



Advances in Imaging Techniques of Salivary Gland Tumors

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ABSTRACT:

Salivary gland tumors (SGTs) are rare neoplasms, with both benign and malignant variants presenting unique diagnostic challenges. Advances in imaging technologies over the past decade have significantly enhanced the diagnosis, characterization, and management of these tumors. High-resolution ultrasound (HRUS) and elastography offer non-invasive, cost-effective approaches for initial assessment, while magnetic resonance imaging (MRI) provides superior soft tissue contrast, aiding in tumor characterization and staging. Positron emission tomography (PET), particularly when combined with CT (PET/CT), plays a crucial role in assessing tumor metabolism, detecting metastasis, and evaluating recurrence. Emerging techniques, such as optical coherence tomography (OCT) and artificial intelligence (AI)-driven imaging analysis, are expanding diagnostic capabilities and providing new insights into tumor behavior. This review discusses the latest advancements in imaging modalities for SGTs, their clinical applications, and future directions in imaging technology, with an emphasis on enhancing diagnostic accuracy and improving patient management.

Keywords - Salivary gland tumors, Imaging techniques, Magnetic resonance imaging (MRI) , CT .

I. INTRODUCTION:

Imaging plays a vital role in the assessment of SGTs,(1) offering crucial insights into tumor location, size, nature (benign or malignant), and potential involvement of adjacent structures like nerves and lymph nodes. Over the past decade, significant advancements in imaging technology have dramatically improved our ability to diagnose and stage these tumors.(13) High-resolution ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET) have all contributed to

refining diagnostic accuracy and surgical planning. Additionally, emerging technologies such as optical coherence tomography (OCT)(12) and artificial intelligence (AI)-powered imaging analysis are providing new dimensions in diagnostic precision.(7)(9) This review aims to explore the recent advances in imaging techniques for SGTs, highlighting their clinical utility, current challenges, and potential future directions to enhance patient outcomes and management strategies.

Ultrasound Imaging in Salivary Gland Tumors:

Ultrasound (US) has become a first-line imaging technique in the evaluation of salivary gland tumors (SGTs) due to its accessibility, cost-effectiveness, and non-invasive nature. It is particularly useful for assessing superficial tumors, such as those located in the parotid, submandibular, and sublingual glands. The major advantage of ultrasound lies in its ability to provide real-time imaging with high spatial resolution, allowing for the detailed evaluation of tumor size, shape, and relationship to surrounding structures.(15)

High-Resolution Ultrasound (HRUS) is the preferred method in salivary gland imaging. It allows for the detection of both small and large lesions, providing important information on tumor characteristics such as margins, echogenicity, and internal structures. Benign tumors like pleomorphic adenomas typically present as well-defined, hypoechoic masses with a smooth outline, while malignant tumors may appear more irregular and heterogeneous. (1)

An important advancement in ultrasound technology is ultrasound elastography, which measures tissue stiffness. Elastography has gained traction in distinguishing benign from malignant tumors. Malignant lesions often exhibit increased stiffness, whereas benign tumors generally show softer tissue properties. Studies have demonstrated that elastography can improve diagnostic accuracy,



particularly in differentiating malignant SGTs from benign lesions, thus aiding clinical decision-making .(15)

Contrast-Enhanced Ultrasound (CEUS) is another promising advancement. By using microbubble contrast agents, CEUS enhances the visualization of blood flow within the tumor, offering additional information on vascularity, which can be useful for identifying malignancy, as malignant tumors often have increased vascularity. (3)

Overall, ultrasound remains a vital tool in the diagnosis and management of salivary gland tumors, offering valuable insights with minimal patient discomfort.(1)



Figure 1 :An ultrasound scanner is a medical device that uses high-frequency sound waves to produce real-time images of internal body structures.

Computed Tomography in Salivary Gland Tumors:

Computed tomography (CT) imaging is widely used in the evaluation of salivary gland tumors (SGTs), particularly for assessing larger lesions or those with potential bony involvement. CT provides detailed cross-sectional images that help in evaluating tumor size, location, and extent, as well as involvement of adjacent structures such as the bones, facial nerves, and blood vessels. It is particularly useful for staging malignant tumors, detecting regional lymph node metastasis, and planning surgical approaches.(8)

Conventional CT is effective for visualizing the overall anatomy of the salivary glands and identifying mass effect or invasion into surrounding tissues. Tumors may present as well-defined masses with varying degrees of enhancement depending on their vascularity and

histological type. Malignant tumors often show irregular borders and heterogeneous enhancement patterns, while benign lesions tend to be more homogeneous in appearance.(10)

