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NOTES AND COMMENTS:

An Unusual Cause of Parotid Enlargement

by

Rocquelyn Jastak*

In 1835, Cragin first described Cachexia Africana or dirt-eating, a practice in slaves and other people in low socio-economic groups. The condition was characterized by the inordinate desire to eat dirt, clay, hair, or unusual substances in the hopes of producing illness. These patients developed generalized body edema and tissue wasting. The habit was very difficult to reverse.

Recently, in our clinic, a 51-year-old mildly diabetic woman who had been hospitalized for a hypo-glycemic episode was observed to have bilateral parotid swelling. Sialogram confirmed parotid hyperplasia. PPD and histoplasmin skin tests were positive; chest x-ray was entirely normal.

Bilateral parotid swelling had been present since 1950 without change. When questioned, the patient admitted eating on the average of three-fourths of a one-pound box of Argo Starch daily for a 10-year period from 1940 to 1950. Review of literature revealed that eating corn starch and baking soda is not unusual in Negro women, particularly when pregnant.¹

A study of 207 school children in Mississippi revealed that 25% had eaten dirt within 16 days and, in some house clinics, 75% of the women eat corn starch and 50% eat clay. This practice is very uncommon in men. Approximately 9/10 of the

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starch eaters are Negro. The corn starch chosen is usually Argo Laundry Starch which contains a small amount of protein ash, fibrin, and iron, and also provides calories. Quantities up to two pounds a day have been consumed. The custom is particularly prevalent for women who are pregnant and believe that eating starch helps overcome nausea, prevents dizziness, and keeps the baby from being "marked". Some of these people consume their corn starch with an almost religious fervor. Some have a "clay hole" and jealously guard it. The clay is said to be "sour" or "puckerish". White clay is preferred over the red because it is "smoother and less gritty". Studies of several population groups indicate that the practice is not limited to Southern Negro women. It has been described in all Negro socio-economic groups, as well as among white women.¹⁴

Bilateral parotid swelling occurs in a number of disease states, including kwashiorkor, cirrhosis, pellagra, ingestion of iodine, mercury, or lead, bilateral adenolymphoma, sarcoidosis, diabetes, lymphoma and acute leukemia. It is also seen in pregnancy, allergy, and auto-immune conditions. Most of the affected patients are severely malnourished and take a diet especially low in protein. Because malnutrition does not stimulate the gland, zymogen granules are stored, leading to enlargement.

Another theory of etiology is that the parotid gland hypertrophy is due to salivary hyperstimulation. Biopsies from the enlarged parotids reveal either normal architecture or hypertrophy of secreting cells with an increased number of granules. In some cases

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sparse granulation indicates chronic stimulation and eventual depletion. This mechanism is considered the most satisfactory explanation for the permanent bilateral parotid gland enlargement occurring in patients who ingest large amounts of corn starch during a prolonged interval of time.

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