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Case Report

A case of pleomorphic adenoma in the sublingual gland



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ABSTRACT

Although pleomorphic adenoma is the most common benign salivary gland tumor, it rarely occurs in the sublingual glands. A case of pleomorphic adenoma that arose in a sublingual gland is presented. A 60-year-old man had been aware of a mass in the right side of the floor of the mouth for 6 months. When he sought treatment, a painless, elastic, hard, movable, well-circumscribed tumor mass, approximately 2 cm in diameter, was found in the right mouth floor. Magnetic resonance imaging showed a comparatively well-defined mass (19 mm × 12 mm) with inhomogeneous internal structure. A low-intensity area was seen on T1-weighted images, and a mild low-to-high intensity area was seen on T2-weighted images; this corresponded with the right sublingual gland. Examination of a biopsy specimen confirmed the diagnosis of pleomorphic adenoma, and the tumor and sublingual glands were resected under general anesthesia. On histopathology, the tumor was identified in the sublingual gland tissue; it was completely surrounded by a thin fibrous capsule, and tumor cells had not invaded the capsule. The histopathological diagnosis was pleomorphic adenoma. No evidence of recurrence was seen at 1 year after surgery.

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1. Introduction

Pleomorphic adenoma is the most common benign salivary gland tumor, but it rarely occurs in the sublingual glands [1–3]. A case of pleomorphic adenoma that occurred in the sublingual gland is presented.

2. Case report

The patient was a 60-year-old man who became aware of a painless mass in the floor of his mouth on the right side from October 2013, but he did not seek medical treatment. He visited our department at the end of April 2014, after the tumor was identified by his local physician at the beginning of the month. The patient had a history of cerebral infarction, diabetes, hypertension, and stomach cancer, with no remarkable family history.

At initial examination, the patient had symmetrical facial features and no swelling or tenderness in the regional lymph nodes. A



Fig. 1. Photo of patient's mouth at initial examination. A painless, elastic, hard, flexible, well-circumscribed tumor, approximately 2 cm in diameter, is observed in the floor of the mouth on the right side.

painless, elastic, hard, flexible, well-circumscribed tumor, approximately 2 cm in diameter, was observed in the right floor of the mouth (Fig. 1). There were no abnormal laboratory findings. Magnetic resonance imaging (MRI) showed a relatively well-defined mass (19 mm × 12 mm) with an inhomogeneous internal structure. The tumor had low signal intensity on T1-weighted images and a mild low-to-high signal intensity on T2-weighted images corresponding to the right sublingual gland (Fig. 2A and B).

☆ Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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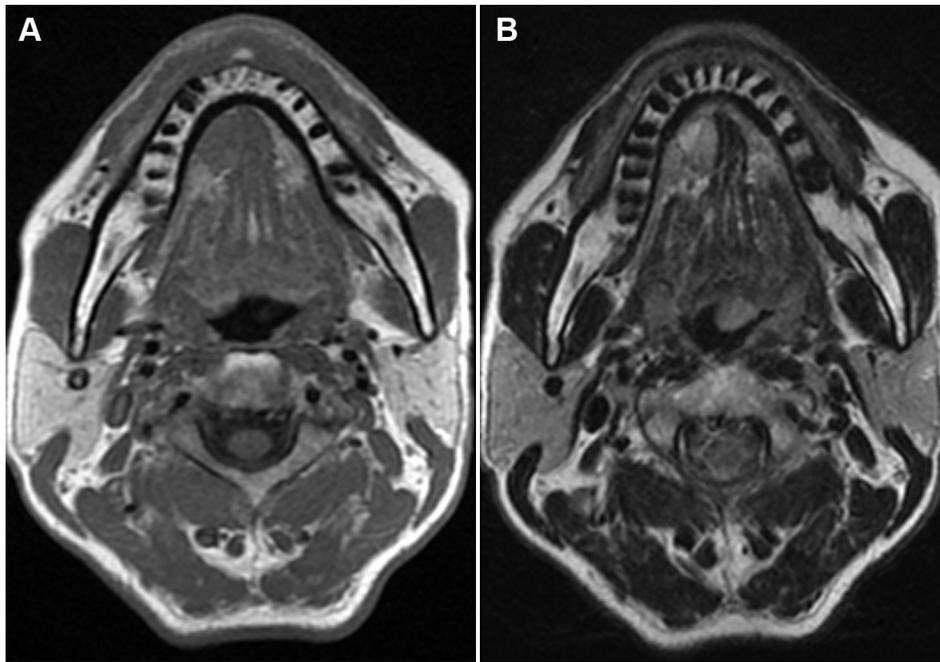


