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Clinicopathological characteristics of tumours of the intraoral minor salivary glands in 170 Brazilian patients

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Abstract

Tumours of the minor salivary glands are relatively uncommon, and publications from around the world normally include tumours of both the minor and major salivary glands, making it difficult to assess their prevalence and distribution. Our aim was to evaluate retrospectively the clinicopathological features of a series of tumours of the intraoral minor salivary glands from two universities in Rio de Janeiro, Brazil, and to compare the data with those from other epidemiological studies. A total of 170 such tumours were diagnosed from 1942 to 2012, and were selected from two university departments of oral pathology. Eighty-nine of the tumours were benign (52%). Pleomorphic adenoma (n=75) and mucoepidermoid carcinoma (n=23) were the most common benign (44%) and malignant tumours (14%), respectively. There were 104 female patients (61%) and both benign and malignant tumours affected more women than men. Significantly more tumours were in the palate (n=95, 56%; p=0.001). We conclude that these tumours had features similar to those from other studies from North and Latin America, but differ from the results presented from Asia. Further studies should be designed to highlight possible geographical and population-specific characteristics of these tumours.

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Introduction

Tumours of the minor salivary glands are relatively uncommon neoplasms of the head and neck.^{1,2} Specific data about their incidence and clinicopathological features are sometimes difficult to retrieve, as many studies include tumours of both major and minor salivary glands or malignant neoplasms alone.^{3,4} During the last 15 years there have been several published studies of tumours that affect only the minor salivary glands, but few have included Brazilian patients,^{5,6} though previous epidemiological data have shown that clinicopathological characteristics of these tumours vary among populations.^{7,8} These data reinforce the importance of more specific studies designed to understand their profile. It is accepted that pleomorphic adenoma and mucoepidermoid

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Table 1 Distribution and ratios (:) of benign:malignant intraoral tumours of the minor salivary glands by decades. Data are number or number (%).

Decade Benign		Malignant	Benign:malignant	Total	
1950	4	0	1:0	4(2)	
1960	1	2	1:2	3(2)	
1970	8	4	1:0.5	12(7)	
1980	5	3	1:0.6	8(5)	
1990	7	5	1:0.7	12(7)	
2000	51 (55)	41 (45)	1:0.8	92 (54)	
2010	13 (33)	26 (67)	1:2	39 (23)	
Total	89 (52)	81 (48)	1:0.9	170	

carcinoma are the most common intraoral tumours of the minor salivary glands, but it is still difficult to calculate the incidence of other benign and malignant salivary gland tumours because they are so rare.⁷

The purpose of the present study was to evaluate retrospectively the clinicopathological features of a series of the tumours from two public universities in Rio de Janeiro, Brazil, and compare these data with those from studies from other countries.

Patients and methods

The files of two public oral pathology services in Rio de Janeiro, Brazil (School of Dentistry, Federal University of Rio de Janeiro and School of Dentistry, State University of Rio de Janeiro) were reviewed and all cases diagnosed as intraoral tumours of the minor salivary glands were retrieved. Histological slides containing 5 µm-sections stained with haematoxylin and eosin from each case were reviewed under light microscopy, and all in which the final diagnoses were confirmed were selected. Clinicopathological data including

age, sex, anatomical site of the tumour, and histological type were recorded from paper records that were retrieved from the laboratories. All histological slides were analysed by three of the authors to confirm the diagnosis according to criteria laid down in reference texts. 1,2 When needed, special stains (mucicarmine and periodic acid-Schiff) were used to aid in the final diagnosis. Cases for which we had no representative sections of tissue or that had been diagnosed exclusively by fine-needle aspiration biopsy were excluded, as were tumours in which the final diagnosis could not be characterised in more detail than "adenoma" or "adenocarcinoma", or when clinicopathological information was not available. Those that had more than one biopsy (incisional and excisional biopsy specimens) were recorded only once.

Statistical analyses were made with the aid of IBM SPSS software (version 20, IBM Corp, Armonk, NY), and the chi square test and Studentś *t* test were used to assess the significance of differences, as appropriate. Probabilities of less than 0.05 were accepted as significant.

Results

A total of 174 tumours were selected, and four with inconclusive final diagnoses were excluded, leaving 170 cases of which 108 were diagnosed in the Oral Pathology Laboratory, Federal University of Rio de Janeiro (0.8% of all biopsies recorded in the laboratory) and 62 in the Oral Pathology Laboratory, State University of Rio de Janeiro (1.3% of all biopsies recorded in the laboratory). On histological classification 89 tumours were benign (52%) and 81 were malignant (48%). The ratio of benign:malignant tumours was higher throughout most of the decades, with the exception of the 1960s and the 2010s (Table 1). Table 2 shows the incidence, and

Table 2 Comparative incidence, sex, and mean (SD) age distribution according to histological subtypes of 170 intraoral minor salivary gland tumours.

Histological subtype	No	% of Group	% of Total	Sex (%)		Mean (SD) age (years)
				Male	Female	
Benign intraoral minor salivary gland tumours:						
Pleomorphic adenoma	75	84	44	41	59	45 (20)
Cystadenoma	9	10	4	33	67	61 (19)
Canalicular adenoma	3	4	2	33	67	54 (9)
Basal cell adenoma	1	1	1	0	100	60
Myoepithelioma	1	1	1	100	0	NS*
Total	89	100	52	40	60	47 (20)
Malignant intraoral minor salivary gland tumour	s:					
Mucoepidermoid carcinoma	23	28	14	35	65	52 (19)
Polymorphous low-grade adenocarcinoma	21	26	12	29	71	60 (12)
Adenoid cystic carcinoma	19	24	11	47	53	56 (19)
Adenocarcinoma, not otherwise specified	6	7	4	33	67	58 (16)
Basal cell adenocarcinoma	4	5	2	25	75	49 (8)
Carcinoma ex-pleomorphic adenoma	4	5	2	50	50	45 (22)
Acinic cell adenocarcinoma	3	4	2	33	67	57 (20)
Mucinous adenocarcinoma	1	1	1	100	0	74
Total	81	100	48	37	63	55 (17)
Total (benign and malignant)	170	100	100	39	61	51 (19)

^{*} NS=not stated.

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