Dual-Energy CT (DECT) is an emerging technique that enhances the ability to distinguish between benign and malignant lesions based on their density characteristics. By utilizing two different X-ray energy levels, DECT improves tissue differentiation and can help identify the specific composition of a tumor, such as calcifications or hemorrhagic areas, which may not be as easily detected on conventional CT. (8)

While CT is valuable in evaluating larger tumors and those with bone involvement, its limited soft tissue contrast makes MRI a superior modality for detailed salivary gland tumor assessment. Nevertheless, CT remains a crucial tool in the comprehensive evaluation and management of SGTs.(10)



Figure 2: An MRI scanner is a medical device that uses strong magnetic fields and radio waves to generate detailed images of internal body structures.

Magnetic Resonance Imaging in Salivary Gland Tumors:

Magnetic resonance imaging (MRI) has become the gold standard for evaluating salivary gland tumors (SGTs) due to its superior soft tissue contrast and ability to provide detailed anatomical and functional information. MRI is particularly effective in visualizing tumors within the parotid, submandibular, and sublingual glands, where its high resolution offers unparalleled insight into tumor size, location, and relationship to adjacent structures such as the facial nerve and lymph nodes(2).

MRI Techniques for Tumor Characterization include T1-weighted and T2-



weighted imaging, which help delineate the tumor from surrounding tissues. Benign tumors like pleomorphic adenomas typically appear as well-circumscribed masses with homogeneous enhancement, while malignant tumors often present with irregular borders and heterogeneous enhancement patterns.(11)

Dynamic Contrast-Enhanced MRI (DCE-MRI) is valuable in assessing tumor vascularity and perfusion. Malignant tumors usually show increased blood flow, which is useful for evaluating aggressiveness and potential malignancy. Additionally, Diffusion-Weighted Imaging (DWI) can assess tumor cellularity and aggressiveness.(4) Malignant tumors tend to show restricted diffusion, whereas benign lesions generally have more free diffusion.(11)

MRI is also the preferred method for evaluating perineural invasion (PNI), a critical prognostic factor in salivary gland malignancies. Advances in functional imaging, such as Diffusion Tensor Imaging (DTI), have enhanced the sensitivity of MRI in detecting PNI, especially in tumors involving the parotid gland.(14)

Overall, MRI plays a crucial role in the diagnosis, characterization, and staging of SGTs, offering high accuracy for both benign and malignant tumors.(13)



Figure 3: A CT scanner uses X-rays to create detailed cross-sectional images of the body, helping diagnose injuries, diseases, and abnormalities. A PET scanner detects radioactive tracers to visualize metabolic activity, often used for cancer detection, brain disorders, and organ function assessment.

Positron Emission Tomography in Salivary Gland Tumors:

Positron emission tomography (PET), particularly when combined with computed tomography (PET/CT), has become an essential imaging tool for the management of salivary gland tumors (SGTs), especially for assessing malignant tumors and detecting distant metastasis. PET

provides functional imaging that reflects metabolic activity, primarily by utilizing fluorodeoxyglucose (FDG), a glucose analog. Since malignant tumors generally have higher metabolic activity than benign lesions, FDG-PET is especially useful in identifying and staging aggressive or metastatic tumors.(2)

¹⁸F-FDG PET/CT (5) is widely used in the evaluation of salivary gland malignancies, such as mucoepidermoid carcinoma and adenoid cystic carcinoma. Malignant SGTs typically show increased FDG uptake, correlating with higher cellular turnover and greater tumor aggressiveness. PET/CT is invaluable for assessing tumor metabolic activity, detecting lymph node metastases, and evaluating distant spread, including to the lungs or bones. It is also useful in the post-treatment surveillance of SGTs, helping to detect recurrent disease that may not be visible on conventional imaging modalities like CT or MRI.(5)

However, while PET/CT is highly sensitive for detecting malignancy and metastasis, its specificity can be limited by false positives, particularly in inflammatory or benign lesions that may also exhibit elevated FDG uptake. This limitation can make distinguishing between benign and malignant tumors challenging in certain cases.(5)

Despite these limitations, FDG-PET/CT remains a valuable imaging tool for staging, detecting recurrence, and assessing the prognosis of salivary gland tumors, especially when used in conjunction with other imaging modalities.(5)

Emerging Imaging Modalities in Salivary Gland Tumors:

