

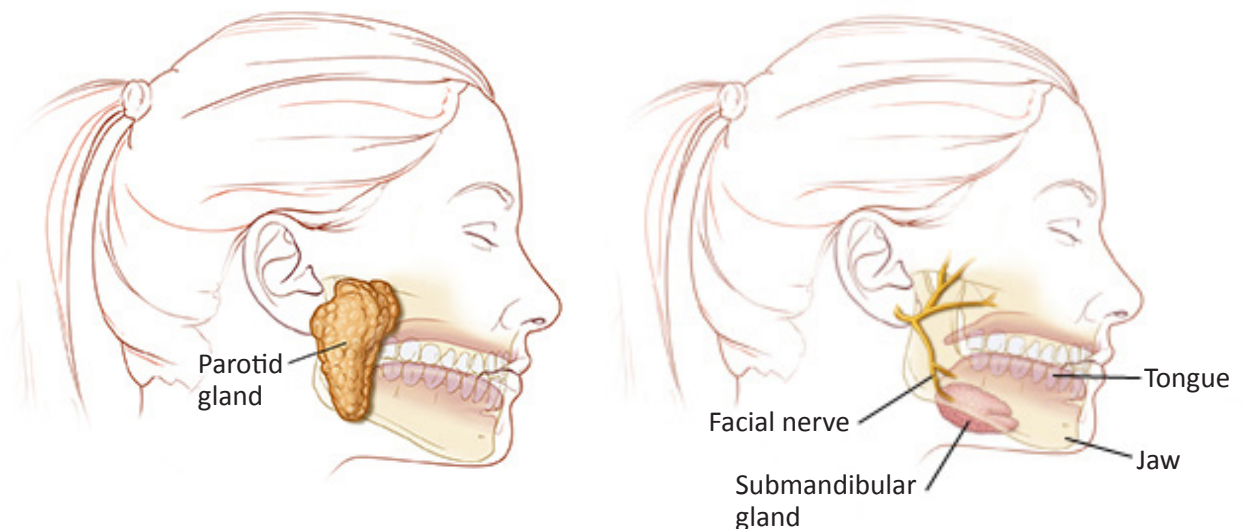
## Salivary Gland Cancer

Salivary glands make the saliva (spit) in your mouth and throat. The 2 main types of salivary glands are major and minor salivary glands.

You have 3 sets of major salivary glands on each side of your face.

- **Parotid glands:** These are the largest glands. They are located in front of the ear. Most parotid gland tumors are benign (not cancerous). But some may be cancerous.
- **Submandibular glands:** These are smaller glands. They are located below the jaw. These glands make saliva under the tongue. About half of the tumors in these glands are cancerous.
- **Sublingual glands:** These are the smallest glands. They are located under the floor of the mouth and below either side of the tongue. Sublingual gland cancer is rare.

*If you have any questions, please ask your nurse or physician.*



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Minor salivary glands are too small to see without a microscope. They line the lips; tongue; roof of mouth; and inside the cheeks, nose, sinuses and larynx. Cancer of the minor salivary glands is more likely to be in the roof of the mouth.

## **Risk factors for salivary gland cancer**

Causes of salivary gland cancer are not fully known.

You are more likely to get this type of cancer if you:

- Are male
- Use tobacco
- Have been exposed to radiation
- Are an older adult

## **Symptoms**

This cancer often appears as a lump or mass near the jaw or cheek.

Salivary glands are close to facial nerves. So, this type of cancer may also cause:

- Numbness or paralysis of facial muscles
- Pain or inflammation (swelling) in the jaw, cheek, neck or mouth
- Pain with swallowing

## **Diagnosing salivary gland cancer**

If your physician thinks you may have salivary gland cancer, you will need to see a head and neck surgeon. They will examine you.

To confirm a cancer diagnosis, your surgeon will perform a biopsy. That means the surgeon will remove a small piece of tissue from the tumor in the salivary gland to check for cancer. The surgeon can do this in the office if the tumor inside the mouth is easy to access. If the tumor is not easy to access, they will do this under general anesthesia in the operating room.

Another type of biopsy is a fine needle aspiration (FNA). The surgeon can do this at an office visit. They will remove tissue from neck lymph nodes through a thin needle. They use an ultrasound to guide the needle precisely into the nodule. They examine the tissue under the microscope to look for cancer.

The surgeon may order imaging studies including a CT scan and a PET scan. These will give a clearer picture of the tumor size and location. The scans will also show if the cancer has spread into the lymph nodes, lungs or bones.

## Resources

[cancer.gov/types/head-and-neck/patient/adult/salivary-gland-treatment-pdq](https://www.cancer.gov/types/head-and-neck/patient/adult/salivary-gland-treatment-pdq)

For more information, please contact:

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