Salivary Mucocele, Sialadenectomy	Salivary mucocele is a condition that occurs from a damaged salivary gland or salivary duct leaking saliva into the surrounding tissue. Depending on where the accumulation of saliva occurs, noticeable signs or swellings may be detected. Salivary mucoceles cause regional inflammation as a result of the presence of saliva. Salivary mucoceles occur in dogs and a rare in cats. This condition occurs in all breeds fo dogs but there is an increased incidence in German Shepherds, Poodles, Silky Terriers, and Dachshunds. Salivary mucoceles are named according to its location. The following salivary mucoceles have been described: • Cervical mucocele occurs in the upper neck region, submandibular region (under the jaw), or intermandibular region (in between the left and right mandibles of the jaw). • Sublingual mucocele (also referred to as a ranula) occurs on the floor of the mouth along the side of the tongue. • Pharyngeal mucocele occurs in within the pharynx (throat). • Zygomatic mucocele occur below the eye.  Image of a dog with a cervical mucocele. Notice the swelling on the underside of the upper neck region. Signs and Symptoms: The most common salivary mucocele is a cervical mucocele. A large, soft, fluctuant mass is seen in the upper neck, submandibular, or intermandibular regions in a pet with a cervical mucocele. A pet with a sublingual mucocele may have difficulty eating, bleeding from the mucocele, or a have a visible swelling under the tongue. A pet with a pharyngeal mucocele may have respiratory difficulty/noise secondary to the mucocele causing obstruction of airflow in the throat or difficulty swallowing. Zygomatic mucoceles are rare and may cause a pet to have periorbital swelling and exophthalmia (bulging or protruding eyeball).

	Diagnosis: Diagnosis of a salivary mucocele is supported by physical examination findings and fine needle aspirate cytology of the swelling. Cytology of a salivary mucocele will usually have a low cell count unless there is infection. The fluid will typically be clear, sometimes blood tinged, and ropy. Complete blood count and blood biochemistry profiles are performed to evaluate for systemic illness. Diagnostic imaging with radiographs or CT scan of the head, neck, and thorax are performed if neoplasia may be suspected. Treatment: Surgical removal of the salivary gland or glands is the definitive treatment of salivary mucocele. Cervical mucoceles are treated by removal of the mandibular and sublingual salivary glands on the effected side of the mucocele. Sublingual mucoceles are commonly treated by surgical marsupialization (incising into and suturing open the mucosal of the salivary mucocele to promote drainage into the oral cavity) and removal of the mandibular and sublingual salivary gland on the effected side. A temporary drain is placed at the time of surgery for cervical mucoceles to allow for inflammatory drainage postoperatively. Postoperative care: The pet will be discharged with an antibiotic and pain medication. An Elizabethan collar may be necessary to prevent rubbing or scratching at the surgical site. Post-surgical drainage from the drain site may occur for a few days after discharge. Cleansing the drainage site may be instructed. Prognosis: The prognosis for surgical treatment of salivary mucocele is good. Postoperative infection is uncommon. Seroma (pocketing of fluid under the skin) formation occasionally occurs which commonly can be conservatively managed by needle aspiration draining. It is not common for salivary mucocele recurrence after surgery. A salivary mucocele could occur in the future on the opposite side.