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LETTER TO THE EDITOR

Anorexia/bulimia-related sialadenosis of palatal minor salivary glands

I read with great interest the recent case report by Mignogna et al. (1). The authors report a unique case of bilateral symmetrical swelling of the hard palate in a patient suffering from an eating disorder.

Bilateral lesions in the hard palate area are rare with a very limited number of diagnostic possibilities. Two differential diagnoses are bilateral subacute necrotizing sialometaplasia and bilateral necrotizing sialometaplasia, a relative of the former. Recently, Lombardi et al. (2) reported a case of bilateral subacute necrotizing sialometaplasia, interestingly in an anorexic/bulimic patient suffering from frequent vomiting episodes such as in the current case. Further comparison between the two patients reveals some more similarities including gender, age and location (Table 1). The association between bulimia and necrotizing metaplasia was reported by Schöning et al. (3). Moreover, necrotizing sialometaplasia was reported to correlate with manifestations of upper gastrointestinal disorders such as hiatal and umbilical hernia, gastric and duodenal ulcers, esophagitis, dysphagia and vomiting after silastic ring vertical gastroplasy (4). The mucosal pH in the oral cavity in one case was 5.09 ± 0.77 compared with 6.72 ± 0.22 in a control group (4).

The assumed etiology as well as the histopathological representation underlying sialadenosis and subacute necrotizing sialometaplasia are dissimilar (Table 1). Nevertheless, excessive vomiting resulting in lowering the pH of the mucosal surfaces in the palate region may be considered as an additional factor contributing to these rare symmetrical minor salivary gland pathologies in the hard palate.

In conclusion, symmetrical bilateral lesions in the hard palate are rare and may be correlated with gastrointestinal disorders thus emphasizing the crucial role of good medical history in such patients.

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Table 1 Comparison features between bilateral sialadenosis (1) and subacute necrotizing sialometaplasia (2)

	Bilateral sialadenosis	*Bilateral subacute NS*
Gender/age	F/23	F/28
Duration	Weeks-months?	Days
Pre-disposal disorders	Anorexia/bulimia	Anorexia/bulimia
Area	Symmetrical, hard palate	Symmetrical, hard palate
Pain	None	Mild
Mucosal integrity	Yes	Yes + erythematous halo
Histopathology	Hypertrophy of acinar cells with basally situated nuclei	Mucous glands with large areas of necrosis
	Fatty infiltration	Pyknosis to complete loss of cell nuclei
	No inflammatory cells	Dense polymorphous inflammatory infiltrate
Suspected etiology	Peripheral autonomic neuropathy	Local vasculopathy/ischemia
Suggestive treatment	Pilocarpine	Self limited (3 weeks)