" INTRODUCTION "

A salivary gland is an organ which discharges its secretions into the oral cavity. The major salivary glands are pairs of parotids, submandibulars and sublinguals. Minor salivary glands can be found in lips, oropharynx, gingiva, floor of mouth, cheek, hard and soft palates, tonsillar area and tongue ***(Lindrer and Harold, 1989)***.

The salivary glands secrete saliva in the oral cavity, the total quantity of slaiva produced per day has been estimated at 500 - 1500 ml, the saliva is a fluid of alkaline pH. PH of saliva ranges between 6.0 and 7.4. Saliva is of importance for healthy oral function ***(Arthur and Guyton, 1976)***.

Sialolithiasis, or formation of salivary stones, commonly affects the submandibular gland (80 - 90%). In contrast, the parotid gland is only occasionally involved (5-20%). The sublingual gland and the minor salivary glands are rarely affected. Sialolithiasis may occur at all ages but usually affects middle aged adults. A sialolith originates as a slowly calcifying nidus of mucous or bacterial debris ***(Haring, 1991)***.

Salivary stones can cause swelling and pain. The pain is experienced during salivary stimulation and is intensified at meal-times.

The accumulation of saliva in the gland produces swelling and the gland becomes enlarged and firm ***(Eversole, 1984)***.

The investigations which may help in the diagnosis of salivary stones include plain x-ray, sialography, ultrasonography, and computed tomography (C.T.) ***(Eister et al., 1992)***.

Large and small salivary stones should always be removed. In some cases excision of the entire gland is required to prevent multiple recurrent episodes ***(Shafer et al., 1983)***.

Small intraductal salivary stones (3 mm or less) can be treated using carbon dioxide laser as a surgical dissector ***(Barak et al., 1993)***.The non-operative removal of duct stones with a balloon angioplasty catheter was reported ***(Guest et al., 1992)***. Removal of parotid duct stone by a Dormia basket is performed under general anaethesia ***(Sharma et al., 1994)***. Extracorporeal shock wave lithotripsy has recently been introduced as a non-operative treatment alternative for patients with sialolithiasis ***(Wehrmann et al., 1994)***.

Endoscopy as a new technique for diagnosis and treatment of salivary stones has also been reported ***(Nehlieli et al., 1994)***.