Midazolam is one of the most widely used sedative agents in gastroenterology practice for conscious sedation before short endoscopic procedures [1]. We report a case of transient swelling of the parotid gland after midazolam administration.

A 55-year-old woman with suspected peptic ulcer underwent upper gastrointestinal endoscopy. Before the procedure 2 mg intravenous midazolam was administered. Lidocaine spray was used for local anesthesia. A few minutes after the procedure she complained of swelling on the left side of her neck. Palpation showed a firm mass without erythema or tenderness in the parotid gland region (Fig. 1). Her previous medical history was unremarkable except for mumps when she was a child. Laboratory findings were normal. Neck ultrasonography revealed parotitis without salivary duct calculi or lymphadenopathy. The swelling disappeared spontaneously after 48 hours. She had no further complaint of this nature during 3 months’ follow-up.

Acute and chronic swelling of the salivary glands may occur in various disorders including mumps, postoperative parotitis, amyloidosis, tuberculosis, and some autoimmune disorders and malignancies [2]. Swelling of the salivary glands after general anesthesia, termed “anesthesia mumps”, is a rare event. It has been reported after endotracheal intubation, bronchoscopy, and upper gastrointestinal endoscopy [3]. The conditions are usually unilateral and painless and spontaneously resolve in a few hours. Although the exact mechanism is not fully understood, retrograde passage of air due to a loss of muscle tone around Stenson’s orifice, retention of secretions causing a blockage of the salivary ducts, dehydration, and head positioning during the procedure may have a pathogenetic role [4].

All “anesthesia mumps” cases in the literature have been attributed to general anesthesia. Our case report is unique in describing this complication after conscious sedation with midazolam.

References
3 Bahadur S, Fayyaz M, Mehboob S. Salivary gland swelling developing after endoscopy; anesthesia mumps. Gastrointest Endosc 2006; 63: 345–347

Bibliography
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Fig. 1 A mass on the left parotid gland.