

Surgical approach to a pleomorphic adenoma of the palate with undisturbed growth lasting for 20 years

Approccio chirurgico a un adenoma pleomorfo del palato lasciato crescere per 20 anni

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ABSTRACT

OBJECTIVES. In this case report, a step-by-step description is provided of our approach to elective surgical treatment in a 44-year-old Caucasian man affected with a pleomorphic adenoma of the hard palate measuring over 3 cm in diameter and left to grow for 20 years.

MATERIALS AND METHODS. After removal of the lesion, a conservative surgical strategy was adopted in our case and the wound was left open to heal by secondary intention.

RESULTS AND CONCLUSIONS. At the 6-month follow-up, the patient showed good healing of the palatal mucosa, and improved speech, masticatory and swallowing functions.

Our case was characterized by a very long history (over 20 years without any treatment) but with a benign clinical course

that did not lead to damage of the palatal bone.

KEY WORDS

- ▶ Pleomorphic adenoma
- ▶ Palatal tumor
- ▶ Minor salivary gland tumor
- ▶ Mixed tumor of salivary glands
- ▶ Oral cavity tumor

RIASSUNTO

OBIETTIVI. Il caso presentato descrive la tecnica adottata per il trattamento chirurgico di un adenoma pleomorfo del palato duro, avente diametro superiore a 3 cm, lasciato crescere per circa 20 anni in un uomo di 44 anni.

MATERIALI E METODI. In questo caso, dopo la rimozione della lesione, è stata adottata una strategia chirurgica conservativa e la ferita è stata lasciata guarire per seconda intenzione.

RISULTATI E CONCLUSIONI. Al follow-up a 6 mesi il paziente presentava una buona guarigione della mucosa palatina con ripristino di una corretta fonazione, masticazione e deglutizione. Questo caso è caratterizzato da

una storia clinica molto lunga (più di 20 anni senza alcun trattamento) ma con un decorso clinico lento e benigno che non ha comportato interessamento dell'osso palatino.

PAROLE CHIAVE

- ▶ Adenoma pleomorfo
- ▶ Tumore palatino
- ▶ Tumore delle ghiandole salivari minori
- ▶ Tumore misto delle ghiandole salivari
- ▶ Tumore del cavo orale

1. INTRODUCTION

Pleomorphic adenoma is usually solitary and presents as a slow growing, painless, firm single nodular mass with a hard-elastic texture. It occurs more frequently in females, with a female/male prevalence of 2:1; patients usually present around the fifth decade of life, but first signs are possible at an early age, even in childhood [1]. Pleomorphic adenoma is a benign mixed tumor composed of epithelial and myoepithelial structures with different modalities of growth, mixed with a stroma with gelatinous connective tissue, myxoid, chondroid or hyaline. Isolated nodules are generally outgrowths of the main nodule rather than a multinodular presentation. Lesions of the palate frequently involve the periosteum or bone [2] but normally do not cause ulceration of the overlying mucosa. The histogenesis of this lesion is related to a proliferation of cells with ductal and/or myoepithelial features. The myoepithelial differentiated cell assumes an important role in determining the overall composition and appearance of mixed tumors [3].

The gold standard in treatment is wide surgical excision because this tumor can invade adjacent structures and it also has a high recurrence rate [4]. The incidence of local recurrence varies between 5% and 50%. Depending on the adequacy of surgical treatment of lesions, recurrence

may be more common in patients who had their primary tumor at an early age, or when accompanied by invasion of the contralateral side of the palate, maxillary sinus or nasal cavity [5].

2. MATERIALS AND METHODS

2.1 CASE REPORT

A 44-year-old Caucasian man, with an otherwise negative medical history, presented at our dental clinic with a slowly growing mass, largest diameter 3 cm, in the right hard palate, and present his oral cavity for at least 20 years (fig. 1). At presentation, the lesion was asymptomatic and without signs of mucosal ulceration, but the patient did report problems while eating and swallowing.

A computed tomography (CT) scan of the facial and maxillary bones excluded bone engagement and no variation was observed after endovenous contrast injection (fig. 2). An incisional biopsy was performed resulting in a diagnosis of pleomorphic adenoma of the minor salivary gland. After the routine preoperative examinations, the case was planned for complete surgical excision under general anesthesia (fig. 3). Informed consent was obtained from the patient.

Clinical differential diagnoses included an infectious-phlogistic pathology [odontogenous (endodontic abscess acute upper molar, molar periodontal abscess, pericoronitis of the eighth tooth, periapical cyst); salivary glands (mucocele, adenomatoid hyperplasia); reactive hyperplasia (pyogenic granuloma, peripheral

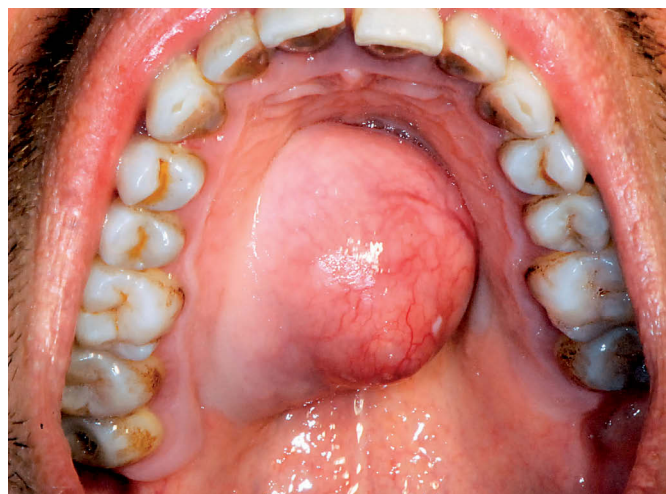


Fig. 1
Clinical aspect
of the lesion

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