PLEOMORPHIC ADENOMA OF MINOR SALIVARY GLAND OF CHEEK: A RARE CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT
Pleomorphic adenoma is the most common benign salivary gland neoplasm. The involvement of minor salivary glands of cheek is extremely uncommon and accounts only for 3-6%. We are presenting here such a rare case of pleomorphic adenoma of minor salivary gland of cheek in an adult female who presented to ENT OPD with complaint of right cheek swelling from last 2 years. On clinical examination swelling was firm, non tender, freely mobile with normal overlying skin and inner buccal mucosa. As a part of evaluation protocol, USG cheek and FNAC was done. The swelling was excised and sent for histopathological examination which came out as pleomorphic adenoma arising from minor salivary gland of cheek. The patient was followed for 1 year post operatively without any recurrence.

KEYWORDS: Buccal mucosa, minor salivary gland, pleomorphic adenoma.

INTRODUCTION
Salivary gland tumors are uncommon and constitute 2–6.5% of all the head and neck neoplasms.[1] Pleomorphic adenoma is the most common benign neoplasm of the salivary glands. The palate is considered as the most common intraoral site, followed by the upper lip and cheek.[2] Pleomorphic adenoma consists of cells with epithelial and mesenchymal differentiation (mixed tumor). Now it is widely accepted that both epithelial and mesenchymal (myxoid, hyaline, chondroid, osseous) elements often arise from same cell clone either myoepithelial or ductal reserve cell.[3] Pleomorphic adenoma usually presents as a mobile slowly growing, painless firm swelling without any ulceration of the overlying mucosa.[4] This tumor usually present in the fourth to sixth decades with a slight female predominance. In about 5–10% cases, minor salivary gland pleomorphic adenomas is seen in patients less than 20 years of age. Cases have been reported in the literature in patients as young as 3 months up to 18 years.[5,6,7] The mucosa of the cheek is an uncommon site for intraoral pleomorphic adenoma and this case is being reported her for its rarity.

CASE PRESENTATION
A 30 year old female patient came to our department with chief complaint of swelling and pain in right cheek from last 1 year. There was no history of fever, dysphagia or dental trauma. Intraoral examination including digital palpation revealed a 2.5 cm × 2 cm well circumscribed, freely mobile, firm and non tender solitary mass over the right cheek with normal overlying mucosa (Figure 1). There was no previous history of any similar swelling in the same region. As a part of evaluation protocol USG cheek and FNAC was done and a provisional diagnosis of pleomorphic adenoma of minor salivary gland was made. The tumor was excised via intraoral approach under local anesthesia. The mass was found to lie between the buccal mucosa and buccinators muscle. After meticulous dissection, the lesion was freed from the surrounding tissue and was removed along and sent for histopathological examination. The mass had a thin capsule and cut surface shows grayish white appearance.

Histological examination showed chondromyxoid areas with interspersed tubules and sheets of cells consistent with pleomorphic adenoma (Figure 2). Postoperative period was uneventful. Patient is under regular follow up without any recurrence.

Figure 1: Showing pre and intraoperative pics of swelling
The recurrence of this tumor is a well known factor. Lou et al. reported a recurrence of 7% in 1342 patients with benign parotid neoplasm and 6% in benign minor salivary gland tumors. Recurrences are reported even at 18 years after initial treatment. Inadequate initial surgical procedure was reported to be the main cause of failure.[7,8] In recent years, immunohistochemical markers are playing a major role in distinguishing pleomorphic adenomas from malignant salivary gland tumors. Human epidermal growth factor receptor-2/neu expression, androgen receptor expression, overexpression of P53, and expression of Ki-67 can be used in evaluating malignant salivary gland tumors, but these markers may also be expressed in benign pleomorphic adenomas. Hence, in the absence of compelling histologic features of malignancy, expression of these immunohistochemical markers should not be interpreted as evidence of carcinomatous transformation in a pleomorphic adenoma.[10]

CONCLUSION
Pleomorphic adenoma of the cheek is a rare neoplasm and diagnosis requires a high index of suspicion. Complete wide surgical excision is the treatment of choice. Recurrence as well as malignant transformation even after many years of surgical excision should be kept in mind and therefore a long term follow up of these cases is advisable.

CONFLICT OF INTEREST
No financial or conflict of interest

REFERENCES


