

INTRODUCTION

Masses of the parotid gland continue to pose a number of diagnostic problems. Clinical examination alone can not always determine the nature of the mass, which may be a salivary gland tumor or an enlarged lymph node. The lesions most commonly encountered include benign and malignant salivary gland tumors, inflammatory lesions, cleft cysts, sebaceous cysts, lymph nodes either superficial to the parotid gland or within the parotid substance, and tumor deep to the parotid arising in the parapharyngeal space or adjacent bones. In reference to tumor masses the information necessary for clinical management includes :

- 1- Differentiation of extrinsic from intrinsic tumor.
- 2- Localization of tumors with respect to the facial nerve
- 3- Differentiating benign versus malignant tumors.
- 4- Differentiating inflammatory lesions versus tumor (Berg et al., 1986).

Radiologic examinations of the parotid gland provide clinically useful information that may help to establish a diagnosis and select an appropriate therapy. Throughout the years, various radiologic methods have been used. Sialography, computed tomography and nuclear magnetic resonance imaging are now considered the most useful methods. Other radiologic techniques, such as radiosialography and ultrasonography, are less popular (Byrne et al., 1989).