DEWS	**DRY EYE: DIAGNOSTIC TEST TEMPLATE**	
RAPPORTEUR	**Juan Murube**	25th Dec 2004
TEST	**Sialography –**	
TO DIAGNOSE	A test of salivary function	REFERENCES
VERSION of TEST	[1]	
DESCRIPTION	A 0.5-1.0 ml of radiopaque contrast is slowly introduced antidromically in the parotid duct. This permits examination of the ductal tree of the parotid gland.	Shinohara et al. 2001
CONDUCT of TEST	1.Contrast medium is injected slowly into the parotid duct using a catheter. 2. Antero-posterior and lateral radiographic views are taken immediately after the injection.	
Web Video	Not available	
Materials:	**Radio- opaque dye** **Catheter.**	
Standardization	Time of day [x] Temperature [ ] Humidity [ ] Air speed [ ] Illumination [ ] Other:[ ]	Saito et al. 1991
Variations of technique	Oil-based or water-based contrast media may be used. Administration of a sialogogue permits the determination of clearance time and distribution of the contrast. Also: Sialography: In this test, radiopaque material is injected into the salivary glands. Sialography is useful to exclude the presence of obstructions or strictures, but the diffuse sialectasis of SS is seen in a variety of other diseases and, therefore, is not specific.	
Diagnostic value	Sialograms of patients with SS displays sialectasia. Sialograms are scored as follows: Score 1, punctate-characterized by diffuse spherical collections of contrast medium 1 mm or less in size. Score 2, globular- a 1-2 mm increase in the diameter of the spheroidal collection of the contrast media. Score 3, cavitary- represents further progression of the disease, and it is characterized by irregular coalescence of the contrast medium. The duct system may appear deformed and dilated. Score 4, destructive- complete destruction of the glandular architecture, which indicates an end stage of the disease.	Tonami et al. 1998
Repeatability	Intra-observer agreement. [NA] Inter-observer agreement. [NA]	
Sensitivity	[NA]	
Specificity	[NA]	
Other Stats	*If you have stats for related versions of the test, please add as many rows as necessary and cite the reference.*	
Test problems	Oil-based contrast medium may not be adequately cleared in patients with SS and, consequently, may damage adjacent tissues and lead to a chronic granulomatous reaction.	Stiller et al. 1999

	Performing this procedure with oil-based contrast should be avoided, especially during episodes of acute swelling.	

References:

Saito T, Fukuda H, Arisue M, et al. Relationship between sialographic findings of parotid glands and histopathologic finding of labial glands in Sjögren´s syndrome. Relationship to clinical and immunologic findings. *Oral Surg Oral Med Oral Pathol* 1991;76:675-80.

Shinohara S, Yamamoto E, Tanabe M: Evaluation of RI scintiscanning to parotid gland tumors. *Nippon Jibiinkoka Gakkai Kaiho* 2001; 104: 852-8.

Stiller M, Golder W, Döring E, et al. Diagnostic value of sialography with both the conventional and digital substruction techniques in children with primary and secondary Sjögren´s syndrome. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1999;88:620-7.

Tonami H, Ogawa Y, Matoba M, et al. MR sialography in patients with Sjögren´s syndrome. *AJNR Am J Neuroradiol* 1998;19:1199-20.