Original Research Paper

Volume - 15 | Issue - 01 | January - 2025 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Otorhinolaryngology

ADENOMATOID HYPERPLASIA OF MINOR SALIVARY GLAND IN FLOOR OF MOUTH, A RARE SITE OF PRESENTATION

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ABSTRACT **Introduction:** Adenomatoid hyperplasia of minor salivary glands is a rare benign condition causing painless swelling. Though documented in various oral cavities, it occurrence in the floor of the mouth is exceptionally uncommon. **Case Report:** A 56-year-old male presented with a painless swelling on the right floor of the mouth for 6 months. Examination revealed a 3x2 cm soft mass which was excised and sent for HPE. **Histopathology:** Examination showed normal-appearing mucous acini in lobules, chronic inflammation, and congested blood vessels, consistent with adenomatoid hyperplasia. **Discussion And Conclusion:** This is the second documented case of adenomatoid hyperplasia in the floor of mouth. Impinging teeth may contribute to its development. Complete surgical excision offers excellent prognosis. Although rare, clinicians should consider this benign entity in the differential diagnosis of oral swellings.

KEYWORDS : Adenomatoid hyperplasia, minor salivary gland, floor of mouth, case report

INTRODUCTION

Adenomatoid hyperplasia is a hyperplastic lesion of minor salivary gland that was first reported by Giansanti et al. in 1971 [1]They have reported 2 cases of palatal swelling that on biopsy revealed apparent hyperplasia of local minor salivary gland with no other abnormality. Later a series of 40 similar cases was reported by Buchner in different locations of oral cavity, with palate being the most common site.[2] Although documented in other locations within the oral cavity , its occurrence in floor of mouth is exceedingly uncommon . We are presenting a case of adenomatoid hyperplasia of minor salivary gland in floor of mouth which is a rare occurrence.

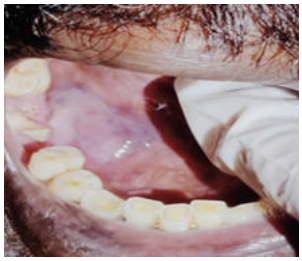

Figure 1: Clinical Picture Showing Swelling In The Floor Of The Mouth

CASE REPORT

A 56 yr. old male presented with a painless swelling on the right side of his floor of mouth for approximately 6months.

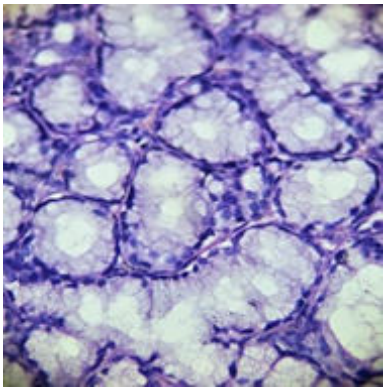

Figure 2: hyperplasia of normal appearing mucinous acini

O/E : A swelling of size approximately 3*2 cm is seen in floor of mouth on right side extending from 1st premolar to 2nd molar between gingiva and lateral surface of tongue (figure 1). On palpation it is soft towards lingual side and firm towards gingival side with irregular mucosa. A sharp right lower 2nd molar teeth was seen impinging the swelling. No associated cervical lymphadenopathy . Surgical excision of mass along with extraction of impinging tooth was performed under local anesthesia.

HPE

HPE of excised specimen revealed mucosa lined by stratified squamous epithelium with focal epithelial hyperplasia , submucosa showed fibrocollagenous tissue along with hyperplasia of normal appearing mucinous acini in lobules (figures 2 and 3). Also seen are chronic inflammatory infiltrates , congested and dilated blood vessels.

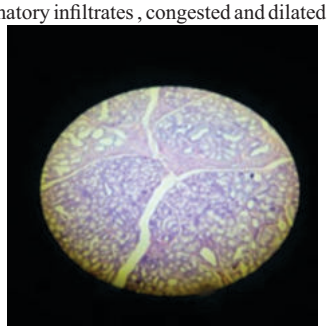

Figure 3: Focal Hyperplasia Of Epithelium Without Atypia

DISCUSSION

Adenomatoid hyperplasia of intra oral minor salivary glands is a clinicopathological entity that comprises a combination of clinical swelling with histologic picture of aggregates of normal appearing salivary gland tissue in excess of that anticipated for the anatomic site[2]. It is an acinar type of hyperplasia as opposed to adenomatoid ductal hyperplasia that occurs mostly in parotid gland. It presents as a localised mucosal swelling that clinically imitates a salivary gland neoplasm.[2,3,4]. It predominantly affects males. All age groups are affected, but in largest series of cases presented by Buchner males in 4th- 6th decade are commonly affected[2]. It can occur anywhere in oral cavity, palate being the most common site.

Several systemic factors like infections, gout, diabetes mellitus, alcoholism, menopause, Sjogren's syndrome, drugs and others are reported to cause major salivary gland enlargement. But none of these

conditions were reported to have any impact on minor salivary glands. Its etiology remains unclear, although chronic irritation, trauma and inflammation are the suspected attributing factors.

In the present case impinging premolar tooth could have played a role in inducing local trauma and subsequent development of adenomatoid hyperplasia. This could be the reason for firmness of swelling towards gingival side.

HPE will show multiple aggregates of normal appearing mucous glands surrounded by fibrous connective tissue, glands appear hyperplastic with normal acinar morphology.

Occasionally acinar hypertrophy with excessive mucous can be seen. Some evidence of inflammation can be seen. Described as sheep in wolf's clothing.

Complete surgical excision is the treatment of choice with excellent prognosis and minimum risk of recurrence.

First case was documented by Giansanti et al in 1971. Later a series of cases were reported by Arafat et al Buchner et al and Barret et al[2,4,5]. Largest series was by Buchner with 40 cases in 1991. Approximately 102 cases have been reported in literature so far and only 4 in INDIA.

Out of 102 majority are in hard palate , other sites being soft palate , retromolar trigone , buccal mucosa and lower labial mucosa , tongue. Its occurrence in lingual vestibule area is extremely rare and only one case was reported by Rangaraju et al in 2003.

CONCLUSION

Hyperplasia is usually common in major salivary glands and rare in minor glands. Though it is a benign pseudo tumour , it can mimic various other entities including mucoceles , pleomorphic adenoma and even malignancies. So clinicians should be aware of the presentation.

Conflict Of Interest: The authors declare there is no conflict of interest.

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