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Case Report

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PLEOMORPHIC SALIVARY ADENOMA IN THE CHEEK -A RARE CASE REPORT

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ABSTRACT

Pleomorphic adenoma (PA) is the most common tumor of the salivary glands. Approximate 90% of these tumors occur in the parotid gland and 10% in the minor salivary glands. The most common sites of PA of the minor salivary glands are the palate, followed by lips and cheeks. Throat, floor of the mouth, tongue, tonsil, pharynx, retromolar area and nasal cavity which are rarely involved. Hereby, we report a case of PA of the cheek in a 42-year-old male.

KEYWORDS: Pleomorphic adenoma (PA) is the most common tumor of the salivary glands.

INTRODUCTION

The worldwide annual incidence of salivary gland tumors ranges from 0.4 to 13.5 cases per 100,000 people.[1] Among them, Pleomorphic adenoma (PA)is the commonest & occurs more frequently in women. It is more common in adults than in children.The palate is considered as the most common intraoral site (42.8-68.8%), followed by the upper lip (10.1%) and cheek (5.5%).[2] PA is benign, consisting of cells with epithelial (luminal) and myoepithelial (abluminal) differentiation, accompanied by variable amounts of characteristic stroma. [1 Majority of the tumours are malignant]

CASE REPORT

A 42 year old man presented with a soft tissue on the left cheek. Initially, for diagnosis, fine needle aspiration was done. A fibrillary chondromyxoid ground substance with single cells and poorly cohesive clusters and sheets of cells were present. Many spindle-shaped myoepithelial cells also seen (Fig. 1a,b).

The tumor was completely excised & sent to the pathology department. A 4X3X1cm skin covered tissue piece was received. The cut surface of the mass was partially solid & cystic & greyish white in colour.

On histopathologic examination, the tumor was seen below the epidermis & dermis, containing sebaceous glands & hair follicles (Fig 2a,b). The tumor had both epithelial & mesenchymal components. The epithelial cells showed cuboidal cells arranged in tubules & sheets melting into the chondromyxoid stroma. (Fig 3a,b)No necrosis or mitosis seen.

DISCUSSION

Neoplasms of the salivary glands account for less than 1% of all tumours, and 3%–5% of all head and neck tumours.[3]PA occurs more frequently in women than in men and is most common from the fourth to sixth decades with a mean age of 43-46 years. [1,4] PA usually presents as a slow-growing and painless swelling. When it occurs in the minor glands, ulceration of the overlying mucosa or apparent fixation to the surrounding tissue can be seen rarely. PA can occur in mucosal sites such as, nasal cavity, bronchus, skin, breast, and soft tissues.[1]

PA occurs most commonly in the major salivary glands, mainly parotid.[1] When the minor salivary glands are involved palate is the most common. PA is the commonest benign tumor in minor salivary glands as well.[5,6]Cheek is an uncommon site.[1, 5]

The differential diagnosis of the tumor in the cheek are mucoepidermoid carcinoma, adenoid cystic carcinoma, polymorphous low-grade adenocarcinoma and carcinoma ex-PA.[1]Since the tumor was in the cheek, a dermoid cyst, fibroma, lipoma or neurofibroma, were also ruled out.[7]

In the minor salivary glands, chance of malignancy, especially mucoepidermoid carcinoma is more common than a benign adenoma.[1]

In our case, the patient was male of 42 years of age,with a gradually increasing painless growth in cheek with no signs of ulceration.FNAC findings were consistent with histological findings.No mitosis,necrosis or any other evidence of malignancy were noted. No recurrence was seen after a followup of 2 years.

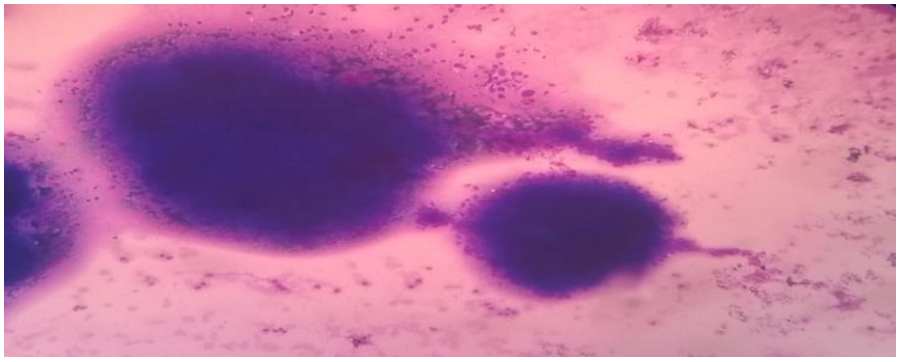

Fig 1a: FNAC with features of pleomorphic salivary adenoma- chondromyxoid stroma (MGG, X10)

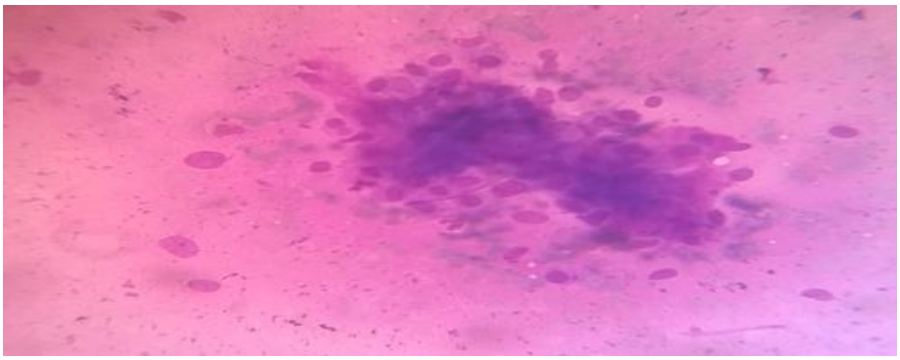

Fig 1b: FNAC with features of pleomorphic salivary adenoma- plasmacytoid cells & spindle shaped myoepithelial cells (MGG, X40)

