Mucoepidermoid Carcinoma Ex-Pleomorphic Adenoma: Case Report and Review of Literature

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ABSTRACT
We report a case of parotid swelling in a 65 year old male, with history of similar complaint 6 years back. At that time, the excision biopsy had revealed a pleomorphic adenoma. Now, the patient presented with swelling in the same site. An FNAC also revealed a pleomorphic adenoma. The histopathology of the excised gland, however, revealed a mucoepidermoid carcinoma.

Introduction
Mucoepidermoid carcinoma is the most common malignant tumor of the parotid gland and can be divided into low-grade and high-grade tumors. High grade lesions have a propensity for both regional and distant metastases and corresponding shorter survival rates than low grade mucoepidermoid carcinomas.

Carcinoma ex-pleomorphic adenoma (CxPA) is an uncommon malignancy, accounting for roughly 11% of primary tumors of the salivary gland. Most primary malignant salivary gland carcinomas have been reported as the malignant component in CxPA; however, the presence of mucoepidermoid carcinoma (MEC) arising from pleomorphic adenoma (PA) has been rarely reported, with a total of nine cases in the literature. Herein, we report a case of a low-grade mucoepidermoid carcinoma ex-pleomorphic adenoma within the superficial lobe of the parotid gland.

Case Summary
A 65 year old male presented to surgery OPD with complain of swelling in right parotid region. The swelling had grown gradually to its present size of 6x3cm. It was firm with irregular borders, variable consistency and limited mobility. There were no signs of facial weakness. Cervical lymph nodes were not palpable.

He had similar complain 6 years ago for which a fine needle aspiration was done. It revealed a pleomorphic adenoma which was excised.

Now, an FNAC revealed a pleomorphic adenoma. An ultrasound and CT of neck revealed the swelling to be arising from the parotid gland without involving any adjacent structures.

A superficial parotidectomy was performed. Intraoperatively, multiple cystic swellings were found in the superficial lobe of right parotid. No evidence of facial nerve infiltration. No evidence of enlarged lymph nodes.

Histopathological appearance
Post operatively, the patient recovered well without any signs of facial nerve injury. He was referred to radiation oncology for radiotherapy and follow up.

Discussion
Carcinoma ex-pleomorphic adenoma is a rare aggressive neoplasm, that may present denovo or in a recurrent pleomorphic...
adenoma, accounting for roughly 11% of all malignant salivary neoplasms. Regional metastasis is common and mortality is high. Diagnosis requires histological demonstration of both invasive adenocarcinoma, most commonly of the poorly differentiated, not otherwise specified variety, juxtaposed with regions of benign mixed tumour. The temporal relationship between this malignancy and its preceding lesion is complex; only a minority of patients have a previously known or treated PA. Gross surgical resection and neck dissection with adjuvant radiotherapy is primary modality of treatment, though 20%-30% of patients develop locoregional recurrence and over 30%-40% develop metastasis. Metastasis consists of the carcinomatous element alone.

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REFERENCE