

PLEOMORPHIC ADENOMA OF PAROTID GLAND

A Case Report

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ABSTRACT

Pleomorphic adenoma is the most common type of benign, slow, continuous growing salivary gland tumor, most commonly affecting the parotid gland. It can often attain an enormous size and clinically manifest itself as a huge swelling behind the mandible with elevation of the ear lobule. We present a case of a pleomorphic adenoma in a 61 year old female with a history of 4 years of a growing lesion with no signs of facial palsy. The tumor was completely resected by superficial parotidectomy and preservation of facial nerve. On histopathological examination it had a predominance of epithelial and myoepithelial cells with myxoid stroma. The follow up of patient was 1 year and there is no recurrence.

Key words: Pleomorphic Adenoma, Parotid.

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INTRODUCTION

Benign tumors are more common in parotid salivary gland comprising of 80%. Almost 70 % of the salivary gland tumors arise in parotid. Pleomorphic adenoma (PA) represents 45-74% of all salivary gland tumors and 65% of them occur in the parotid gland [1,2,3]. PA clinically presents itself as slow growing, painless mass varying from 2 to 8 cm when resected [4]. It manifests itself as a multinodular mass that can weigh more than 8 kg [1]. Most cases of giant PA were seen before 1980's, but some cases have been published recently. Most of these lesions were treated by Total parotidectomy but the possibility of positive surgical margins and malignant changes must be considered. This article describes a case of pleomorphic adenoma in a 61 year old female with a history of 4 years of a growing lesion with no signs of facial palsy. Superficial parotidectomy was done with facial nerve preservation.

CASE REPORT

A 61 year old woman presented to our hospital with a complaint of painless progressive slow growing swelling on left side from 4 years. Clinical examination revealed a firm, multinodular, irregular and painless mass on the left side of the face measuring approximately 4 x 5 cm of extension, involving the parotid and cervical regions (Figure. 1). There were no signs of facial nerve



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palsy on left side. The skin that covered the lesion was lobulated and pinchable. Computed tomography scan revealed a 4x 4 cm mass on the left side of the neck involving parotid gland superficial lobe (Figure. 2). A provisional diagnosis of benign tumor namely pleomorphic adenoma of parotid gland was made. Under general anesthesia, left superficial parotidectomy with preservation of facial nerve was performed (Figure 3). Microscopically the tumor was composed of islands and strands of epithelial cells immersed in a hyaline stroma. There was no evidence of malignant changes. The final diagnosis was of pleomorphic adenoma with negative surgical margins. The patient presented excellent aesthetic and functional results, without signs of facial nerve palsy or recurrence (Figure. 4). Patient is doing well without recurrence in 1 year of follow up.

DISCUSSION

Pleomorphic adenoma is the most common benign salivary gland tumor. It most commonly occurs in the main site parotid gland, affecting patients of any age, more frequently between the fifth and sixth decades of life [1]. Although it is very uncommon, there are reported cases of giant PA, most of them involving the parotid gland. In 1989, Schultz-Coulon [5] reviewed 31 cases of giant PAs of the parotid gland. He found a female predominance (64.5%) more than male, with an age range of 20 to 40 years old, and weight of the tumor between 1 to 27 Kg. Our patient was also female in her 6th decade with weight of the tumor as 1 kg. Buenting et al. [4] (1988) reviewed the ten largest pleomorphic adenomas ever published in the English-language literature, most of them before the 1980's. They found a mean tumor weight of 7.81 Kg, nine out of ten cases occurred in female, with a mean age of 56.2 years. Mostly giant PA are due to lack of information and negligence of the patients which is relevant to the long course of an evident clinical mass.

Microscopically, PAs are characterized by a myriad of morphological diversity. Epithelial cells are arranged in sheets and islands showing typical ductal structures, and various epithelial and myoepithelial characteristics as spindle, clear, squamous, basaloid, plasmacytoid, oncocytic and sebaceous. The stroma characteristically is mixed, with fibrous, chondroid, myxoid or hyaline aspects [1]. In our case the histopathology report revealed predominantly by cuboidal and spindle cells embedded in a hyaline and myxoid stroma.

The incidence of malignant transformation in PAs ranges from 1.9% to 23.3% [6]. This risk increases due to the long time

of evolution, recurrences, advanced age of the patient and location in a major salivary gland[7]. Some authors postulated that the risk of malignant transformation increases 1.6% in tumor which are less than 5 years of initial finding, to 9.5% for those presenting for more than 15 years[8,9]. The classic feature of Carcinoma ex Pleomorphic adenoma is slow-growing mass for many years, with a recent fast growth. In our case there was no evidence of malignancy.

The treatment of choice for PAs of the parotid gland is superficial parotidectomy with preservation of the facial Nerve[10]. In cases reported in literature, facial nerve is always spared during excision of the parotid gland. In our case superficial parotidectomy was done. Currently, giant parotid tumors are rarely seen, but they still occur. Patient's lack of information and also fear of surgery seems to be the main reasons for these long standing lesions. Nevertheless, if there is no malignant transformation usually PAs are completely resected with excellent results and minimal side effects.



Fig.1:A firm, multinodular, irregular and painless mass on the left side of the face measuring approximately 4 x 5 cm of extension, involving the parotid and cervical region.

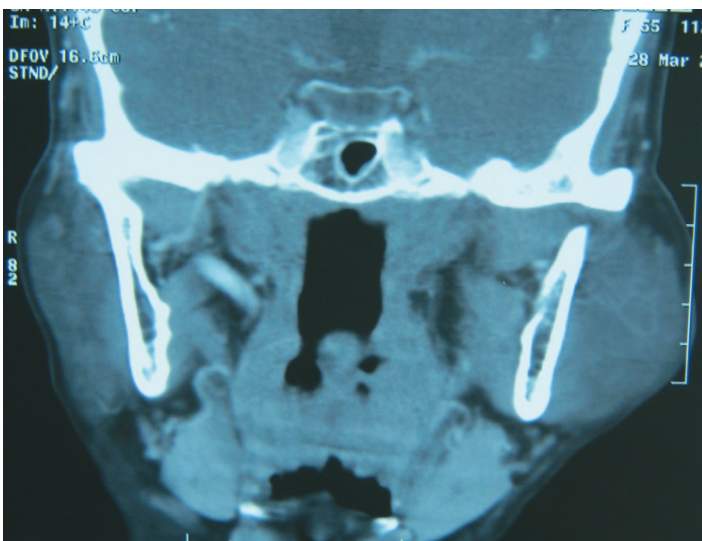


Fig. 2: Computed Tomography Scan revealed a 4x 4 cm mass on the left side of the neck involving parotid gland superficial lobe.



Fig. 3 : left Superficial Parotidectomy with preservation of the Facial nerve was performed.



Fig. 4: Post operative picture depicting excellent aesthetic outcome.

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