



**PLEOMORPHIC ADENOMA LEFT NOSE ALA IN 15 YRS OLD GIRL . A RARE CASE REPORT**

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**KEYWORDS :**

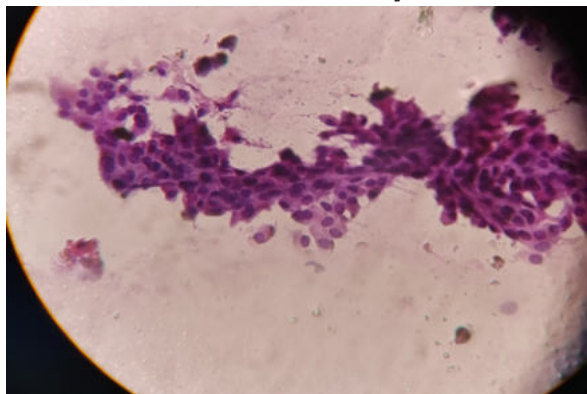
**INTRODUCTION :**

Pleomorphic adenomas are the most common benign tumor of major salivary glands. In addition, they may also occur in minor salivary glands of hard and soft palate<sup>1</sup>. Intranasal pleomorphic adenomas are unusual<sup>2</sup>.

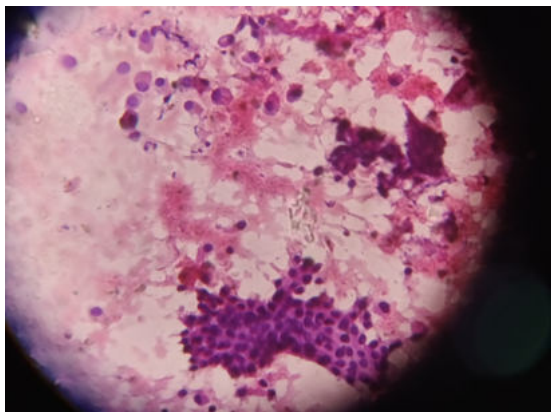
**Case Presentation.**

We present the case of 15 yr old girl presented with a complaint of nasal mass since 6 months to Ujwala Ent hospital. No H/O trauma to the nose. h/o left nasal obstruction. On examination of nose shows a polypoid mass filling left nasal ala. No evidence of rhinosinusitis . Post nasal space was normal. No palpable neck nodes.

Suggested Fnc to Rainbow diagnostics Siddipet. On examination 1x0.5cm well defined swelling present over nose. Soft to firm. Mobile. Blood mixed aspirate.



Fnc report given as 1. Salivary gland neoplasm. 2. Adenexal lesion. Advised Excision biopsy for further confirmation.



**Excision done intoto.**



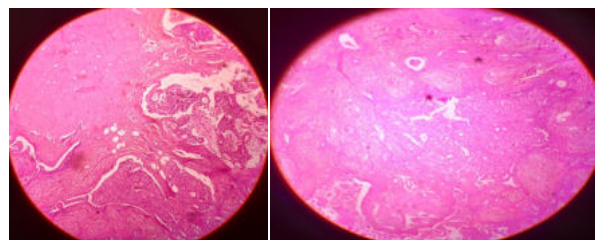
Received grey white smooth rounded mass measuring 1.5x1cm size. Cut section: Grey white , homogenous. Established diagnosis of Pleomorphic Adenoma. excision biopsy preferred for approach.

**Histopathology:**

Biphasic lesion composed of epithelial and stromal components. Epithelial component is in the form of glands , cords, islands. The cells show round to oval nuclei and granular chromatin , moderate amount of cytoplasm. Focal areas show squamous metaplasia and cystic change.

Clusters of plasmacytoid type myoepithelial cells noted. Cartilage Chondromyxoid matrix noted.

Report given as pleomorphic adenoma of minor salivary gland – Left alar nasi



**DISCUSSION:**

Pleomorphic adenomas are benign tumors that rarely involve the area other than major salivary glands. In upper respiratory tract pleomorphic adenomas first affect on nasal

cavity. 1<sup>st</sup> Reported case Denker and Kahler. 40 Cases reported by campagno & Wong<sup>7</sup>.

41 cases by Suzuki et al<sup>8</sup>.

In our case tumor originated from nasal ala is very uncommon.

Head and neck region such tumors described in different locations including scalp , eyelid, cheek, upper lip, External auditory canal and nose.

Cases of ala nasi pleomorphic adenoma were reported by ceylanetal<sup>4</sup>, surg etal<sup>5</sup>.

In our case pleomorphic adenoma developed from heterotopic salivary gland tissue.

Various theories suggested that ectopic salivary tissue is a result of developmental disorders such as differentiation of remnants of primitive embryologic ectoderm.

Clinical features of external nose pleomorphic adenomas are nonspecific. Tumor is painless and slow growing. Pleomorphic adenoma is differentiated from chondroid syringoma.

They have both epithelial and mesenchymal components and share histologic similarities with pleomorphic adenoma which are mixed tumors arising from the salivary glands. Epithelial cells show differentiation toward adenexal structures in chondroid syringomas , this features is not common in pleomorphic adenoma.

The treatment of choice for nasal pleomorphic adenoma is complete surgical excision with clear margins.

Recurrences and malignant transformation could occur in 6%. The reported recurrence rate is ranging from 2.4 % TO 10%.

#### CONCLUSION:

External nose localization of PA is very rare with only few cases reported in the literature. This tumor does not show specific clinical features and presents usually as a slow growing painless mass. In our case, histopathologic examination confirmed the diagnosis of typical PA with both epithelial and mesenchymal components.

Although these tumors are benign, careful follow-up is recommended due to the potential risk of recurrence and malignant transformation.

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