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## Case Report

# A case of necrotizing sialometaplasia clinically mimicking a malignant tumor of the palate

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## ABSTRACT

Necrotizing sialometaplasia is a rare lesion that mimics malignant neoplasm, which is characterized by salivary gland metaplasia, necrosis, and inflammation. We present a case of necrotizing sialometaplasia that presented as an ugly ulcer at the junction of the soft and hard palates; the lesion was clinically suspected to be a malignant lesion.

A 62-year-old man was referred to our department with a complaint of severe pain during swallowing. A crater-like ulcer lesion was observed extending from the maxillary tuberosity to the soft palate. Histopathological diagnosis of necrotizing sialometaplasia was confirmed on biopsy. This lesion was spontaneously relieved.

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## 1. Introduction

Necrotizing sialometaplasia (NS) is a benign lesion that resembles a tumor. It was first reported by Abrams et al. [1] in 1973. The lesion is characterized by varying degrees of squamous metaplasia of the salivary duct and acinar tissues. The lesion commonly occurs in the minor salivary gland of the palate [2]. Macroscopically, the lesion appears as a necrotic ulcer. Furthermore, histopathological findings mimic those of a malignant tumor owing to the squamous metaplasia of salivary glands.

We report a case of NS for which a malignant tumor was suspected clinically because of the presence of an ulcer with severe pain at the border of the soft and hard palates.

## 2. Case report

A 62-year-old man was referred to our department with the chief complaint of severe pain in the posterior part of right maxilla during swallowing. He noticed stomatitis 1 month ago and received oral care at a dental clinic; however, the pain aggravated. Therefore, he underwent a biopsy at the department of oral surgery in

a local hospital. The histopathological diagnosis was inflammatory granulation tissue with ulcer.

On initial macroscopic examination at our department, an uneven ulcer of the strong deep drilling type (size, 23 mm) with irregular edges was observed at the junction of the hard palate near the posterior part of the right maxillary tuber and the soft palate. Redness was found in the circumference, but there was no swelling (Fig. 1). Medical history included hypertension; the patient quit smoking more than 15 years ago but consumed alcohol approximately 2–3 times a week.

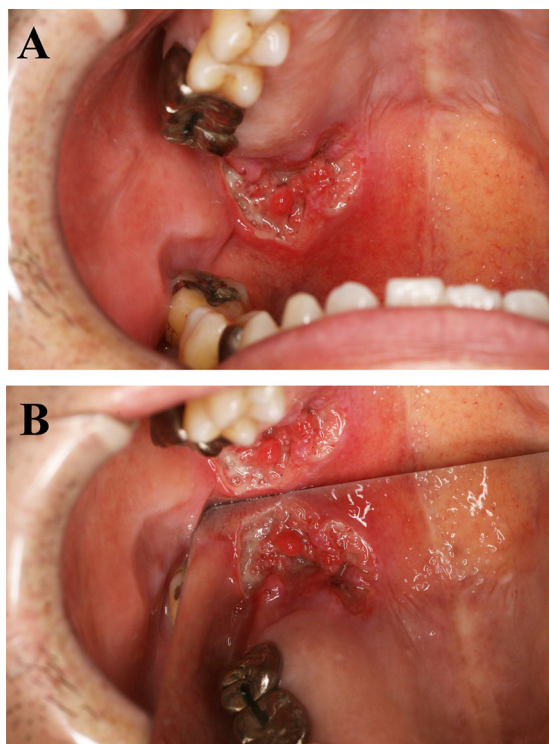
Panoramic radiographic imaging revealed no abnormal resorption of the right maxillary tuber (Fig. 2). Computed tomography (CT) revealed a portion of the site with bone resorption, and the area from the right anterior palatine arch to the medial pterygoid muscle exhibited a light contrast effect. There was no obvious swelling of the cervical lymph nodes. T1-weighted magnetic resonance imaging (MRI) revealed a low-intensity area with indistinct border in the right anterior palatine arch (Fig. 3). Short inversion time inversion recovery (STIR) image revealed a thickened high-intensity area (size, 2.4 cm) at the same site. Furthermore, invasion of medial pterygoid muscle was suspected. The clinical diagnosis was suspected to be a malignant tumor of the right soft and hard palates.

