ABSTRACT
INTRODUCTION

Methods. Patients who underwent ultrasound-guided, combined transmucosal-endoscopic operative procedures from January 2010 through June 2012 at two tertiary care university hospitals were included. Outcomes were analyzed in 23 patients with parotid stones who underwent management of symptomatic parotid stones with or without needle localization.

RESULTS. Ultrasound was used to identify the stone (a), allowing marking of the stone (b). The facial nerve monitor was placed to monitor the buccal branch of the facial nerve (c). The duct was repaired with 5-0 PDS suture and the parotid fascia (d) incised. The parotid fascia was incised (e). The duct was opened with an 11-blade and the stone(s) removed with a 23-gauge needle (f). The stenosed duct was managed with stent placement (g).

Figure 1. Ultrasound was used to identify the stone (a), allowing marking of the stone (b).

Figure 2. The facial nerve monitor was placed to monitor the buccal branch of the facial nerve (c).

Figure 3. The duct was opened with an 11-blade and the stone(s) removed with a 23-gauge needle (f).

Figure 4. The stone was exposed and removed (e) followed by exploration of the open duct for additional fragments with the endoscope (b).

Figure 5. The stone was removed with a 23-gauge needle (e).

Figure 6. The duct was repaired with 5-0 PDS suture and the parotid fascia (d) incised. The parotid fascia was incised (e).

Figure 7. The duct was opened with an 11-blade and the stone(s) removed with a 23-gauge needle (f).

Figure 8. The stenosed duct was managed with stent placement (g).