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A RARE CASE OF PARAPHARYNGEAL MASS - MUCOEPIDERMOID TUMOUR - A CASE REPORT

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ABSTRACT

Mucoepidermoid carcinomas represent a distinct type of tumor. They contain three cellular elements in varying proportions: squamous cells, mucus-secreting cells, and "intermediate" cells. (1) Mucoepidermoid carcinomas were first described by Masson and Berger in 1924. Since then, they have become well recognized as a common salivary gland neoplasm, accounting for approximately 35% of all malignancies of the major and minor salivary glands in general. Mucoepidermoid carcinomas have been reported at distant and atypical sites, including the breast, Eustachian tube of the ear, bronchi of the lungs, and thyroid. Reports of mucoepidermoid carcinomas of the subglottis are not common. Women are more commonly affected than men (3:2), and the mean age at onset is in the 5th decade of life. MEC is also the most common salivary gland malignancy in children.

KEYWORDS

INTRODUCTION

Mucoepidermoid carcinoma (MEC) of the accessory salivary glands is a rare entity, representing less than 5% of head and neck cancers, and 10% of all salivary gland tumors; its biological characteristics are very diverse, correlated to the histological grade of the tumor. Mucoepidermoid carcinoma is a distinctive salivary gland malignancy composed of mucinous , intermediate and squamoid tumour cells forming cystic and solid patterns with slight female predilection. Importantly , it is most commonly salivary malignancy in children.

Case Report:

History

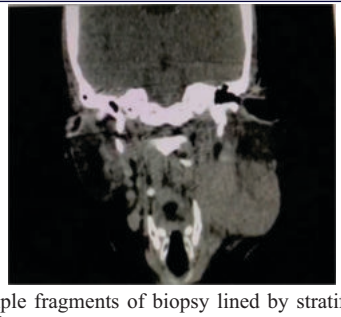
- A 39 years old female patient came with complaints of swelling left side of neck for past 8 months gradually progressive in size associated with pain on and off
- History of difficulty while swallowing for the past 4 months

Examination Neck

- A swelling of size 6x4 cms present over left side of upper neck with firm in consistency and it is extending anteriorly to middle of mandible, posteriorly to anterior border of trapezius. superiorly to angle of mandible and inferiorly 3 cm from clavicle with smooth surface
- Mass seen in oral cavity in the left tonsillar fossa of size 2x2 cm with pushing the anterior pillar forward and medially towards the uvula.

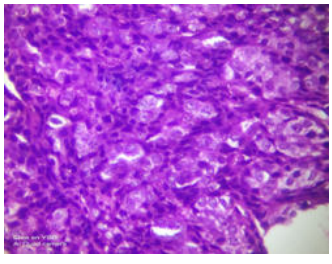
Investigations :

- USG neck – features suggestive of lymph nodal mass in the left submandibular region extending to level 2 on left side
- **CECT neck** – a well defined solid mass at left submandibular region show homogenous contrast enhancement with no evidence of calcification or necrotic focus. Medially the lesion is abutting the left common carotid artery and pushing internal jugular vein.
- Another well defined isodense solid lesion seen in left parapharyngeal region pushing the fat anteriorly. Focal enhancement also noted in left sternocleidomastoid muscle. Few left level 2 lymph nodes are seen.



HPE – multiple fragments of biopsy lined by stratified squamous epithelium with

- Epidermoid component (infiltrating malignant neoplasm with moderate eosinophilic cytoplasm with pleomorphic vesicular nuclei)
- Mucoid component (cystic degeneration with mucinous secretion with foamy vacuolated cytoplasm with eccdentrically placed nuclei.



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Treatment:

Patient was treated with chemoradiation and on follow up

CONCLUSION

- MEC is the most common salivary gland malignancy with the second highest frequency of occurrence among all salivary gland tumours. Though it shows a predilection for parotid gland with 45% of the cases occurring at this site,5 it is the most common malignancy involving the minor salivary glands.
- The primary goal for treatment of patient with benign or malignant tumours of the salivary glands is gross total removal of the tumour. Important goal is to preserve the function of facial nerve.
- Although generous surgical resection with adequate margins remains the fundamental principle but it may not be feasible in salivary gland tumours. Thus close margins or microscopically positive margins in vicinity of facial nerve are acceptable.
- Advanced unresectable tunours generally are treated by radiotherapy with palliative intent. In addition, no chemotherapeutic agents with predicatble efficacy are available for routine use in the treatment of salivary gland tumours at present

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