



## A CASE REPORT OF MYOEPITHELIOMA OF HARD PALATE

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Myoepithelioma is one of the salivary gland tumor involves parotid, mandibular and minor salivary glands. It is a benign tumor and grows slowly. Usually it is confused with pleomorphic adenoma of the salivary gland. There are few case reports on cytological features of this disease in literature. We describe a case of myoepithelioma of hard palate.

**KEYWORDS**

Aspiration cytology, palatine tumor, myoepithelioma

**INTRODUCTION:**

Myoepithelioma is a well described histopathological entity characterized by myoepithelial cells. Myoepithelial cells are seen in many secretory organs including salivary glands, where they are usually encountered in the acini and intercalated ducts. These cells express a dual epithelial cells and smooth muscle phenotype. Their neoplastic behavior in many salivary gland tumours is unpredictable at times and is still being characterized either as a major component of myoepithelial entities or as one of the components of many salivary gland tumour. The major myoepithelial neoplastic entities in which myoepithelial cells are the exclusive tumour component or a major neoplastic component include the following.

Myoepithelioma, myoepithelial carcinoma, epithelial-myoepithelial carcinoma, myoepithelial rich pleomorphic adenoma.

**Case report:**

50 years old male complaints of swelling in the hard palate region for the past two years and was slowly growing. On examination, firm, swelling size about 2x2cm.

There is no localized lymphadenopathy. General examination shows no organomegaly. Haematological investigations revealed haemoglobin 13%. Total leucocyte count 16,000 cells, differential count of 54% neutrophils, 40% lymphocytes, 6% eosinophils. ESR was 8mm fall/ 1<sup>st</sup> hour. Renal parameter and lipid profile were within normal limits.

FNAC shows scattered arrangement of plasmacytoid cells with abundant cytoplasm and eccentric nucleus. These cells are much larger than the plasma cells and have fine chromatin and having uniform size and shape.

**Histopathology:**

Section studied shows tumour cells are distributed in nests and groups separated by thin hyalinized fibrous bands. Cells show plasmacytoid appearance with lack of cartwheel appearance and perinuclear hof of plasma cells. Case diagnosed as myoepithelioma.

Immunohistochemistry studied are positive for P63, smooth muscle actin and S-100.

**Discussion:**

Myoepithelioma of the salivary glands are rare neoplasm. Approximately 50% of all such lesions involve the parotid, 40% arise in minor salivary glands. The incidence is equal in men and women. The lesions manifest as an asymptomatic, slowly growing mass in patients with an average age of 40 years and an age range of 6 to 81 years.

Microscopic examination shows three lesional growth pattern characterised by spindle cell, plasmacytoid and clear cells. The spindle cell tumor has a cellular growth with little or no ground substance. The tumor cells appear in a storiform, swirling pattern or exhibit a herring bone fascicular arrangement. In the plasmacytoid variant, the tumor

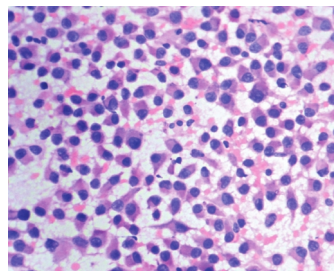
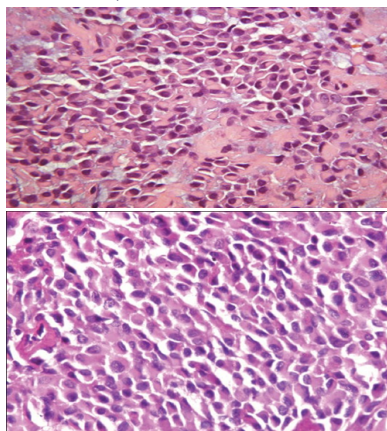
cells are distributed in nests and groups separated by an abundant myxoid stroma.

The hyaline (plasmocytoid) cell type tumor are composed of cells with eccentric nuclei with no mitotic activity. The cytoplasm is abundant with a diffuse eosinophilia. The cell margins are polygonal and sharply outlined and stimulate that of neoplastic plasma cell.

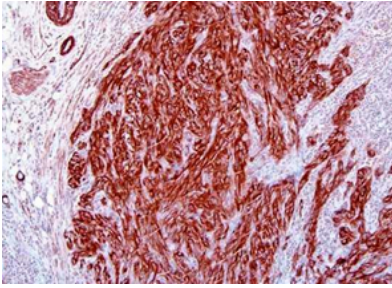
The clear cell type tumors are composed of small tubules lined by a single layer of small cuboidal cells surrounded by one or more layer of prominent clear cells with hyaline like material in between. These clear cells contain variable amounts of glycogen.

The case may be diagnosed as schwannoma, plasma cell tumor and pleomorphic adenoma of salivary gland tumor. Immunohistochemistry will be helpful to analyse the diagnosis.

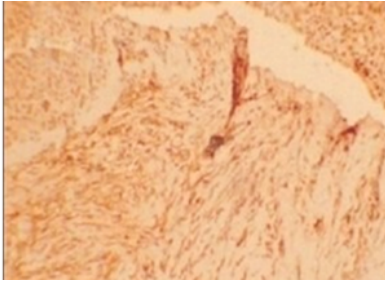
Myoepitheliomas are characterized by complete encapsulation should be treated with wide local excision. Myoepithelioma can go for malignant change as myoepithelial carcinomas and epithelial myoepithelial carcinomas.

**CYTOLOGY****HISTO PATHOLOGY;**

## IMMUNOHISTOCHEMISTRY; SMA



S100



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