SIALORRHOEA ASSOCIATED WITH NEUROLOGICAL DISEASE

F. HIRST, M. BORG, and S. ZAMAN

INTRODUCTION

Sialorrhoea, the unintentional loss of saliva from the mouth, is associated with bulbar, pseudobulbar and extra-pyramidal neurological disease. Usual management described is surgical or anti-cholinergic medication which are inappropriate or often cause adverse effects in older patients whose main need is usually palliative treatment.

METHODS

32 patients of mean age 73 years (range 54-86) received 37 treatments of bilateral parotid gland radiotherapy for sialorrhoea primarily caused by stroke, motor neurone disease or Parkinson’s disease, between 1984 and July 1996. Patients have been followed up to 1.397 for a mean 26 months (range 2-77) to assess adverse effects and efficiency of treatment.

RESULTS

28 complete responses to treatment, 6 partial responses and 3 nil response were recorded. 5 patients received a 2nd course of radiotherapy for partial or nil initial response or relapse (mean 11 months; range 2-20) with 3 achieving a good result. 30 of 32 patients (94%) have maintained a satisfactory control of sialorrhoea during the follow-up period. Only 4 patients developed long term side effects. The varied fractionation regimens used were not shown to affect the response rate; low doses were shown to be as effective as higher doses, and were not associated with any significant acute or late side-effects.

CONCLUSION

Parotid radiotherapy is a safe and effective treatment in older adults with sialorrhoea due to neurological disease thereby avoiding the adverse effects of anticholinergic medication and invasive surgical procedures.