

GİRİŞ

Tükrük bezleri majör ve minör olarak gruplandırılır. Major tükrük bezlerinden parotis bezi kulak önü yerleşimli, submandibular bez çene altı yerleşimli ve sublingual bez dil altı yerleşimli iken sayıları yaklaşık olarak 600-1000 adet olan minör tükrük bezleri, oral kavite ve orofarinks yerleşimlidir. Majör tükrük bezleri bileşik tübülo-asiner bezlerdir. Bu bezlerde oluşan tükrük, kanallar ile oral kaviteye açılır. Parotis bezi Stenon kanalı, submandibular bez Wharthin kanalı, sublingual bez de Rivinus kanalı ile oral kaviteye açılır. Tükrük bezleri seröz ve müsinöz salgının yapıldığı ekzokrin organdır. Günlük 1-1,5 litre salgı üretirler. Bu salgının %20-25'ini parotis bezi, %75'ini submandibular bez, %7'sini minör tükrük bezleri, %3'ünü de sublingual bez salgılar. Parotis bezi seröz, submandibular bez sero-muköz, sublingual ve minör tükrük bezleri de daha çok muköz salgı yaparlar.⁽¹⁾ Tükrük içerik olarak Na⁺, K⁺, Ca⁺⁺, bikarbonat gibi elektrolitlerle, üre, ürik asit gibi organik bileşikler de içerir. Tükrük aynı zamanda amilaz, sistatin, müsin, peroksidaz, lizozim gibi antimikrobiyal proteinleri içerir. Ayrıca Ig A daha fazla olmak üzere Ig G ve Ig M içerir. Bunlar daha çok mukoid sekresyonlarda bulunur. Tükrüğün içerikleri kadar tükrük akışı da debris ve bakterileri kanaldan uzaklaştırarak antimikrobiyal etki gösterir. Dehidratasyon, stres, beta- blokerler, hospitalizasyon, bedensel düşkünlük, karanlık, radyoterapi, artmış ortam sıcaklığı, Sjögren sendromu gibi otoimmün hastalıklar, anemi tükrük salgısını azaltır. Stomatit, sigara, elma, limon gibi meyveler salgısını arttırır. Akımının azalması taş oluşumu için predispozan kabul edilir.⁽²⁾ Tükrük, sindirime ve tat almaya yardımcıdır. Yutmaya yardımcı olmak için yiyecekleri ıslatır. Ağız içi yumuşak dokuların hareketini sağlamak için nemli tutar. Bakteriyel asitleri tamponlar. Diş minesinin mineralizasyonunu tetikler. Oral mukozayı sahip olduğu immünglobulinler ve antibakteriyel sistemle korur.

Siyaloadenit enfeksiyöz ve non-enfeksiyöz nedenlerle olabilir. Virüs ve bakteriler akut siyaloadenitin en sık nedenidir. Parotis bezi en sık etkilenen bezlerdendir. Çocuklar, ergenler ve düşkün yetişkinler enfeksiyondan daha çok etkilenir. Kabakulak akut viral bir enfeksiyondur. 48 saatlik prodromal dönemi takiben ortaya çıkan baş ağrısı, yorgunluk, iştah kaybı ve miyaljinin eşlik ettiği tek veya

¹ KBB Uzmanı, Finike Devlet Hastanesi, Antalya, dryucelkurt@gmail.com

kendi kendini sınırlayan zoonotik bir hastalıktır. En tipik klinik başvuru şekli aksiller ve servikal lenfadenopatidir. Lenf nodlarının tutulumuyla beraber parotis ve submandibular bezlerin etrafında cilt tutulumu da görülebilir. Hafif-orta ateş ve kırgınlık görülür. Warthin-Starry gümüş boyası ile karakteristik organizmaların gösterilmesiyle tanı konulur. Aspirasyon tedavi konservatif ve semptomatiktir. Aspirasyon süpüratif nodlar için faydalı olabilir. Genellikle adenopati birkaç ay içinde geriler.⁽⁶⁹⁾

Aktinomikoz

Servikofasiyal bölgeyi tutan nadir bir hastalıktır. Genelde 3 ile 8 yaş arasında görülür. Etken *Actinomyces israelii*'dir. Genellikle ağrısız yavaş büyüyen ve içerisinde çoklu sinüs yollarının geliştiği kitleler görülebilir. Görüntüleme metodlarıyla nekrotik alanlar görülebilir. Enfekte dokulardan alınan örneklerde görülen "sülfür granülleri" patognomik bulgudur. Tedavide, cerrahi drenaj ve penisilin, klindamisin veya tetrasiklin içeren 6-12 aylık antibiyoterapi yer alır.⁽⁷⁰⁾

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