



Surgery

CLINICAL PROFILE OF NEOPLASMS IN SALIVARY GLANDS.

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ABSTRACT **Objective:** Incident of various types of Neoplasms in Salivary glands and their outcome.
Background : A poor understanding of the natural history of salivary gland diseases in general and tumours in particular together with a fear of damaging the facial nerve stand out in retrospect as the main obstacle to progress.
Materials and methods: Present study consists of 24 cases of salivary gland neoplasms that came to the KGH, Visakhapatnam during the last 12 months. i.e., from June 2016 to May 2017. All these cases were subjected to histological verification. These cases were analysed regarding their incidents, type of tumor, clinical presentation, treatment modalities adopted and complications.
Summary: A total no. of 24 patients for enrolled in the study. Relative Incidence of tumors in the parotid, Sub mandibular and minor salivary glands is 22:1:1. Right and left side distribution is 1:1.6. Peak age incidence in between 40 and 50 years. Both benign and malignant neoplasms more common in males. Pleomorphic adenoma is the commonest salivary gland neoplasm. Mucoepidermoid carcinoma is the commonest malignant neoplasm.

KEYWORDS : Salivary gland neoplasms – FNAC – Pleomatrix adenoma – Superficial parotidectomy.

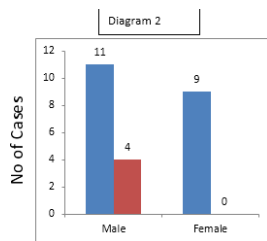
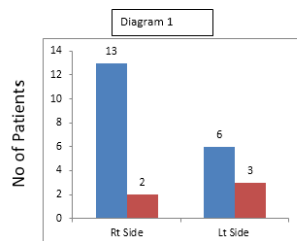
Shortest duration of presentation was 2 months and longest duration was 4 years in this study. Diagnosis was made with detailed history, clinical examination and FNAC. Surgery and radiotherapy is the main modality of treatment in the study. Temporary Facial Nerve palsy in (50%) cases and recovered over 2-6 months period. But in 1 case Facial Nerve palsy is not recovered even after 6months.



Pleomorphic adenoma parotid

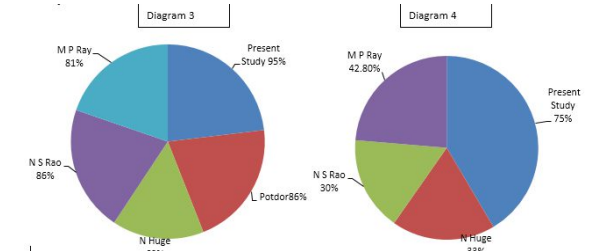
Discussion:

Incidence of Salivary gland neoplasms is generally agreed that these are uncommon, about 4% among total neoplasms. Approximately 75% of salivary gland neoplasms arise in the parotid gland. (of these 80% are benign) and 15% arise in the sub mandibular gland and 10% arise in the minor salivary glands. More common on Right Side (Diag.1). More common in Males (Diag.2).



Side Distribution of Salivary Sex Incidence in Salivary Gland Tumours

Relatively parotid gland is the commonest site (91.66%) second common is the sub mandibular and third common is the minor salivary glands in the present study. Benign neoplasms are most common about 84% and malignant about 16%, pleomorphic adenoma is the commonest neoplasm 80% in this study.



Incidence of Pleomorphic Adenoma In Benign Neoplasms

Incidence of Mucoepidermoid Carcinoma in Malignant Neoplasms

Warthin's neoplasm is a relatively uncommon salivary gland neoplasm. Traditionally considered a disease of men. In this study only one case out of 24 cases was recorded in sub mandibular gland (left) in a female patient aged 25 Years. Other benign neoplasms are rare and not found in the present study. Second commonest is mucoepidermoid carcinoma 12% (parotid), in this study single case of adenoid cystic carcinoma of sublingual gland in a male patient aged 55 years was recorded 4%, warthins 4% (submandibular).

Table :1 Symptoms and Their Incidence

Symptoms	No of Cases	% in Total Cases
Asymptomatic Swelling	20	83.33
Pain	3	12.5
Facial pally	1	4.16
Ulcerf	1	4.16
Salivary	1	4.16

Commonest complaint in salivary gland neoplasms is an asymptomatic swelling. All the benign neoplasms are painless and all malignant neoplasms are also painless initially. Malignant parotid neoplasms in late stages can present with pain, symptoms of facial nerve palsy, fixity to surrounding structures, ulceration, salivary fistula and lymphnode enlargement.

Table: 2 Operative Procedures Adopted in this Study

Surgery	Benign	Malignant	Total
ForParotid Tumours :			
1.Biopsy	-	-	-
2.Excision/ Enucleatus	-	-	-
3.Superficial Parotidectomy	-	-	19
4.Total concentrative Parotidectomy	19	2	2
5.Radial Parotidectomy	-	-	-

For Sub Mandibular Gland Tumours: Total excision of submandibular gland	1	-	1
For Minor Salivary gland Tumours: 1.Excision	-	1	1

Superficial parotidectomy for pleomorphic adenoma in 19 cases total conservative parotidectomy for mucoepidermoid carcinoma in 2 cases. Total excision of submandibular gland for warthins in 1 case, sublingular gland excision done in 1 case for adenoid cystic carcinoma. The commonest complication observed is temporary facial nerve palsy 10% for benign neoplasms and permanent facial nerve palsy about 40% for malignant cases after parotid surgery. Radiotherapy was given 1 case as palliation. Postoperative radiotherapy is given as adjuvant in 3 cases chemotherapy not adopted in this study. No recurrence observed for more than 6 months. For recurrent benign parotid neoplasms total conservative parotidectomy and radiotherapy for recurrent malignant parotid neoplasms is the treatment. Chemotherapy is undertrial.

Conclusion:

Salivary gland neoplasms can be effectively treated with surgery irrespective of its size. They can be benign irrespective of its size. Surgery is the Gold standard for salivary gland neoplasms. Superficial parotidectomy is the treatment for pleomorphic adenoma of parotid gland. For recurrent pleomorphic adenoma of parotid gland total conservative parotidectomy is the treatment. Preoperative radiotherapy has role in inoperable malignant neoplasms. Postoperative radiotherapy has role in malignant neoplasms and recurrent cases. Chemotherapy has no role.

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