

<b>Title</b>	Management of Obstructive Salivary Disorders by Sialendoscopy. A systematic review.
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<b>Reference</b>	Not provided

### Aim

To assess the effectiveness and safety of sialendoscopy as a diagnostic/therapeutic technique in the management of obstructive salivary disorders.

### Conclusions and results

Forty-nine studies, all case series of a prospective and retrospective nature, were included in the review. Some had methodological limitations which could affect the results on effectiveness and safety. Joint analysis showed that in the 41 studies in which the sialoendoscopy technique was performed alone (2654 procedures) the effectiveness of resolution of the salivary obstruction was 76% and that in the 23 studies in which the multi-modal technique was performed, with close on 1500 sialoendoscopies, this was 91%. In the case of sialolithiasis, there are limitations on the size of the salivary calculi which can be extracted by means of graspers or baskets, i.e., up to 4 mm in the case of submandibular glands and 3 mm in that of parotid glands. In the case of larger sizes, alternative techniques may be necessary, such as intra- or extracorporeal lithotripsy, trans-oral surgery or endoscopy-assisted trans-oral surgery. Sialoendoscopy is generally performed on an ambulatory basis, with local anaesthesia in the diagnosis and with sedation or general anaesthesia in the treatment. Like any intervention technique, sialoendoscopy has a learning curve which can range from 50 to 60 procedures.

### Recommendations

The available scientific evidence on the effectiveness and safety of sialoendoscopy is based on observational studies, some of which have methodological limitations. Nevertheless, the results are consistent as to the technique's effectiveness when it comes to resolving the salivary obstruction, namely, 74% when used alone or 93% when used on a multi-modal basis. Furthermore, sialoendoscopy substantially reduces the number of sialoadenectomies performed, and its adverse effects are infrequent and mild. Its principal indications are chronic recurrent sialolithiasis, juvenile recurrent parotid sialoadenitis, radioactive iodine-induced sialoadenitis and stenosis due to Sjögren's syndrome.

### Methods

A search stipulating no time limit was made of the scientific literature until April 2014, in the following databases:

Medline; Embase; Health Technology Assessment; Database of Abstracts of Reviews of Effectiveness; NHS Economic Evaluation Database; Cochrane Database; Índice Médico Español; Indíce Bibliográfico Español de Ciencias de la Salud; ISI Web of Knowledge; Recolecta; Dialnet; and ongoing clinical trials. Of the papers retrieved, only those that met the selection criteria were selected. The data were then extracted and summarised in evidence tables. The studies were classified according to their methodological quality using the SIGN (Scottish Intercollegiate Guidelines Network) scale.

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