While traditional imaging modalities such as ultrasound, CT, MRI, and PET have established their roles in the diagnosis and management of salivary gland tumors (SGTs), several emerging technologies show promise in enhancing diagnostic precision and treatment planning. These advancements aim to provide more detailed insights into tumor biology, cellular characteristics, and early detection.(2)

Optical Coherence Tomography (OCT) is a non-invasive imaging technique that uses light waves to capture high-resolution, real-time cross-sectional images of tissue microstructures. In salivary gland tumors, OCT has shown potential for visualizing superficial tumors, especially in minor salivary glands located in the oral cavity. Its ability to detect early-stage tumors, provide detailed tissue-level imaging, and guide biopsies



makes it an exciting tool for non-invasive evaluation and diagnosis. Though still in the research phase, OCT could play a significant role in enhancing early detection and guiding surgical interventions.(12)

Artificial Intelligence (AI) and Deep Learning algorithms are revolutionizing the field of medical imaging, including SGTs. AI can assist in analyzing complex imaging data from MRI, CT, and ultrasound by identifying patterns that may be missed by the human eye. Deep learning models, trained on large datasets of salivary gland images, can automate tumor detection, classification, and even predict tumor behavior, such as the likelihood of malignancy or metastasis. The integration of AI into imaging workflows has the potential to significantly improve diagnostic accuracy, reduce interpretation time, and enhance clinical decision-making.(7)

Photoacoustic Imaging (PAI) is another emerging modality that combines the high spatial resolution of ultrasound with the molecular sensitivity of optical imaging. This technology allows for the detection of tumor-specific molecular signatures, offering a novel way to assess tumor vasculature and tissue composition in real-time.(2)

These emerging modalities hold promise in providing more accurate, personalized, and non-invasive diagnostic tools for the management of salivary gland tumors.(10)

II. LIMITATIONS AND CHALLENGES:

Despite significant advances in imaging technologies, several limitations and challenges remain in the imaging of salivary gland tumors (SGTs), particularly in differentiating benign from malignant lesions and ensuring accurate staging.

Soft Tissue Contrast and Resolution: While MRI offers excellent soft tissue contrast, its limitations in detecting small tumors or distinguishing between benign and malignant lesions persist. Similarly, CT provides high-resolution images but lacks the soft tissue differentiation of MRI, limiting its ability to detect certain types of tumors, particularly in the early stages. Moreover, the resolution of ultrasound, though high, can be hindered by operator skill and the patient's anatomy.

False Positives and False Negatives: Positron emission tomography (PET) is highly sensitive but can yield false positives in cases of inflammation or benign tumors that exhibit elevated metabolic activity. Conversely, some malignant tumors, especially low-grade cancers,

may show minimal FDG uptake, leading to false negatives. This challenge complicates the use of PET/CT in diagnosing salivary gland malignancies.

Cost and Accessibility: Advanced imaging modalities, such as functional MRI, PET/CT, and emerging technologies like optical coherence tomography and artificial intelligence, are often expensive and require specialized equipment and expertise. Their availability can be limited in resource-constrained settings, making them less accessible for many patients.

Interpretation Variability: The interpretation of imaging studies is still subject to human error, and variability among radiologists can affect the accuracy of diagnosis, particularly with complex cases or overlapping features between benign and malignant lesions

III. CONCLUSION

In conclusion, the imaging of salivary gland tumors (SGTs) has seen substantial advancements over the past decade, improving both diagnostic accuracy and clinical outcomes. Traditional modalities such as ultrasound, CT, and MRI remain cornerstone tools in the initial evaluation and staging of these tumors, with MRI being the preferred choice due to its superior soft tissue contrast. PET/CT has emerged as an invaluable tool for detecting metastasis, recurrence, and assessing tumor metabolism, particularly in malignant SGTs.

However, despite these advancements, challenges persist in accurately differentiating between benign and malignant lesions, especially in complex cases or those with overlapping imaging features. The limitations of each modality—such as resolution issues, false positives, and false negatives—underscore the need for a multidisciplinary approach in diagnosing and managing SGTs.

Emerging technologies, including optical coherence tomography, artificial intelligence, and photoacoustic imaging, offer promising potential to further refine diagnostic capabilities and enhance personalized treatment plans. As these technologies continue to evolve, they may provide greater precision and non-invasive alternatives for tumor characterization.

Ultimately, the integration of multiple imaging techniques, along with the continued development of innovative tools, holds the potential to significantly improve the early detection, staging, and management of salivary gland tumors, optimizing patient care and outcomes.



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