Contrast-induced acute sialadenitis: iodide mumps

An 80-year-old hypertensive woman underwent primary angioplasty for acute posterior wall myocardial infarction. A total of 150 mL of low-osmolar contrast (Ultravist-370; jopromide 0.769 g/mL, 370 mg iodine/mL) was used. Then, 15 h after the procedure, the patient developed painless swelling of both parotid glands (figure 1A). A physical examination showed a patient who was afebrile with normal heart rate and blood pressure. Bilaterally, her parotid glands were diffusely enlarged and were non-tender. Contrast-induced acute sialadenitis (iodide mumps) was confirmed after ultrasonography. She was treated with ibuprofen 800 mg per day. The sialadenitis resolved completely in 3 days (figure 1B). Iodide mumps is a rare, contrast-induced, transient sialadenitis, more commonly affecting the submandibular glands. The treatment of choice is nonsteroidal anti-inflammatory drugs, resulting in complete resolution in 3–5 days.²

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Figure 1 (A) Bilaterally enlarged, non-tender parotid glands (white arrows) 15 h after angioplasty. (B) Complete resolution of parotitis after 3 days.