- Painful → infection / malignancy
- Pain radiating to ear → parotid origin

Why?

Great auricular nerve involvement.

◆ Facial Weakness

Very important.

Ask:

- Difficulty closing eye?
- Drooling?
- Deviation of mouth?

Facial nerve palsy → malignancy until proven otherwise.

- ◆ Fever

Suggests acute parotitis.

- ◆ Dry Mouth

Could suggest duct obstruction.

- ◆ Increase During Meals?

Pain or swelling during meals → duct stone (sialolithiasis).

- ◆ Difficulty Opening Mouth (Trismus)

Suggests:

Deep lobe tumor or malignancy.

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- ◆ Weight Loss

Malignancy suspicion.

- Provisional Ideas from History

- Pleomorphic adenoma (most common benign)
 - Warthin's tumor
 - Parotitis
 - Carcinoma parotid
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EXAMINATION

Expose from forehead to clavicle.

Compare both sides.

INSPECTION

◆ Site

Located:

- Below ear
- In front of ear
- Behind ramus of mandible

Classic parotid location.

◆ Shape & Size

- Well-defined → benign
 - Irregular → malignancy
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◆ Skin

- Normal → benign

- Ulcerated / fixed → malignancy
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- ◆ Ear Lobule Elevation

Parotid swelling lifts ear lobule.

Very important exam point.

- ◆ Facial Symmetry

Look for deviation of mouth or incomplete eye closure.

2 PALPATION

- ◆ Temperature

Warm → infection.

◆ Tenderness

Tender → parotitis

Non-tender → tumor

◆ Consistency

- Firm, smooth → pleomorphic adenoma
 - Hard, irregular → malignancy
 - Soft, cystic → Warthin's tumor
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◆ Surface

- Smooth → benign
 - Nodular → malignant
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◆ Mobility

- Mobile over skin & underlying structures → benign
- Fixed → malignancy

- ◆ Facial Nerve Examination

Test all branches:

1. Raise eyebrows
2. Close eyes tightly
3. Blow cheeks
4. Show teeth

Facial nerve palsy → strong indicator of malignancy.

Examiner favorite.

- ◆ Deep Lobe Involvement

Look inside mouth:

Bulge in tonsillar area → deep lobe tumor.

3 PERCUSSION

Not useful here.

4 AUSCULTATION

Rarely used.

Bruit may indicate vascular tumor.

DIFFERENTIAL DIAGNOSIS

Condition	Key Feature
Pleomorphic adenoma	Slow, painless, firm, mobile
Warthin's tumor	Soft, cystic, elderly male
Parotitis	Painful, fever, warm
Carcinoma	Rapid growth, hard, facial palsy

Preauricular lymph node	Smaller, separate from gland
Sebaceous cyst	Superficial, skin pinchable

HOW TO CONFIRM PAROTID ORIGIN CLINICALLY

- Ear lobule lifted
- Swelling cannot be moved over mandible
- Deep lobe causes intraoral bulge

-> The End <-