



LARGE PAROTID SWELLING WITH SQUAMOUS METAPLASIA MIMICKING SCC

General Surgery

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ABSTRACT

Here we describes 28 year old multiparous female who came to department of surgical oncology with complaints of swelling over right side neck for 8 year. This patient initially was treated by Herb Medicine/Ayurvedic Drug/Paint over swelling. Now patient came to our side as multiple bleeding ulcers over swelling. After evaluation patient was diagnosed as chronic inflammatory lesion with squamous dysplasia. Hence patient was managed operatively by total parotidectomy. But histopathological examination of resected specimen was suggestive of Pleomorphic Adenoma with squamous metaplasia. Here we present case report of rare histopathology variant of pleomorphic adenoma with squamous metaplasia. Very few cases has been reported of such scenario.

KEYWORDS

INTRODUCTION

The majority of salivary gland neoplasms, up to two thirds are pleomorphic adenomas (PA), commonly known as benign mixed tumours.¹ The majority of Tumors of parotid glands (85%), minor salivary glands (10%), and submandibular glands(5%) are where PA is found.² Most of the time, cancers start in the superficial lobe. In rare instances, the Parapharyngeal space and the deep lobe of the parotid gland is involved.³ Most common sign of PA is a parotid gland edema that progresses slowly and doesn't affect facial nerve.⁴ They respond well to broad local excision with strong safety margins and monitoring.

Case Report

A 28 year old female came to Oncosurgery OPD with complaints of swelling over right side neck for 8 year and multiple wounds over swelling that bleed on and off for 3 years. Examination revealed 13x11x7.5 cm large globular swelling at left side of neck Preauricular region extending to lower neck. Swelling was not mobile,normal temperature, non-tender, non-compressible, not pulsating. Mass was adherent to deeper tissue, sternocleidomastoid muscle, internal jugular vein, submandibular gland(Intra operative findings). 1b Lymph nodes were palpable.

CT scan suggested as large hypo-dense heterogeneously enhancing exophytic ulcerative soft tissue mass lesion in right side of neck arising from superficial lobe of right parotid gland infiltrating posterior border of mass enter muscle and compressing, medially displacing the deep lobe of parotid.

Biopsy done for the ulcerated area suggested chronic inflammatory lesion with squamous atypia/dysplasia. It can be misdiagnosed as SCC.

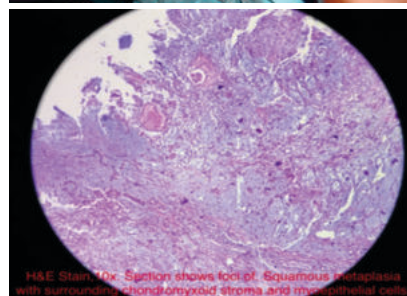
Patient was severely anaemic with hemoglobin level of 6 mg/dl at time of admission. Patient was prepared and operated by "Excision of mass with radical neck dissection with Total parotidectomy with facial nerve preservation and primary closure was done under general anaesthesia. Final histopathology report was pleomorphic adenoma with squamous metaplasia. No evidence of malignancy was seen.



Pre-operative Image



Intra-operative Image



H&E Stain. The Section shows foci of squamous metaplasia with squamous keratinized cytoplasm and interstitial cells.



Post-operative Image



Resected Mass

DISCUSSION

Pleomorphic adenoma is most common benign tumor of salivary gland. It exhibits great histological diversity. They occur most frequently in parotid gland(>80%).⁵ Squamous metaplasia rarely can be misdiagnosed as malignancy such as squamous cell carcinoma when biopsy is taken from small chunk from ulcer. Causes may include use of topical ointment or wrong treatment/chronic irritation. Exact mechanisms is not clear. Biopsy of ulcer over swelling show chronic inflammatory lesions with squamous atypia/dysplasia was present in this case and misdiagnosed as Squamous cell carcinoma.⁶ Pleomorphic adenoma associated with squamous metaplasia is very rare. Proper diagnosis with history, clinical examination, histopathology, CT scan, should be used to confirm as it could be misinterpreted as squamous cell carcinoma.

In our case, on the basis of history, clinical examination, biopsy, squamous cell carcinoma was initially considered. But on basis of histopathology, squamous metaplasia is confirmed, which is rare entity. Management is surgical excision without chemo/radiotherapy.

CONCLUSION

Pleomorphic adenoma with squamous metaplasia is important as it can mimic malignancy. Carefully investigation and examination should done for proper management. Localization and microscopy feature seen in this case is unusual as it can possess significant diagnostic challenges. It is important to be aware of this condition as in malignancy aggressive management should be done.

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