



## Dehydration

### Empty-canteen

Dehydration has been associated with sialolithiasis. The lack of water in the saliva causes other components inside the saliva, such as calcium and phosphate, to crystallize. These also can be triggered by the use of diuretics.

## Smoking Tobacco

### Smoking Cigarettes

Smoking tobacco has been associated with decreased salivation, which may contribute to the development of salivary gland stones.

## Trauma

### Trauma-spike

Sialolithiasis can be associated with trauma due to subsequent stenosis to the ductal wall. Other possible causes are autoimmune diseases, smoking, and radiation therapy to the mouth.

## Treatment

### NSAIDs

#### N-sad

NSAIDs are used to treat pain in sialolithiasis patients. Antibiotics can be considered for use in patients with signs of infection.

### Stimulation of Salivary Flow

#### Salivating Stim-mule

Stimulation of salivary flow can be triggered by a gentle massage or the use of sialagogues. This method is commonly used to treat small sialoliths. Sialagogues work by increasing the saliva flow. Sialoframine is one example.

### Antibiotics

#### ABX-Guy

If sialolithiasis patients also have signs of infections, antibiotics can be considered. Signs of infection may include redness around the salivary duct, purulent discharge from the salivary ducts, or cervical lymph node swelling.

### Surgery

#### Surgeon

Surgery should be suggested based on the sialolith's size, number, and location if conservative management fails. If the stone is too large, stuck, and blocks the duct, it can be indicated for treatment with surgery.