

PLEOMORPHIC ADENOMA OF PAROTID GLAND: A RARE PRESENTATION

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ABSTRACT

INTRODUCTION

Pleomorphic adenoma is a benign tumor that usually affects the superficial lobe of the parotid gland. The usual presentation of pleomorphic adenoma of the parotid gland is unilateral, painless, gradually progressing mass.

MATERIAL AND METHODS

This is a demonstration of an unusual case of pleomorphic adenoma that presented as proliferative mass over the retromandibular area. The patient underwent superficial Parotidectomy and recovered well without any post operative complication. A histopathological finding was suggestive of pleomorphic adenoma.

CONCLUSION

Pleomorphic adenoma may present as unusual presentation and thus necessitates the importance of proper history, examination, imaging and histopathological investigation to diagnose such type of lesion with unusual presentations.

KEYWORDS

pleomorphic adenoma, parotid Gland, proliferative Mass.

INTRODUCTION

Parotid gland tumours account for 80% of salivary gland neoplasm and 3% of all tumours of head and neck (1). These neoplasms are: mainly benign and account for 2% to 6% of all head and neck pathologies (2). It usually presents as slow growing, asymptomatic, painless mass over the parotid area without facial nerve paralysis. Benign histological types are Pleomorphic Adenoma, Warthins Tumour, Myoepithelioma, Basal cell adenoma and Oncocytoma while in malignant tumours most frequent are Mucoepidermoid carcinoma, Adenoid cystic carcinoma, Carcinoma ex pleomorphic adenoma, Acinic cell carcinoma, Myoepithelial carcinoma, Adenocarcinoma, Basal cell carcinoma (3/4/5) Cytopathological and radiological investigations are helpful in diagnosis and planning of surgical excision depending on the extensions of the tumour.

CASE REPORT

A 30 years old female patient presented with a proliferative mass in the right retroauricular area for one year. Patient had no fever, pain and any other swelling around the mass (Fig 1). There was no history of ear discharge and trauma in that area. On examination there was pinkish

mass of 3*3 cms over the retroauricular area with reduced mobility. There were no signs of inflammation surrounding the lesion and cervical lymphadenopathy. Facial nerve function was intact. Radiological investigation was suggestive of mass arising from the parotid gland (Fig 2). Biopsy was done to rule out the malignancy. Patient underwent superficial parotidectomy with preservation of facial nerve (Fig 3,4) and reconstruction of parotid defect using the superior based sternocleidomastoid flap to minimize the postoperative Frey's syndrome and contour defect (Fig 5). Postoperative recovery was uneventful and patient was discharged after one week and there was no recurrence after one year of follow up. Histopathological findings were consistent with pleomorphic adenoma (Fig 6).



Fig: 1- Proliferating mass in retro-auricular area



Fig: 2- Radiological investigation was suggestive of mass arising from the parotid gland

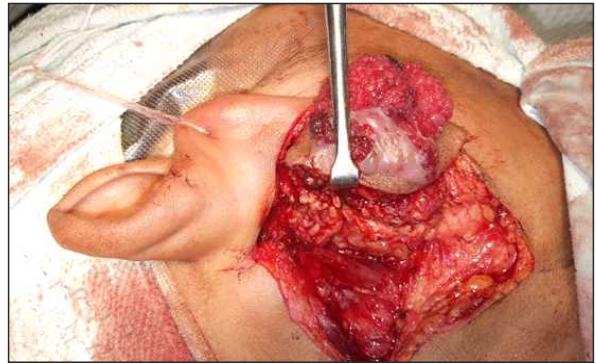


Fig: 3- Patient underwent superficial parotidectomy with preservation of facial nerve

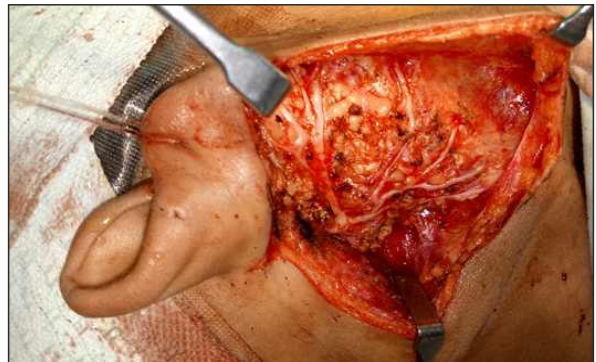


Fig: 4- Superficial parotidectomy with preservation of facial nerve



Fig: 5- Reconstruction of parotid defect using the superior based sternocleidomastoid flap

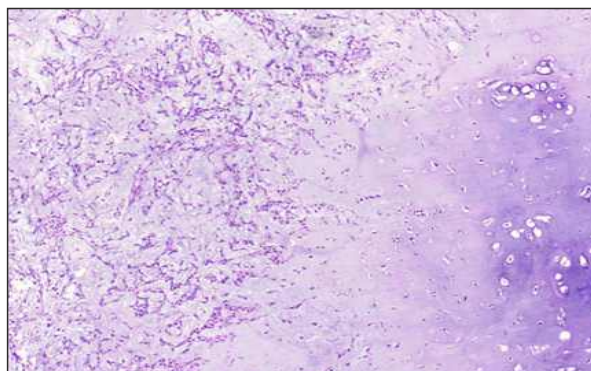


Fig: 6- Histopathological findings consistent with pleomorphic adenoma

DISCUSSION

Pleomorphic adenoma of the parotid gland usually presents as painless, slow growing mass over the parotid gland area and patients seek medical advice because of the cosmetic issues (6). Sometimes long-standing pleomorphic adenoma have tendency of malignant transformation leading to sudden enlargement and facial nerve involvement. Skin and surrounding cervical lymph node involvement are the other signs of malignancy. Occasionally pleomorphic adenoma presents as the proliferative mass but it occurs usually after open biopsy from the parotid lesion. In our case there was no history of any trauma and surgical intervention in that area. MRI is usually preferred as it gives information about the parotid soft tissue and surrounding structures (7). Parotidectomy (superficial/total) is the treatment of choice depending upon the extension of the lesions.

CONCLUSION

Diagnosis of pleomorphic adenoma parotid gland might be challenging in cases of unusual presentations, leading to delay in proper treatment. This case is an example of importance of proper history, examination,

imaging and histopathological investigation to diagnose such type of lesion with unusual presentations. Accurate diagnosis leads to proper treatment and excellent prognosis with less chances of recurrence.

DECLARATIONS

Ethics approval not required

Author's contribution: All the authors contributed to the study conception and design.

Competing interests: The authors declare that they have no competing interests

Funding: Not needed

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How to cite this article

Verma P, etal; Pleomorphic Adenoma of Parotid Gland: A Rare Presentation-UPJOHNS; Dec24;12(2); page:53-56



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