

## EAR, NOSE & THROAT

### A pool of drool

It can be embarrassing and inconvenient, but when it gets excessive, you need to have it checked by a doctor as it could signal something more serious.



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**D**rooling happens when saliva flows out of the mouth involuntarily. It does not often inhibit sleep and is not considered a major health concern, though it can signal one. Excessive drooling – sialorrhea – is typically caused by one or more of the following factors:

#### Excessive production of saliva

This can be caused by several factors, including:

- Allergies
  - Heartburn or acid reflux
  - Poisoning (especially by pesticides)
  - Pregnancy (side effects such as nausea or reflux)
  - Reaction to snake or insect venom
  - Swollen adenoids
  - Use of certain medications
- Tonsillitis
  - Infectious conditions like a strep throat or infectious mononucleosis
  - Tumours in the upper aerodigestive tract
  - Nervous system disorders that make it hard to swallow, such as amyotrophic lateral sclerosis (ALS), autism, cerebral palsy (CP), Down syndrome, multiple sclerosis, Parkinson's disease and stroke

#### Inability to retain saliva in the mouth (incontinence of saliva) and difficulty or pain while swallowing

These two conditions can occur individually or in combination.

They can be caused by:

- Ulcers in the throat
- Abscess in the back of throat or within the tonsils

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For more serious causes such as an obstructed nose, a deviated nasal septum, enlarged and obstructing adenoids and tonsil, surgery is an option.

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#### Risks

Depending on the cause of the drooling, some patients are at increased risk of breathing saliva, food and fluids into the lungs.

#### When kids drool

While it is quite normal for infants and toddlers to drool, especially when teething, it can be made worse with colds and allergies as enlarged tonsils and adenoids often cause drooling and snoring. It is also more common in children with neurological and undiagnosed developmental delays, and these conditions need to be looked out for.

#### Treatment

After taking the patient's history, a physical examination follows, and this involves a video nasoendoscopy of the upper aerodigestive tract. Medications consisting of decongestants, antihistamines and topical nasal steroids are often prescribed for rhinitis, adenoiditis and postnasal drip. For more serious causes such as an obstructed nose, a deviated nasal septum, enlarged and obstructing adenoids and tonsil, surgery is an option. Drooling caused by nervous system problems can often be managed with drugs that reduce saliva production. But if the drooling is so severe that it interferes with daily activities or causes inconvenience or embarrassment, the doctor may recommend Botox shots, radiation to the salivary glands, or surgery to remove the salivary glands.



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