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Case report

Non sebaceous lymphadenoma of the parotid gland: Two-case report

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ABSTRACT

Many different tumors, both cystic and/or solid, arising in the salivary glands are associated with a prominent lymphoid stroma. Lymphadenoma without sebaceous differentiation is an exceedingly rare benign tumor of salivary glands, included since 2005 in the WHO classification of salivary gland tumors. Until now only few cases of this entity have been reported in the English literature.

We herein report the clinico-pathological characteristics of two cases of this rare tumor, arising in the parotid gland and affecting two middle-aged women. Both tumors were delimited by a fibrous capsule from the surrounding normal gland, and composed microscopically by abundant lymphoid stroma with florid follicular hyperplasia admixed with epithelial cuboidal and cylindrical bland cells that express immunohistochemical luminal phenotype with cytokeratins. The cells do not have sebaceous and/or onco-cytic differentiation. At the present moment both patients are disease free, without local recurrence and/or metastasis, 26 and 10 months after initial diagnosis.

Lymphadenoma is a rare benign neoplasm of salivary glands. In the last years more cases are being published in literature that will contribute to recognize and understand the development of these benign or hamartomatous tumor. The complete surgical excision of the mass has been curative in all cases and the absence of recurrence and/or metastatic disease supports its benign nature.

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1. Materials and methods: two case reports

1.1. Case 1

A 57-year-old woman consulted in July 2009 for a painful right preauricular mass she had noticed 15 days before. She referred a similar inflammation in the same location 20 years before, which was treated in a conservative fashion with anti-inflammatory drugs. She denied other symptoms or disease.

On physical examination there was a 3 cm hard mass in the tail of the parotid gland. The facial nerve and the auditory canal seemed uninvolved. No other mass or lymphadenopathies were detected.

The magnetic resonance imaging and fine needle aspiration cytology (FNA) performed in another hospital, rendered no definite results.

In December 2009 the maxillofacial surgeons in our hospital decided to excise the mass and a partial superficial parotidectomy was performed.

Macroscopic evaluation of the specimen revealed a hard and white, solid nodule measuring 3.5 cm × 2.2 cm × 2 cm, perfectly separated by a capsule from the surrounding normal gland (Figs. 1–6).

On microscopic exam the nodule was delimited by a fine, fibrous capsule and constituted by a dense background of reactive lymphoid stroma, with prominent germinal centers and epithelial cells distributed haphazardly, in islands and with an anastomosing trabecular pattern, surrounded by a PAS+ basement membrane. The epithelial cells were cuboidal and bland, with no atypia. Mitotic figures were absent.

1.2. Case 2

A 64-year-old woman presented with a painless mass in the parotid of few months of evolution. The patient denied other pathologies.

The CT scan revealed a well-circumscribed mass in the superficial lobe of the left parotid of 4 cm × 1.6 cm × 2.7 cm. On MR imaging the mass was heterogeneous with cystic and solid areas, and calcium deposits. Imaging diagnosis was pleomorphic adenoma. There

[☆] AsianAOMS: 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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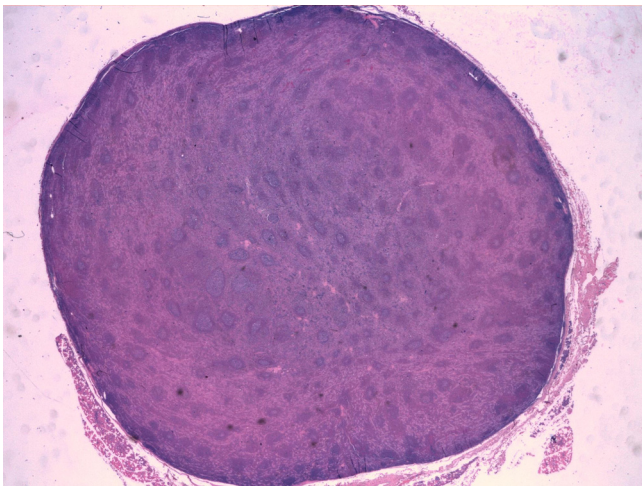


Fig. 1. Lymphadenoma is a perfectly delimited mass surrounded by normal gland.

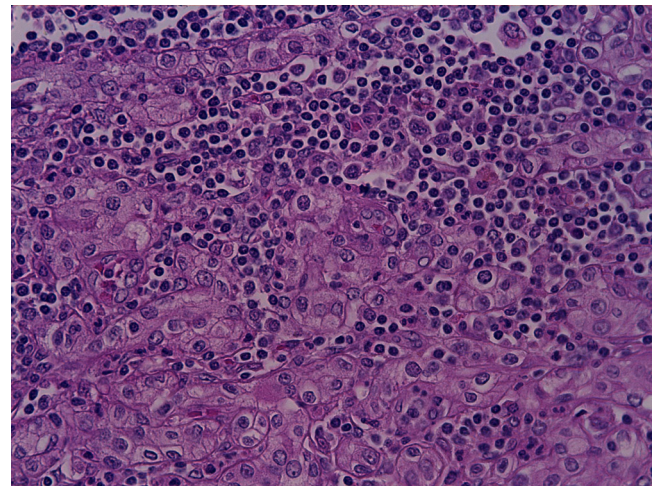


Fig. 4. Cells are bland, do not have atypia and mitosis were absent.

