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New surgery promises relief for young patients



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BY EMILY LIU - SEPTEMBER 18

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In March this year, Dr Dawn Teo, Consultant of the Department of Otolaryngology at the KK Women's and Children's Hospital, launched the first sialendoscopy service to manage and treat salivary gland diseases in very young children here. Thus far, four patients have undergone the procedure.

First introduced about a decade ago, sialendoscopy is a minimally invasive surgical procedure used to treat patients suffering from Juvenile Recurrent Parotitis (JRP), a

recurrent infection of the parotid gland, which is located in front of the ear on both sides of the face.

JRP is the second most common cause, after mumps, of swelling of the salivary glands in children and affects about 1 per cent of the world's population. Of the 300,000 children under age 15 in Singapore, about 3,000 are expected to suffer from the disease.

Many people in Singapore, however, may be unaware of the treatment options available, said Dr Teo. Traditionally, JRP is treated with antibiotics to combat the infection every time it recurs. "There was no good treatment available to prevent recurrence," she said.

In severe cases, doctors may opt for open surgery to remove the parotid gland, which may lead to unappealing scarring and carries significant risks for the nerves on the face.

With the new option, patients now have a more permanent solution, without the potential risks of the invasive gland removal surgery.

"Sialendoscopy has proven to be a safe, effective treatment of JRP, with success rates of up to 90 per cent," Dr Teo said.

The remaining 10 per cent of patients may face recurrence, which then warrants another procedure, she added. Recovery from the procedure usually occurs within 24 hours, with minimal risks to facial nerves as the surgery is kept within the confines of the gland.

A child suffering from multiple episodes of parotitis would have symptoms including fever, pain and swelling of the face. In severe cases, the child would need to be hospitalised for up to a week to receive antibiotic injections. Such episodes may occur multiple times a year.

One of Dr Teo's patients had attacks every three weeks for eight months. "She had so many attacks that her parents were very distressed when I saw them," she recalls. In the six months since the surgery in March, the child has not had another attack.

Dr Teo ventured to Geneva, Switzerland, to learn the surgery after observing the distress faced by children and their parents who had to suffer through the attacks without any long-term solution.

"Sialendoscopy provides a new treatment option for a condition for which previously little could be done," she said.

"Although JRP usually resolves by puberty, in children who are afflicted with the condition at an early age, it would mean that they would have to suffer for a good decade before the condition possibly resolves."

Dr Teo added: "As doctors, it is our responsibility to keep abreast of the ever-changing medical advances, and to constantly upgrade ourselves to provide the best possible care to our patients."

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