

EP-042

소아에서 Wharton관 타석증에 의해 발생한 피부 누공: 증례 보고

(Cutaneous Fistula Secondary to Wharton's Duct Sialolithiasis in an Adolescent: A Case Report)



건양대학교병원

석상일, 고인창*, 임수연

Purpose: Submandibular sialolithiasis is rare in the pediatric population, accounting for approximately 2–3% of all reported cases. While glandular inflammation is common, extension to the overlying skin is rarely reported. We report a rare pediatric case of Wharton's duct sialolithiasis accompanied by submandibular gland inflammation with cutaneous involvement requiring surgical management.

Methods: A 15-year-old boy presented with a chronic oval, reddish, elevated lesion (2.0 × 1.5 cm) with a central opening and overgranulation tissue in the right submandibular area that had persisted for four months. The patient had previously undergone incision and drainage at another hospital. Computed tomography (CT) revealed a 10-mm sialolith located in the distal Wharton's duct with associated submandibular gland atrophy and surrounding inflammatory changes. A cutaneous inflammatory lesion measuring approximately 34 mm was also identified. Excision of submandibular gland and fistulectomy were performed.

Results: The fistulous tract and affected submandibular gland were successfully removed. Histopathologic examination demonstrated chronic inflammatory changes consistent with sialolithiasis. At four-month follow-up, the patient showed complete resolution of symptoms with satisfactory wound healing and no evidence of recurrence.

Conclusion: Pediatric sialolithiasis is uncommon and typically presents with localized glandular symptoms. Cutaneous fistula may occur as a rare complication of chronic sialolithiasis. Accurate identification of the underlying cause using imaging studies such as CT is essential, and definitive treatment requires elimination of the source of infection.



Fig 1. Preoperative photograph showing an oval, reddish, elevated mass like lesion in the right submandibular region. Open wound and peri-lesional overgranulation tissue is noted.

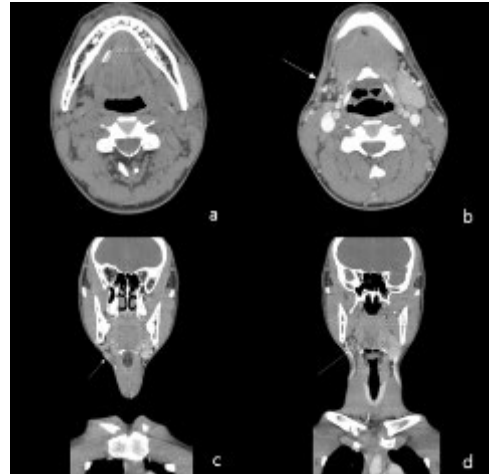


Fig 2. (a) Hyperdense sialolithiasis measuring approximately 10.8 mm located in the distal Wharton's duct. (b) Inflammatory changes and soft tissue swelling are observed around the right submandibular gland, consistent with chronic sialadenitis. (c) Inflammatory lesion measuring approximately 34 mm in the right submandibular region, extending toward the overlying skin. (d) Atrophy of the right submandibular gland associated with obstructive sialolithiasis.

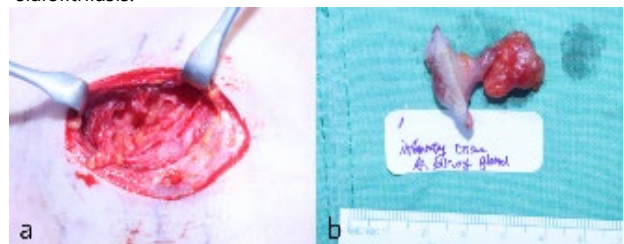


Fig 3. Submandibular gland with perilesional inflammation excision was done. (a) Intraoperative clinical photo. (b) A fistulous tract connecting the submandibular gland to the overlying skin was identified.



Fig 4. The patient shows a well-healed surgical site in the right submandibular area following submandibular gland excision and fistulectomy. The previous cutaneous inflammatory lesion and fistulous opening have completely resolved, leaving a linear postoperative scar without signs of recurrent inflammation.