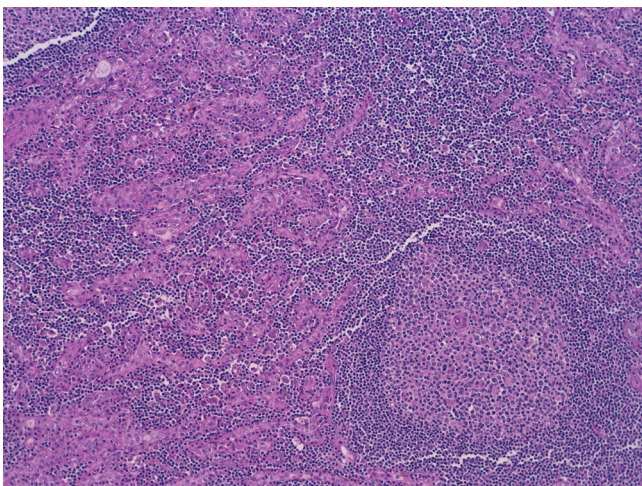


Fig. 2. A prominent lymphoid background intermingled with epithelial cells.

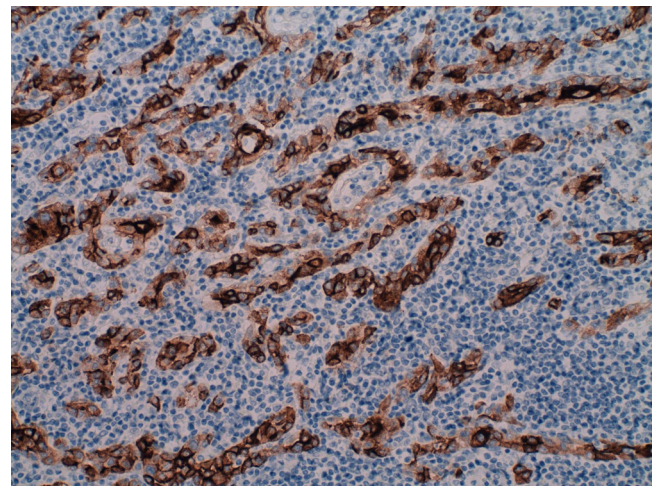


Fig. 5. Pancytokeratins (AE1/AE2) stain all epithelial structures.

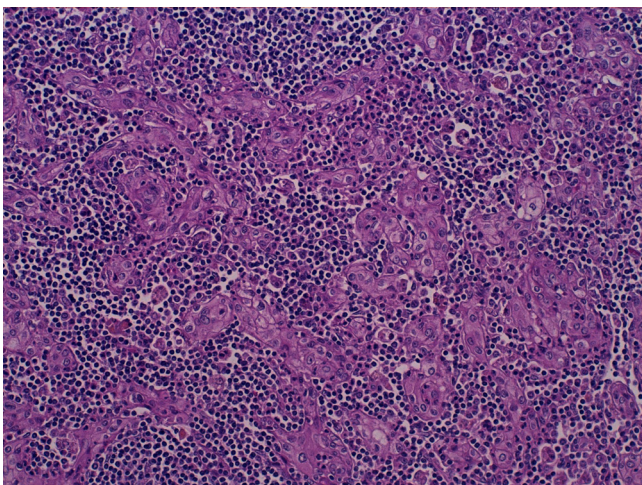


Fig. 3. The epithelial cells arranged in nest and cords, with intraepithelial lymphocytes.

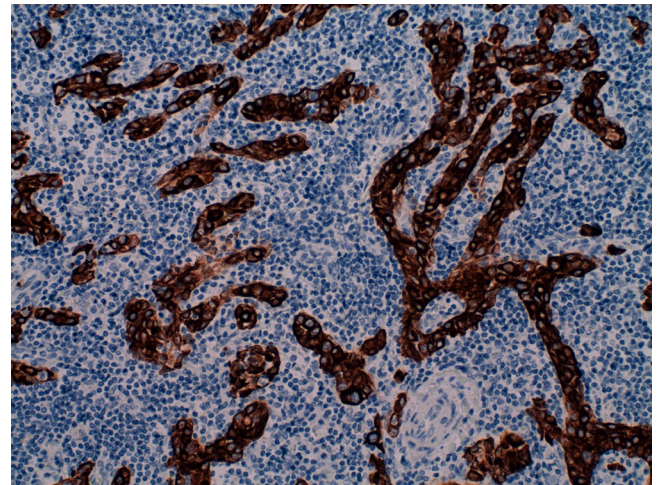


Fig. 6. Heavy keratin stains the luminal and basal cells.

were no lymphadenopathies and the rest of the salivary gland was normal.

On FNA a polymorphic lymphoid background predominated and there were neither epithelial nor glandular structures.

The patient underwent a superficial parotidectomy with complete excision of the mass.

On macroscopic exam the mass was well circumscribed surrounded by a fine fibrous tissue. Microscopic examination showed gland and cyst-like epithelial structures with abundant lymphoid

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