



PLEOMORPHIC ADENOMA OF PALATE: A CASE REPORT

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ABSTRACT

Pleomorphic adenoma is a benign tumor of the salivary glands that has elements of both epithelial and mesenchymal tissues. They represent about 60% of tumors in the parotid, are less common in the submandibular glands, and are relatively rare in the minor salivary glands. In our experience, this is the first time that we have come across Pleomorphic adenoma arising in the minor salivary glands of the hard palate.

KEYWORDS: Pleomorphic Adenoma, Palate, Salivary Gland.

INTRODUCTION

Pleomorphic adenoma is a benign salivary gland tumor which represents about 3-10% of neoplasm of the head and neck region.^[1-3] Pleomorphic adenoma comprises a mixture of ductal and myoepithelial cells with more cellular elements less of myxoid and chondroid components.^[4] Extraorally, the parotid gland is the most common site followed by the submandibular gland.^[5] These tumor accounts for 53-77% of parotid tumors, 44-68% of submandibular tumors, and 33-43% of minor gland tumors. Intraorally palate is the most common site followed by lips and buccal mucosa.^[6] Some rare sites of occurrence are throat, retromolar area, floor of mouth, and alveolar mucosa.

CASE REPORT

A 30 year old male patient presented to ENT opd with the chief complaints of slow growing hard palate mass for the past one year and difficulty in speaking since three months. The non tender mass was exerting pressure on the patient's tongue and this prompted him to seek medical attention. On general examination, all the vital signs were within the normal range with no history of diabetes or hypertension. There was no history of loss of appetite, weight loss, chronic cough, or any immunosuppressive disorder. Patient denied past history or family history of tuberculosis.

On examining intraorally, a diffuse roughly oval in shape swelling was present over the hard palate measuring roughly about 5X4cm. On palpation of the lesion intraorally, the swelling was non tender, firm in consistency, did not show any fluctuations and well circumscribed with intact but slightly erythematous overlying mucosa. It was fixed to underlying bone. No

overlying scar/ sinus/ fistula was seen. There was no palpable lymphadenopathy and the nasal examination was within normal limits. There was no significant medical and surgical history.

The hematological investigation were within normal limits. Fine needle aspiration cytology shows features characteristic of pleomorphic adenoma. CECT neck was suggested of a heterogeneously enhancing soft tissue mass lesion arising from posterior part of hard and soft palate causing attenuation of oropharyngeal airway with no evidence of any obvious bony erosion.

The patient was operated upon under general anaesthesia. Wide excision of tumor with safe margins was done by using coblation technique to avoid recurrence. No reconstruction was done. Intraoperative and postoperative period was uneventful. The final histopathology report confirmed the diagnosis as benign pleomorphic adenoma of minor salivary gland of hard palate. No recurrence was observed during the 12-month follow-up of the well-circumscribed and totally excised mass.



Photo showing palatal mass



Gross appearance of the excised specimen showing an encapsulated mass



Photo of the patient at 6 month follow up



CT-scan showing palatal mass

DISCUSSION

Pleomorphic adenoma appears as a painless slowly growing firm mass. The tumor can occur at any age but it is most common in young and middle aged adults between the ages of 30-60. It is the most common salivary gland tumor, with a slight female predilection. The tumor is movable in the initial stages but later as it grows in size, it becomes less mobile. The palate is the most common site for minor gland mixed tumor.^[4] Pleomorphic adenomas of major salivary glands have a capsule, although varying in thickness and completeness, whereas pleomorphic adenomas of the minor salivary glands are usually encapsulated.^[7]

Histologically, it is highly variable in appearance. Classically, it is biphasic and is characterized by a mixture of polygonal epithelial and spindle shaped myoepithelial elements in a variable background stroma that may be mucoid, myxoid, cartilagenous or hyaline.^[8] Epithelial elements may be arranged in duct like structures, sheets, clumps or interlacing strands and consist of polygonal, spindle or stellate shaped cells.

Differential diagnosis includes palatal abscess, odontogenic and non odontogenic cysts, fibroma, lipoma, neurofibroma, neurilemmoma and common intraoral diseases like condyloma acuminata, oral papilloma, and squamous cell carcinoma.

The main diagnostic modality are imaging and FNAC. CT or MRI scanning has to be done in cases of tumors having ill defined margins, to rule out suspected involvement of nose or maxillary antrum. FNAC may be valuable pre-treatment diagnostic test. Its overall accuracy is greater than 96%, with sensitivity for benign tumors of 88-98% and a specificity of 94%.^[9-10]

The treatment of choice for pleomorphic adenoma of minor salivary glands is wide local excision. Prognosis is excellent. Reconstruction of palate should be considered for functional and aesthetic point of view. The soft tissue defect can be left to granulate, whereas the hard tissue defect can be corrected with the help of obturator.^[11] In our case, patient did not require any reconstruction.

CONCLUSION

Pleomorphic adenoma is most common salivary gland tumors which is the benign tumor. Pleomorphic adenoma of minor salivary gland is relatively rare, but have a higher chance of malignancy than the major gland tumor. Therefore, the careful history, patient evaluation, histopathological and imaging is advised for the early diagnosis. Complete surgical excision with adequate margins is the treatment of choice. Follow-up is necessary in order to detect the recurrences and the malignant transformation.

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