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### **AAOMS journal: Botox helps manage Sjögren's Syndrome salivary gland inflammation**

**December 20, 2016, Rosemont, Ill.** – Researchers have found another potential medical use for botulinum toxin, commercially known as Botox, when they injected the drug into the inflamed salivary glands of a patient suffering from Sjögren's Syndrome, an autoimmune disorder affecting nearly 4 million Americans.

Published in the December issue of the *Journal of Oral and Maxillofacial Surgery*, the case study focuses on a 65-year-old woman who had been suffering for 10 years with weekly bouts of parotitis – inflammation of the major salivary glands located on either side of the face – associated with her 30-year history of Sjögren's Syndrome.

Her successful treatments led the authors to conclude in the official journal of the American Association of Oral and Maxillofacial Surgeons (AAOMS) that Botox is a “safe and effective alternative to surgical management of recurrent parotitis” resulting from Sjögren's Syndrome.

The patient's parotitis flare-ups had been requiring regular antibiotic therapy and caused pain, swelling and tenderness. The authors at the University of Sydney in New South Wales, Australia, said current conservative treatments for parotitis typically include a combination of antibiotics, drugs that promotes the secretion of saliva, anti-inflammatories, steroids, warm compresses and massaging – or “milking” – the salivary glands.

The physicians decided to offer their patient botulinum toxin injections on the “theoretical basis that reducing saliva production may reduce the likelihood of saliva accumulation and subsequent parotitis.” Botox is being used to reduce saliva production in patients suffering from other disorders, they said.

The patient had injections initially every three months and then at four-month intervals. At the 36-month mark, the authors reported that she has no signs or symptoms of parotitis, “remarkably” has not needed a course of antibiotics since her second injection and has not reported any complications or side effects from the treatments.

Patients with Sjögren's Syndrome produce immune cells that may infiltrate their salivary glands and destroy or dilute the ducts that produce saliva. That accumulation of saliva can lead to chronic gland infections and result in a limited production of saliva. If nonsurgical options are not effective, surgery to remove the salivary gland – called a parotidectomy – may be performed.

“Botulinum Toxin for the Management of Sjögren Syndrome-Associated Recurrent Parotitis,” is authored by Luke M. O'Neil, MBBS, Carsten E. Palme, MBBS, Faruque Riffat, MBBS, and Neil Mahant, MBBS, Ph.D.

The full article can be accessed at [http://www.joms.org/article/S0278-2391\(16\)30487-6/fulltext](http://www.joms.org/article/S0278-2391(16)30487-6/fulltext).

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*The Journal of Oral and Maxillofacial Surgery* is published by the American Association of Oral and Maxillofacial Surgeons to present to the dental and medical communities comprehensive coverage of new techniques, important developments and innovative ideas in oral and maxillofacial surgery. Practice-applicable articles help develop the methods used to handle dentoalveolar surgery, facial injuries and deformities, TMJ disorders, oral and head and neck cancer, jaw reconstruction, anesthesia and analgesia. The journal also includes specifics on new instruments and diagnostic equipment, and modern therapeutic drugs and devices.

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