



GIANT PLEOMORPHIC ADENOMA- A RARE PRESENTATION

General Surgery

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ABSTRACT

It is a well known fact that Pleomorphic Adenoma is the commonest type of salivary gland tumour. Though the incidence of giant tumours of salivary gland are not that common but literature describes some really large salivary gland tumours and of which the largest are those of the Parotid. This case report describes one such gigantic parotid gland tumour. This case draws our attention to the fact that social acceptance along with possibility of malignant transformation form an indication for the removal of the tumour.

KEYWORDS

Pleomorphic adenoma; Giant pleomorphic adenoma; Parotid gland tumour; Parotid Gland; Salivary gland tumour

INTRODUCTION

Almost 70% of salivary gland tumours have parotid origin. About 85% of these are benign. Further 80% of these are pleomorphic adenomas [1]. These tumours are usually slow growing. At the time of excision they are usually two to six centimetres in size [2]. 4% of these may be malignant.

Some patients have been described in literature with giant pleomorphic adenomas as heavy as eight kilograms [3]. Most of them were before 1980 though some have been published recently [4].

Since Pleomorphic adenoma is a superficial tumour with comparatively easy diagnosis compounded with the fact that the rate of malignant transformation is also low some surgeons advocate leaving them as such if patient is not desirous of excision [1]. This is contrary to the school of thought which propagates aggressive removal of the tumour owing to malignant transformation [5].

This case report describes such a rare giant parotid tumour.

CASE REPORT

A lady aged 65 years complained of a slow growing mass on the right side of her face for 15 years. The lady was a widow living with her grandchild. She denied any knowledge of past illness and did not see any qualified physician for greater than 15 years. Patient noticed the mass 15 years ago which slowly enlarged without symptoms but has relatively grown at a faster rate in the last 5 months. Patient has been living in a village with no immediate expert health facility. This along with lack of any major symptom was stated the reason by the patient for her late presentation.

Clinical examination revealed a non tender, giant, firm, multi-nodular, irregular mass measuring approximately 5 x 8 inches involving the right parotid and cervical regions with apparent outward displacement of right ear lobule. [Figure 1]

Despite the large size of the mass there were no signs of facial nerve palsy. The skin overlying the lesion showed a few patchy ulcerated areas. Computed tomographic scans were done to evaluate the extent of the mass. [Figure 2]

A diagnosis of benign tumour of the parotid was hypothesised.

Incisional biopsy was done and confirmed suspicion of adenoma. The tumour was excised under general anaesthesia. Despite the size of mass a clear plane of dissection was found. Skin flaps were raised off the sides of the mass to provide sufficient tissue for the neck closure. Post operative course was uneventful.



Figure 1 (a & b): (a) Pre-operative picture of the patient showing giant salivary gland tumour involving right parotid gland. (b) Post-operative picture of the patient.



Figure 2: A computed tomographic plate of transverse section of face showing a large hyper dense lobulated mass in right parotid region with patchy areas of necrosis.

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 [3]. 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 medical literature was reported by Spence in 1863, who described the treatment of a mixed tumour > 1 kg [6]. In 1956, Short and Pullar published a review of massive pleomorphic adenomas and a case-report of a 2.3 kg adenoma [7]. In 1989, Schultz-Coulon reviewed 31 cases of giant pleomorphic adenomas of the parotid gland. The author found a female predominance (64.5%), with an age range from 20 to 40 years, and tumour weight between 1 to 27 kg [8]. Buenting reported the 10 largest pleomorphic adenomas published in literature, and found a mean tumour weight of 7.8 kg; nine of 10 occurred in females, with a mean age of 56 years. His case was the 5th largest pleomorphic adenoma reported (6.85 kg). In most of the cases described in literature, the lack of information and patient's negligence are considered as the most relevant aspects influencing the treatment delay [2].

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 pleomorphic adenoma with malignant transformation was reported in 2005 by Honda in a 72-year-old woman with a slow growing parotid lesion for 20 years, with a rapid increase in the last 3 months [4].

In the Schultz-Coulon review, 3 of 31 cases of giant adenomas showed areas of malignant transformation [8].

In our case, although the patient presented all the characteristics for an increased risk of malignancy, clinically and histologically there was no such evidence. Neglecting even a benign parotid tumour carries an increasing risk of facial nerve injury when treatment is performed. The bony and muscular deformities associated with such tumours are disfiguring and incapacitating. Although it is generally accepted that the majority of all giant adenomas remain non-malignant, this case and others like it should serve to remind us that the clinical course of these masses can be far from benign. We believe that early excision of parotid pleomorphic adenomas is desirable if the patient tolerates surgery.

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