Bilateral acute parotitis following insertion of a Sengstaken–Blakemore tube

A 56-year-old man with hepatitis B-related cirrhosis was admitted with massive hematemesis. Three months previously he had undergone upper endoscopy at another hospital and was diagnosed as having esophageal varices. However, no endoscopic therapy was carried out. On physical examination, the patient's blood pressure was 76/40 mm Hg, his pulse rate was 136 bpm, and his respiratory rate was 26/min. Despite aggressive therapy with fluids and blood components the patient could not be stabilized, and a Sengstaken–Blakemore tube was inserted. Eleven hours after the insertion of the tube, the patient developed swelling over both his parotid glands (● **Fig. 1**), with local rise in temperature and tenderness.

Neck ultrasonography revealed bilateral generalized swelling of the parotid glands, without duct dilation. An otolaryngologist was consulted and bilateral acute parotitis was diagnosed. The patient was started on antibiotic therapy with ceftriaxone, the gastric and esophageal balloons were immediately deflated, and the Sengstaken–Blakemore tube was removed. There was no re-bleeding in the next 48 hours, and the patient was given terlipressin. The parotitis resolved completely after 72 hours of removal of the Sengstaken–Blakemore tube. While upper endoscopy was being considered, on the fifth day in hospital the patient again had massive hematemesis and died.

Transient parotitis following the use of lidocaine spray [1] and midazolam [2] for upper endoscopy has been reported previously. In addition, upper endoscopy may also cause parotitis [3,4]. Although the exact mechanism is unknown, venous congestion leading to straining, and parasympathetic stimulation during the procedure causing parotid vasodilation and

Fig. 1 Bilateral swelling of the parotid glands.

transient enlargement, have been suggested as possible mechanisms [3]. Furthermore, recently, parotitis associated with double-balloon endoscopy has been reported in two cases [5,6]. However, to our knowledge, parotitis associated with insertion of a Sengstaken–Blakemore tube has not been reported before. Although the reason for its occurrence is unclear, clinicians should be aware of this rare complication.

Endoscopy_UCTN_Code_CPL_1AH_2AC

F. Tekin, O. Ozutemiz, S. Bicak, N. Oruc, T. Ilter

Department of Gastroenterology, Ege University Medical School, Izmir, Turkey

References

- 1 Sagar J, Chavan VA, Shah DK. Acute parotiditis and facial nerve palsy – unusual side effects of Xylocaine spray. *Endoscopy* 2007; 39 Suppl 1: E189
- 2 Gültuna S, Uskudar O, Yüksel I et al. Transient parotitis after conscious sedation for endoscopy. *Endoscopy* 2009; 41 Suppl 2: E53

3 Nijhawan S, Rai RR. Parotid swelling after upper gastrointestinal endoscopy. *Gastrointest Endosc* 1992; 38: 94

4 Shields HM, Soloway RD, Long WB et al. Bilateral recurrent parotid gland swelling after endoscopy. *Gastroenterology* 1977; 73: 164–165

5 Yen HH, Su WW, Chiu YH et al. Acute parotitis after double-balloon endoscopy. *Gastrointest Endosc* 2008; 68: 1017–1019

6 Kekilli M, Onal IK, Kurt M et al. Parotitis during oral double-balloon enteroscopy: an unexpected but benign finding. *Am J Gastroenterol* 2009; 104: 533–534

Bibliography

DOI 10.1055/s-0029-1214854

Endoscopy 2009; 41: E206

© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author

Dr. F. Tekin

Ege Üniversitesi Tıp Fakültesi
Gastroenteroloji Bilim Dalı
Bornova 35100
İzmir
Turkey
Fax: +90-232-3427764
drtekinfatih@yahoo.com