Fig. 2. MRI images. The tumor is a relatively well-defined mass (19 mm × 12 mm) with an inhomogeneous internal structure, with low signal intensity on T1-weighted images (A) and a mild low-to-high signal intensity on T2-weighted images (B) corresponding to the right sublingual gland of the mouth floor.

The patient underwent biopsy under local anesthesia in mid-May 2014 to determine whether the tumor was benign or malignant. Since the biopsy results led to a histopathological diagnosis of pleomorphic adenoma, a tumorectomy of the right sublingual gland was performed under general anesthesia in mid-June 2014. An incision was made in the mucous membrane of the mouth floor, and the tumor, which was located anterior to the sublingual gland, was resected with the gland as a single mass. The tumor did not adhere to the surrounding tissue (Fig. 3).

The tumor had a diameter of 20 mm and was located anterior to the sublingual gland. It had a capsule with a solid, uniformly yellowish-white transverse section. The tumor was completely enveloped by sublingual gland tissue (Fig. 4A and B).

Histopathological findings showed that the tumor itself was completely covered by a thin, fibrous capsule, and that the tumor cells had not infiltrated the capsule. The tumor had various characteristics, including a luminal area, a myxomatous or hyalinized stromal area, an area where cells with rounded nuclei exhibited alveolar, trabecular proliferation, and an area with polygonal and

spindle-shaped cells. The tumor cells did not exhibit any marked dysplasia (Fig. 5A and B). Based on these findings, a histopathological diagnosis of pleomorphic adenoma was made.

No evidence of tumor recurrence was seen one year after surgery.



Fig. 3. Photograph during surgery. An incision has been made in the mucous membrane of the mouth floor, and the tumor, located anterior to the sublingual gland, has been resected with the gland as a single mass. The tumor does not adhere to the surrounding tissue.

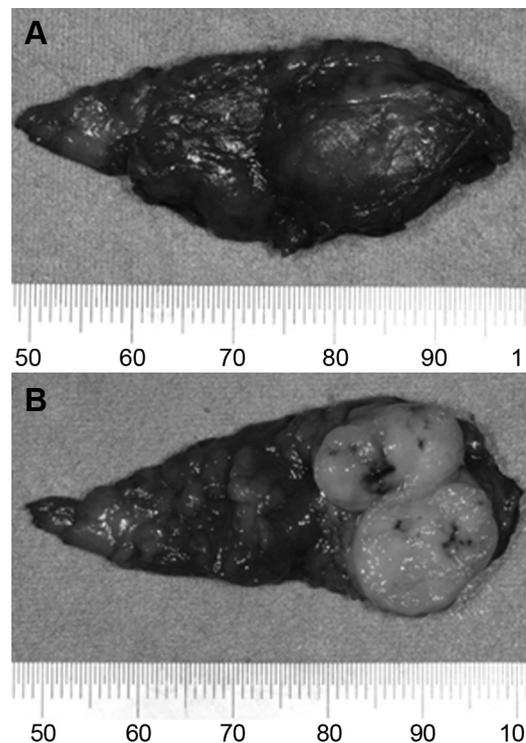


Fig. 4. Photograph of resected specimen. The tumor has a diameter of 20 mm, is located anterior to the sublingual gland, and has a capsule (A) with a solid, uniformly yellowish-white transverse section that does not contain any liquid (B).

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