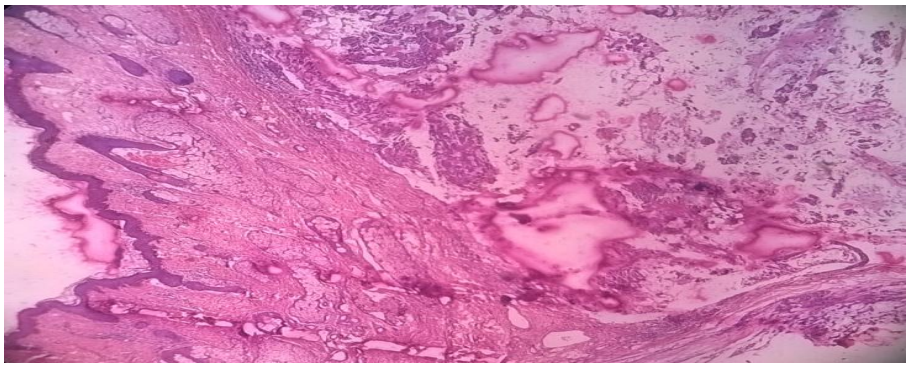

Fig 2a: Histology showing pleomorphic adenoma underlying the skin & dermis (H & E,X100)

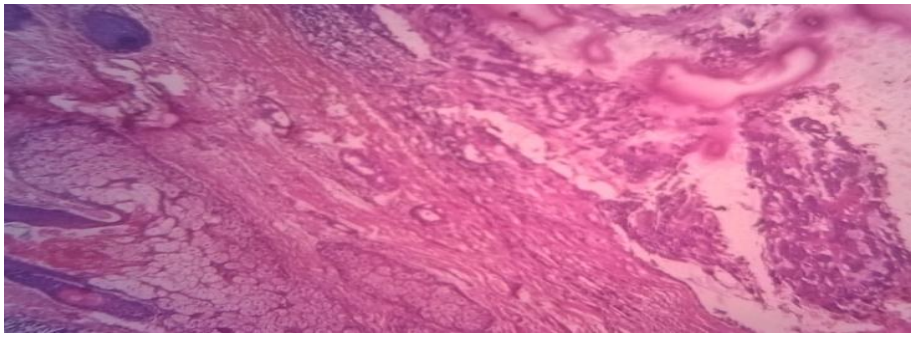

Fig 2b: Histology showing pleomorphic adenoma underlying the skin & dermis (H & E,X100)

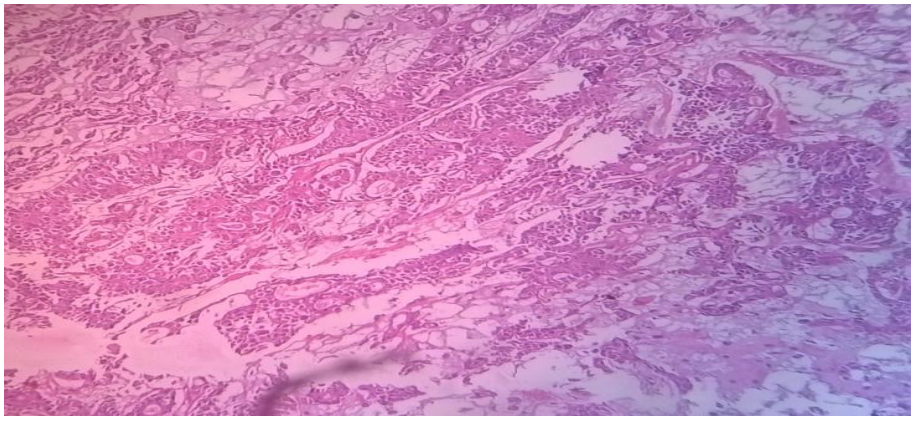

Fig 3a: Histology showing pleomorphic adenoma (H & E,X100)

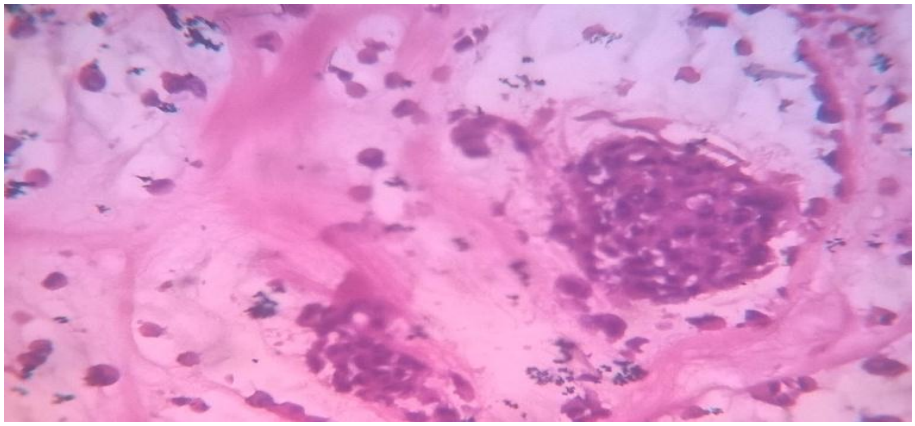

Fig 3b: Histology showing pleomorphic adenoma (H & E,X400)

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