

CONDITIONS AND DISEASES

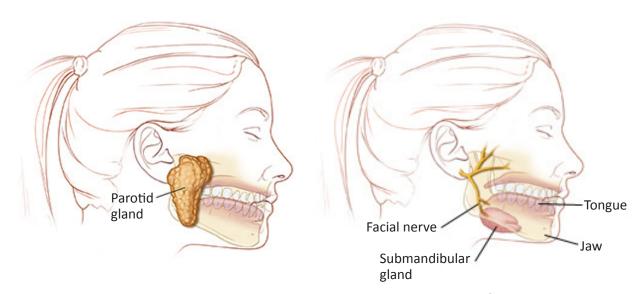
Salivary Gland Cancer What is salivary gland cancer?

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

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

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

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



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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.

What causes salivary gland cancer?

It is not fully known what causes salivary gland cancers. Some of the common risk factors include:

- Tobacco use
- Radiation exposure
- Older age

It is also more common in males than females.

What are the symptoms?

This cancer often appears as a lump or mass near the jaw or cheek. Since these glands are fairly close to facial nerves, salivary gland cancers may also cause symptoms such as:

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

How is salivary gland cancer diagnosed?

An evaluation by a head and neck surgeon is needed to accurately outline the extent of cancer.

A biopsy is a procedure in which a small piece of tissue is removed from the tumor in the salivary gland to check for cancer. This can be done in the office if the tumor inside the mouth is easy to access. If not, a procedure under general anesthesia in the operating room may be necessary. Another type of biopsy is a fine needle aspiration (FNA) in which tissue from neck lymph nodes is removed through a thin needle. The tissue is then examined under the microscope. An ultrasound is often used to direct the needle precisely into the nodule. An FNA is done in the surgeon's office.

Imaging studies including a CT scan and a PET scan may be ordered to obtain a clearer picture of the tumor size and location. The scans will also look for any spread of disease into the lymph nodes, lungs or bones.

Resources:

www.cancer.gov/types/head-and-neck/patient/adult/salivary-gland-treatment-pdq

For more information, please contact:

Head and Neck Multidisciplinary Clinic at Northwestern Memorial Hospital Galter Pavilion, 675 North Saint Clair Street

Suite 15-200

Chicago, Illinois 60611

Phone: 312.695.8182 Fax: 312.695.6298

Northwestern Medicine – Health Information Resources For more information, contact Northwestern Memorial Hospital's Alberto Culver Health Learning Center (HLC) at hlc@nm.org, or by calling 312.926.5465. Health information professionals can help you find the information you need and provide you with personal support at no charge. For more information about Northwestern Medicine, please visit our website at nm.org.

Para asistencia en español, por favor llamar al Departamento de Representantes para Pacientes al 312.926.3112.

The entities that come together as Northwestern Medicine are committed to representing the communities we serve, fostering a culture of inclusion, delivering culturally competent care, providing access to treatment and programs in a nondiscriminatory manner and eliminating healthcare disparities. For questions, please call either Northwestern Memorial Hospital's Patient Representatives Department at 312.926.3112, TDD/TTY 312.926.6363 or the Northwestern Medical Group Patient Representatives Department at 312.695.1100, TDD/TTY 312.926.6363.