

Rush Salivary Disease Program

Rush's Salivary Disease Program treats both inflammatory salivary disease and neoplastic salivary disease. It is the largest salivary endoscopy program in the state of Illinois that offers cutting-edge care for the full spectrum of salivary gland conditions. Treatment options range from:

- **Diagnostics** - imaging, office-based biopsies
- **Surgery** - salivary endoscopy, endoscopic assisted salivary surgery, ECD, minimally invasive surgical options
- **Advanced genomic-based cancer care** - Tempus-personalized treatments for salivary cancers

By employing unique, less-invasive procedures, the Rush Salivary Disease Program stands at the forefront of our specialty.

Gland Preserving Salivary Stone Treatment

Where it is common in most medical centers to remove the gland to treat salivary stones, Program Director Mihir K. Bhayani, MD, FACS, instead employs salivary endoscopy (sialendoscopy). He was one of the first physicians in Illinois to use the procedure nearly ten years ago and typically performs 70-80 sialendoscopies per year. By inserting a 1 mm diameter scope into the patient's natural orifice to access the gland, other tools can be used to remove or break down stones. This procedure often takes less than 15 minutes, and is less invasive than removing the gland, offering the patient a quicker recovery.

Patients with inflammatory salivary disease could attribute their salivary gland issues to an underlying autoimmune condition. Dr. Bhayani has found that 60-70% of patients in this situation experience temporary improvement after the salivary endoscopy, but may need temporary follow-up within 4-6 months after the initial procedure.

Diagnostic Collaboration that Furthers Treatment

When treating neoplastic salivary disease our experts can work with the patient from initial presentation of a tumor, transitioning from in-office biopsy to surgery while remaining under the care of the program's specialists. Our team can offer biopsies of salivary tumors the day of a patient's initial in-office visit. We are well-versed in performing the Extracapsular Dissection (ECD) procedure as the primary, minimally invasive treatment for benign tumors. The partnership between the Rush Salivary Disease Program and Tempus expands the patient's diagnostic and treatment options through tissue analysis. Access and ability to sequence rarer salivary tumors allows our experts to better treat high-risk patients.

Locations

Rush University Medical Center

1611 W. Harrison St., Suite 550
Chicago, IL 60612
(312) 942-6100

Rush Copley Medical Center

2040 Ogden Ave., Suite 301
Aurora, IL 60504
(630) 466-3470



U.S. News & World Report ranked Rush University Medical Center's ENT program among the best in the nation.

Treatment Backed by Research

Our program aims to continuously further treatment through research. A previously published study by Program Director Mihir K. Bhayani, MD, FACS, found sialendoscopy to be an effective treatment option for the management of radioactive iodine-induced sialadenitis (RAIS) and xerostomia, especially in cases where these conditions are not responsive to conservative therapy and medical management. Participants in the study reported durable improvement in symptoms after intervention. Bhayani is interested in further research into the quality of life of patients with inflammatory issues who also possess significant salivary gland components to their disease process.

Collaboration with Pediatric ENT

The physicians of the Rush Pediatric Otolaryngology Program at Rush University Children's Hospital are versed in diagnosing and treating salivary gland disorders in younger patients. Our fellowship-trained, compassionate pediatric otolaryngologists offer the latest treatments, from medical treatments, such as salivary gland botox injection for chronic drooling, to minimally invasive surgery and personalize care plans to meet each child's needs for a range of conditions.

Meet our team



Samer Al-Khudari, MD,
FACS



Mihir K. Bhayani, MD,
FACS



Kerstin Stenson, MD,
FACS

Pediatric ENT Specialists



Jill S. Jeffe, MD



Anatoli F. Karas, MD

- **In a study where sialendoscopy was applied as the primary treatment, sialadenitis was present in 25 patients and xerostomia in 22 patients.**
The following results were noted: Sixteen patients (64%) reported complete resolution; seven (28%), partial resolution; one (4%), no change in symptoms; and one (4%), regression in RAIS-related symptoms. Patients subjectively noted the following regarding their xerostomia symptoms: seven (31.8%) had complete resolution; 10 (45.5%), partial resolution; four (18.2%), no change; and one (4.5%), regression.
- **1 in 10,000** annual outpatient patient visits for sialolithiasis.
- **Up to 67% of patients** treated with radioactive iodine develop salivary symptoms.
- Sjogren's disease affects up to **4% of the population** and is the second most common rheumatologic disorder.
- **Juvenile recurrent parotitis** is currently the most common cause of parotitis in children.

To refer patients or request a consult, call **(312) 942-6100**.