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Case report/Kazuistyka

An unusual presentation of pleomorphic adenoma of the soft palate in a 13-year-old boy – A case report

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ABSTRACT

Pleomorphic adenoma (PA) is the commonest benign neoplasm of major and minor salivary glands. PA of the minor salivary gland in the palate is a common clinical entity. When the minor salivary glands are affected, commonly occurs at the junction of hard and soft palate. Due to its diverse clinical and morphological appearance of PA in the palate, the diagnosis is complex so histopathological examination is essential. Malignant degeneration of this lesion is a potential complication. Here we are reporting a case of PA at the soft palate which simulating to the malignant appearance which is an extreme rare presentation. The diagnosis is confirmed by histopathological examination and followed by surgical excision. PA, though a common clinical entity is still a challenging tumour for surgeon, pathologist and radiologist. The treating surgeon must be aware of its topographical diversity.

Introduction

The pleomorphic adenoma (PA) is the most commonly seen tumour amongst benign tumours of the salivary glands including both minor and major salivary glands. PA represents about 3–10% of the neoplasm of the head and neck region [1]. The PA arises from the ductal epithelium of the major and minor salivary glands, exhibiting epithelial and mesenchymal cells and is also known as "benign mixed tumour". It can be seen at any age, though rarely found in children [2]. PA of the palate are commonly described as nodular lesions with a smooth surface without pain, having a firm consistency, slow growth and do not invade to the surrounding structures. In majority of patients, it does not cause ulceration over the mucosa [3]. Commonly PA occurs as painless, slowly growing lesion in the fourth or fifth decades [4]. There are several differential diagnoses for this lesion and atypical presentations of this tumour are not uncommon. The importance of this lesion lies in the fact that, it is more likely to be malignant when associated with minor salivary glands [5]. Fine needle aspiration cytology (FNAC) and incisional biopsy are important initial diagnostic tools [6]. It may be misdiagnosed as malignant tumour on blind clinical diagnosis due its morphological diversity. It is the need for awareness for its diverse presentation among

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clinician that affect outcome greatly. Histopathological examination of such tumour is essential before definitive treatment. Here, this clinical case report describes a PA of minor salivary gland in the palate of a 13 years old boy, which mimicking to a malignant lesion and it was treated with surgical excision with no evidence of recurrence after 1 year postoperative follow up period.

Case report

A 13-year-old boy attended to outpatient department of Otorhinolaryngology with a complaint of swelling in the roof of the mouth since 1 year. Patient was apparently fine 1-year back and then he noticed swelling on the left side of the soft palate. He had no habit of tobacco chewing, smoking, betel nut chewing or any other addiction. On clinical examination, a mass of 3 cm × 3 cm size present at the soft palate in the left side, non-tender, firm in consistency, non-fluctuant without any discharge from the mass (Fig. 1). The mass looks necrosed, without pain and malodorous. He had no regional lymphadenopathy and examination of teeth did not show any evidence of caries or mobility. Due to its unusual appearance, an incisional biopsy was done and the histopathological examination confirmed an ulcerated PA. On computed tomography (CT) scan examination, a well defined mass was found in the left side of the soft palate without invasion to the adjacent structures (Fig. 2). Subsequently under general anesthesia, the mass was completely removed and the defect was closed with sutures (Fig. 3). Usually after surgical excision, large palatal defect need reconstruction but here patient did not need palatal reconstruction as there was no bony invasion in our case. The histopathological examination of the surgically removed mass was showing well defined pseudo-encapsulated nodular lesion with proliferation of epithelial cells and plasmocytoid myoepithelial cells and ductal elements which confirmed the diagnosis of PA of the minor salivary gland (Fig. 4). The postoperative period was uneventful and healing after 2 weeks was satisfactory. There was no evidence of recurrence after 1-year follow up period.

