SUMMARY

CT is the method of choice for radiologic examination of masses in or about the salivary glands as well as for the study of. diffuse non-inflammatory enlargement of a salivary gland or glands. It is capable of producing clinically useful information that can be used directly to determine appropriate therapy. CT is less invasive than conventional sialography because it can usually performed without contrast material, and it is more sensitive in determining the presence or absence of a mass as well as its extent and whether it has arisen from within or outside of a salivary gland. Sialography is cost effective in the evaluation of lymphoepithelial lesions.Conventional sialography may be an important complement to CT sialography in the evaluation of parotid neoplasms or masses because of its ability to illustrate the morphology of the finest ducts. CT sialography is accurate in the demonstration of tumor size and the relationship of the tumor to surrounding structures, above all to the parapharyngeal space. The radiographic differentiation between benign and malignant parotid tumors can not be based entirely either on CT sialography or on conventional sialography. CT sialography offers no advantages over CT with intravenous contrast. High resolution CT with intravenous contrast is highly sensitive for tumor detection (97%). Magnetic

Resonance imaging is complementary or superior to computed tomography (100%), providing excellent soft-tissue resolution and tumor detection. CT and US proved equally effective at locating and predicting lesions in the superficial lobe of the parotid. Tumors in the deep lobe better assessed by CT.

In conclusion, these radiographic methods very Valuable complements to physical examination and aspiration cytology in the investigation of parotid gland neoplasms.