

# **Research Paper**

Surgery

## Giant Pleomorphic Adenoma Of Parotid - A Rare Case Report

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**ABSTRACT** 

Pleomorphic adenoma is the most common type of all salivary gland tumours. Though uncommon, cases of giant pleomorphic adenomas have been described in the medical literature, the majority involving the parotid gland. The present case is an unusual giant pleomorphic adenoma arising in the right parotid gland with surface ulceration. The

patient underwent surgical resection of the giant tumour. Whenever possible, early tumour excision is ideal despite the relatively low risk of malignant transformation.

## KEYWORDS: Giant pleomorphic adenoma, parotid, benign.

#### **INTRODUCTION:**

Pleomorphic adenoma is the most common salivary gland tumour. About 70% of all salivary gland tumours arise in the parotid gland, and approximately 85% are benign; of these, 80% are pleomorphic adenoma.1 These tumours are almost uniformly characterized by a slow-growing, painless mass, usually varying from 2 to 6 cm in diameterwhen resected.2In 4% of cases, tumours may bemalignant.Cases of giant pleomorphic adenomas have been reportedin the parotid gland, presenting as an irregular multinodularmass that can weigh more than 8 kg.3 We present a case of 70 year old female who presented with huge parotid mass of long duration which on histopathology proved to be a benign giant pleomorphic adenoma of parotid gland.

### Case report:

A female patient aged 70 years came to surgery OPD with a huge mass in right parotid region with surface ulceration. She affirmed that the swelling is of 30 years duration, slow growing and got ulcerated only 2 months ago. The patient is asymptomatic and she did not see any physician all these days because of her low socioeconomic status and beingneglected by her family. She was motivated by some doctors in rural health camps and was assured by the surgical team in tertiary care hospital to undergo surgery.

On examination it is an irregular, multinodular swelling, firm in consistency and mobile without any fixity to the adjacent structures. Despite its massive presentation, neither there were signs of facial nerve involvement nor cervical lymphadenopathy.(Figure-1)



All necessary investigations including surgical profile, imaging studies and FNAC were done. FNAC was reported as a benign mixed tumor or pleomorphic adenoma. The patient underwent superficial parotidectomy sparing facial nerve under general anaesthesia. The post-operative course was uneventful. (Figure-2 & 3)The resected specimen was sent to pathology department for histopathological examination.



Figure - 3: Postoperative clinical showing uneventful recovery and healing surgical incision.



At gross examination it is a 30x16x11 cm relatively circumscribed nodular gray-tan mass. Cut section showed solid gray-white areas along with myxoid and mucoid areas which is slimy to touch. There is surface skin with an ulcerated area measuring 4x4 cm. Multiplesections were given from the gross specimen to look for any malignant transformation. Histopathology proved it to be a benign pleomorphic adenoma arising from parotid gland with both epithelial and stromal elements without any malignant change despite its huge nature.

## **DISCUSSION:**

Pleomorphic adenoma is the most common salivary gland tumour. The main site of occurrence is the parotid gland, affecting patients of any age, most frequently between the fifth and sixth decades of life.<sup>3</sup> Although uncommon, cases of giant pleomorphic adenomas have been described the majority of which involved the parotid gland. The first case of giant pleomorphic adenoma published in medicalliterature was reported by Spence in 1863,4who described the treatment of a mixed tumour of more than 1 kg weight.

Generally malignant transformation can be suspected with a sudden increase in growth and local signs of malignancy including pain, ulceration, spontaneous bleeding and superficial and deep tissue invasion. Our patient did not have any of the above clinical characteristics of malignant transformation and histopathology also revealed no evidence of malignant change. Untreated pleomorphic adenomas can enlarge gradually up to several centimetres in dimensions and sever-

al kilograms in weight and some of these long standing tumors may show malignant change. Therefore, early diagnosis and treatment of pleomorphic adenoma is essential.

The incidence of malignant transformation in adenomas ranges from 1.9% to 23.3%.6 The risk increases in tumours with long-standing evolution, recurrence, advanced age of the patient and location in a major salivary gland.7 Some authors postulated that the risk of malignant transformation increases from 1.6% in tumours with less than 5 years of evolution, to 9.5% for those presenting for more than 15 years.8 The classic clinical history of carcinoma ex-pleomorphic adenoma is a slow-growing mass for many years, with a recent fast growth phase. A case of a giant PA with malignant transformation with this typical history was reported in 2005 by Honda<sup>5</sup> in a 72-yearold woman with a slow growing parotid lesion for 20 years, with a rapid increase in the last 3 months. In the Schultz-Coulon9 review, 3 of 31 cases of giant adenomas showed areas of malignant transformation. In our case, although the patient presented all the characteristics for an increased risk of malignancy, clinically and histologically there was no such evidence.

#### CONCLUSION:

There is low, but every chance of malignant transformation in this sort of huge pleomorphic adenomas of long duration. We present this case because, despite of huge size of the parotid mass and long duration, our case did not show any malignant transformation or facial nerve involvement. However in this era of early diagnosis and management, we wish not to see such huge tumors of long duration untreated. So we opine that awareness among rural people and low socioeconomic group about their health aspects needs much more to be strengthened.

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