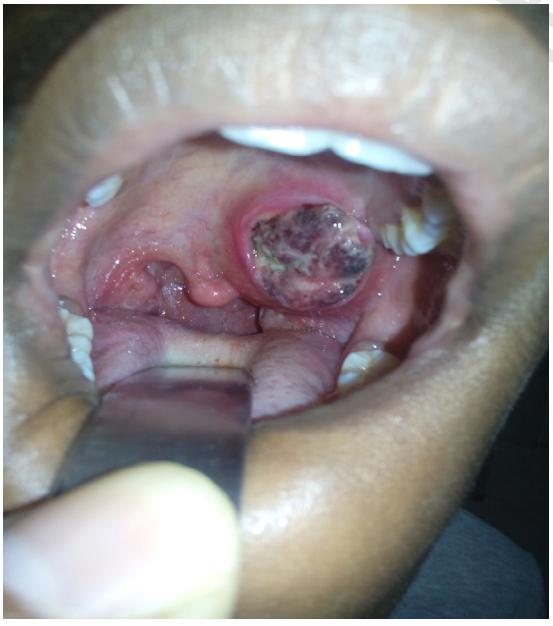

Fig. 1 – Intra-oral view showing the tumour in the left side of the palate, not crossing the midline

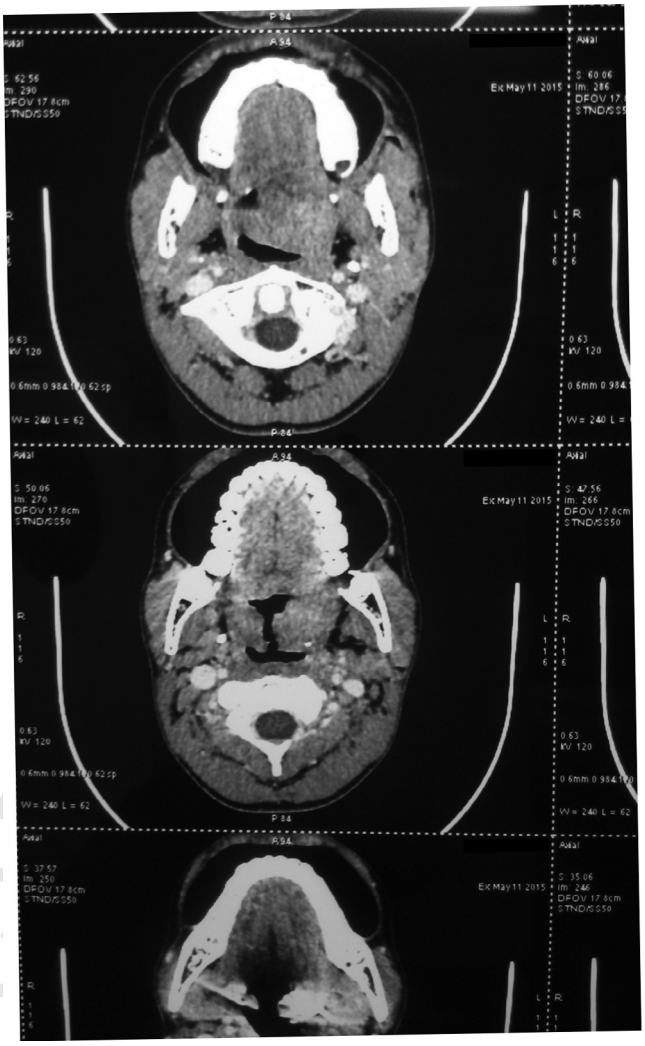

Fig. 2 – CT scan showing homogenous enhancing well-defined lesion in the left posterolateral wall of the soft palate without bony erosion

Discussion

PA is the most common benign mixed salivary gland neoplasm. Commonest site of occurrence of PA is the parotid gland, and affecting patients of any age group, but most frequently between the fifth and sixth decades of life. PA typically present in the lower pole and superficial lobe of the parotid gland. Approximately 10% of all parotid PA are thought to arise from deep lobe of the parotid gland [7]. The commonest intraoral salivary gland tumour is also the PA. Most common site for PA of minor salivary gland is palate (10%) followed by lip (4%) and buccal mucosa [8]. The

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