We performed a biopsy again. Histopathological findings were consistent with ulcer in a non-cancerous mucosal epithelium sequentially. Granulation tissue with moderate inflammatory

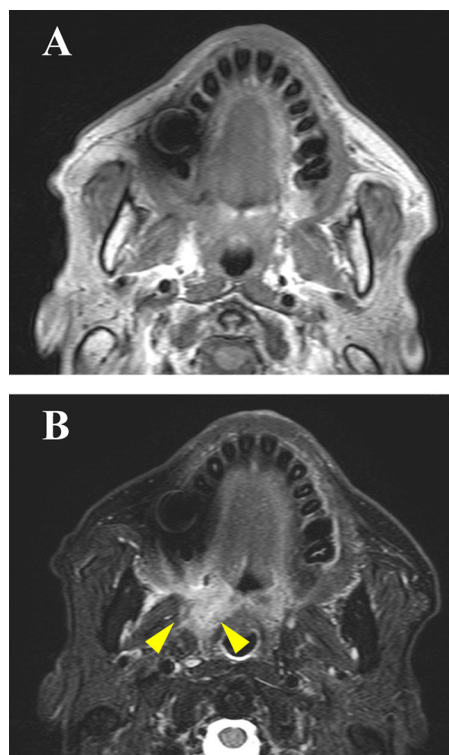
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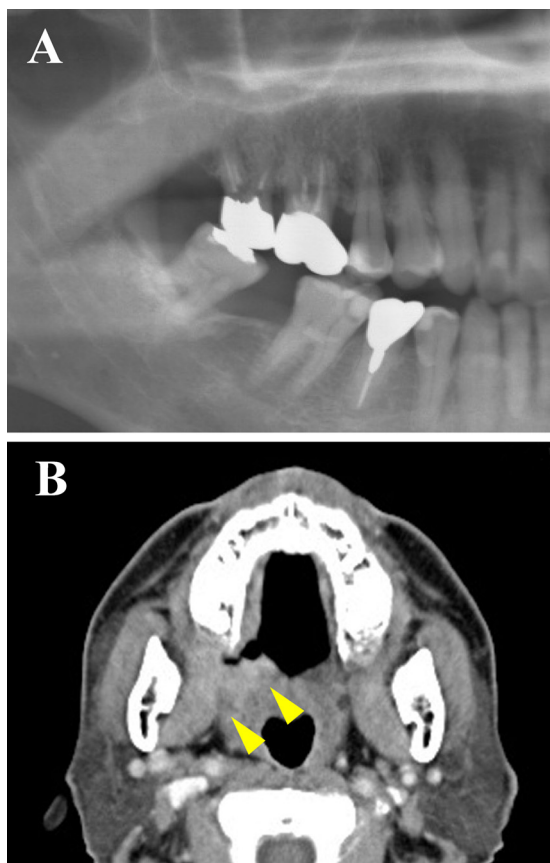
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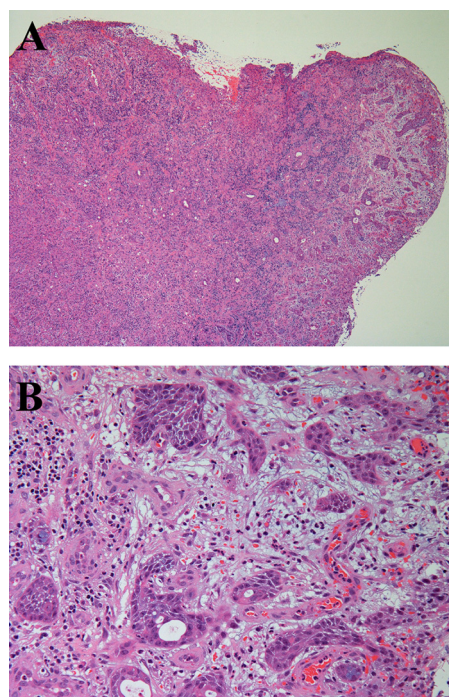
**Fig. 1.** (A) Front image, (B) mirror image. Intraoral view at first visit showing the irregular ulcer located at the junction of the soft and hard palates.



**Fig. 3.** (A) T1-weighted imaging, (B) STIR imaging. A hyper-intense area (size, 2.4 cm) is observed in the right anterior palatine arch. Additionally, the invasion of the medial pterygoid muscle (arrow head) is suspected on STIR imaging.



**Fig. 2.** (A) On panoramic radiographic imaging, no abnormal resorption of the right maxillary tuber was observed. (B) CT imaging. The area from the right anterior palatine arch to the medial pterygoid muscle (arrow head) exhibits a mild contrast effect.



**Fig. 4.** Histopathologic findings. (A) Granulation tissue with moderate inflammatory cell infiltration (hematoxylin and eosin (H&E), original magnification 40 $\times$ ). (B) Partial preservation of the mucous gland lobules and salivary acinar and ductal structure with squamous metaplasia is observed (H&E, original magnification 200 $\times$ ).

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