



## CASE OF MINOR SALIVARY GLAND: PLEOMORPHIC ADENOMA

## ENT

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## ABSTRACT

Salivary gland tumors comprises 3% of all head and neck tumors. Minor salivary gland tumors are 5 to 10% of salivary gland tumors and pleomorphic adenoma being most common and most common site being hard palate. Minor salivary glands have higher chance of malignancy. They do not have fibrotic capsule and are more likely to be malignant needs surgical removal. **Material&method-** A case of 60 years old female patient having large swelling in hard palate which on examination shows 3\*3 cm size hard swelling, firm in consistency, non tender. Radiological investigation e.g. CT scan done and FNAC of the lesion was suggestive of pleomorphic adenoma .It was operated intraorally with complete removal with free margins done. **Result-** Complete excision with free margins of minor salivary gland pleomorphic adenoma has good surgical result without recurrence and complications.

## KEYWORDS

minor salivary gland tumors, pleomorphic adenoma

## INTRODUCTION

Salivary gland tumors represent 3% of all neoplasm of head and neck. Pleomorphic adenoma is the most common neoplasm of the salivary glands comprising 47% -75% of all tumor. This typically affect patient in the 20-50 years and there is a female predilection. Among the minor salivary gland (5-10%) the palate, lip, nasal cavity, pharynx, larynx and trachea are the common sites with most common site being hard palate. Malignant tumors are much more common than benign tumors in salivary gland do not have a fibrotic capsule (They have a very thin capsule) and they may have false infiltrative appearance and cause bony erosion if malignant. Diagnosis is made with CT scan which FNAC and biopsy. Removal of the underlying extension of tumor is the treatment of choice. A 60-year-old female presented with swelling over right side of hard palate which was painless and progressively increased in size over 20 years. Intraoral excision with removal of tumor with capsule was planned. Post operative histopathology showed pleomorphic adenoma.

## CASE REPORT

A 60-year-old female patient presented in our tertiary hospital with complaint of swelling in hard palate for 20 years which was small in size and gradually progressed in size not associated with pain, fever, dysphagia, hoarseness, difficulty in chewing, and bleeding from the swelling however, there was discomfort on chewing.

On examination a well-defined 3\*3 cm size swelling was present over right side of the hard palate extending from midline of palate laterally to the alveolar crest, the swelling was firm on palpation and the overlying was deficient of the mucosa except in the periphery of the swelling which was covered with normal mucosa with no secondary changes.

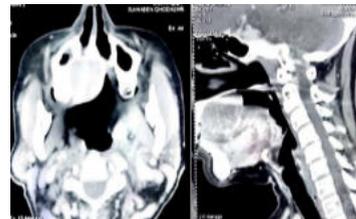
No palpable neck nodes were present.



## INITIAL WORK UP

FNAC was advised from the lesion which was suggestive of pleomorphic adenoma. CT SCAN of oral cavity showed a well-defined enhancing smooth marginated soft tissue density lesion of 32\*26\*33

mm noted over hard palate on right side which causes bony remodeling changes of floor of maxillary sinus and alveolar process



## DIAGNOSIS AND MANAGEMENT

FNAC from the swelling showed myoepithelial cells and ductal epithelial cells in chondromyxoid background suggestive of pleomorphic adenoma. Intraoral excision with removal of tumor along with capsule was done.



## DIFFERENTIAL DIAGNOSIS

Differential diagnosis includes palatal abscess, fibroma, lipoma, neurofibroma, neurilemma and oral papilloma, squamous cell carcinoma.

## FOLLOW UP

Post operative histopathology report confirmed pleomorphic adenoma. No complaints were present post operatively and wound was healthy.

## CONCLUSION

Intraoral excision of minor salivary gland neoplasm with capsule

should always be carried out as they have propensity to become malignant in 5% cases and moreover malignant lesions are much more common in minor salivary glands than benign lesions also the longer duration of lesion can have higher chances of malignant transformation and complete excision of tumor surgical technique should always be used to avoid recurrence.

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