Sialorrhea in adults

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Sialorrhea, or excessive saliva in the mouth, can result from either increased saliva production (hypersalivation) or impaired clearance due to neuromuscular dysfunction affecting swallowing. While cerebral palsy is the most common cause in children, in adults, sialorrhea is frequently associated with neurological conditions such as Parkinson's disease, amyotrophic lateral sclerosis (ALS), stroke, and dementia. It may also occur due to medications (e.g., clozapine), intoxications, head and neck cancers, or as a complication in palliative and tracheostomized patients. Saliva, produced mainly by the parotid, submandibular, and sublingual glands, plays critical roles in oral hygiene, digestion, and speech. Its secretion is tightly regulated by both parasympathetic (watery saliva) and sympathetic (thick saliva) innervation. Uncontrolled drooling can lead to complications such as infections, aspiration pneumonia, skin breakdown, and significant psychosocial distress. Evaluation includes clinical examination, patient history, and the use of standardized assessment tools like the Drooling Severity and Frequency Scale (DSFS), Drooling Rating Scale (DRS), and salivary flow rate measurements. Treatment approaches include conservative therapies (speech and occupational therapy, posture correction, dietary modifications), pharmacologic interventions (anticholinergics such as glycopyrrolate or scopolamine), and botulinum neurotoxin (BoNT) injections into the salivary glands. BoNT is effective and well-tolerated, though it carries risks like dry mouth and dysphagia. In refractory cases, radiotherapy or surgical options may be considered, though these are typically reserved for severe or resistant sialorrhea due to their irreversible effects and potential complications.

Key words: sialorrhea, hypersalivation, drooling, botulinum neurotoxin