QUALITATIVE SALIVARY GLAND SCINTIGRAPHY CHANGES MAY PRECEDE SIALOMETRIC FINDINGS IN SJÖGREN'S SYNDROME

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AIM: the aim of the study was to assess the degree of saliva secretion impairment in patients with Sjögren's Syndrome by salivary scintigraphy as compared with sialometry i.e. collecting and measuring the saliva secretion.

MATERIAL AND METHODS: 37 women aged 23 do 68 lat (=48,7 years) with primary (7 patients) or secondary Sjögren's Syndrome (30 patients) were enrolled in the study. Salivary scintigraphy was performed utilising a single-head gammacamera Diacam (Siemens, Erlangen, Germany) following the application of 99m-techetium as pertechnetate (185 MBq). Scintigraphic curves were classified as normal, flattened, flat or descending. Sialometry has been performed in all patients. The following thresholds for sialometry of unstimulated saliva secretion were applied: 1. normal: $- \ge 0,3$ ml of saliva secretion/min; 2. oligosialia - < 0,3 ml/min; 3. xerostomia - very low saliva secretion - < 0,1 ml/min, and for stimulated secretion respectively: $1. \ge 1$ ml/min. 2. < 1 ml/min. 3. < 0,2 ml/min.

RESULTS: <u>unstimulated saliva secretion:</u> in 13 patients (35,1%) very low secretion of saliva (xerostomia) was showed - in 9 of those patients flat or descending scintigraphic were seen; in 13 of patients with (35,1%) with oligosialia most frequent was flattened type (10 persons). In 11 patients with normal saliva secretion (29,8%) most often was the flattened type of the curve (6 patients), but no normal curves were seen. Assessing the <u>stimulated saliva</u> secretion in 7 patients (18,9%) with very low stimulated saliva 6 had flat or descending curves. In 19 patients (51,3%) with oligosialia most had flattened or flat scintigraphic curves. In 11 patients (29,8%) with normal secretion of stimulated saliva only in 1 patient the curve was normal, in 5 patients flattened, in 5 flat or descending.

CONCLUSIONS: in most of patients the type of scintigraphic curves was in agreement with sialometry; however: in patients with normal sialometry most of scintigraphic findings were abnormal and probably indicated more advanced pathology of salivary glands than this assessed by sialometry. It seems that scintigraphic results may precede sialometry as a dental assessment and therefore be an early indicator of salivary pathology in Sjögren's Syndrome.