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## Case Report

# A case of mammary analog secretory carcinoma of the lower lip



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## ABSTRACT

A new disease concept called mammary analog secretory carcinoma (MASC) has been reported recently among acinic cell carcinoma (AciCC) of the salivary gland and cystadenocarcinoma of low malignant potential. MASC exhibits histological and immunohistochemical findings similar to those of secretory carcinoma of the breast. Recently, it has been pointed out that a considerable number of cases believed to be AciCC are in fact cases of MASC. We report our experience with a case of MASC that developed on the lower lip after originating from the minor salivary glands. The patient was a 41-year-old man who consulted our department with a chief complaint of a painless mass on the right lower lip. After a clinical diagnosis of a benign tumor, the mass was surgically excised with the patient under local anesthesia. Histopathological examination of the excised mass indicated AciCC. Two years postoperatively, metastasis to the submandibular lymph nodes was observed, for which right suprahyoid neck dissection was performed. No subsequent local recurrence or distal metastasis has been observed. This case was originally diagnosed as AciCC, but was diagnosed as MASC on histopathological reexamination.

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## 1. Introduction

Acinic cell carcinoma (AciCC) is characterized by the proliferation of round to polygonal clear cells with basophilic granules (i.e., zymogen granules) derived from serous acinar cells. This type of mass is rare, accounting for only <1% of all salivary gland tumors, most of which develop in the parotid glands, with only a very small number originating from the submandibular glands, sublingual glands, and minor salivary glands [1]. However, recently, it has been pointed out that a considerable number of cases believed to be AciCC are in fact cases of mammary analog secretory carcinoma (MASC) [2–6].

The present case was cytologically diagnosed as AciCC, but retrospective reexamination of cytology showed convincing characteristics of MASC. We herein report a case of MASC that developed on the lower lip.

## 2. Case report

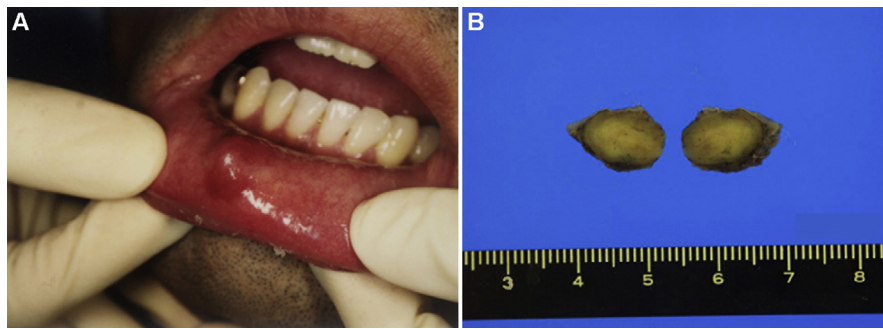
A 41-year-old man had noticed a painless mass on the right lower lip in April 2006. After noticing that the mass was slowly growing, he consulted a local dental clinic. Fine-needle aspiration biopsy was performed, but the contents could not be aspirated. Therefore, the patient consulted our department for further evaluation and treatment in July 2006. His medical history was not remarkable. On the first examination (ocular inspection and palpation), a 10–14-mm, painless, hemispheric, soft, elastic mass, was observed on the mucosal surface of the right side of the lower lip. The mass was well circumscribed with a flat surface and normal mucosal color (Fig. 1A). There were no abnormal findings in the regional lymph nodes. Under the clinical diagnosis of a benign tumor of the right lower lip, the lesion was resected with the patient under local anesthesia in August 2006. The lesion was excised with some surrounding normal tissue. The excised lesion was 15 mm × 13 mm in size, and the cross-section showed a solid white tumor (Fig. 1B).

Histopathological examination led to the diagnosis of AciCC, and additional studies with contrast-enhanced computed tomography (CT) and 67 Ga and 99mTc-bone scintigraphy were performed immediately postoperatively. The tests showed no lymph node metastasis or distal metastasis (Fig. 2A and B). Thereafter, the patient was followed up for observation, and regular imaging tests

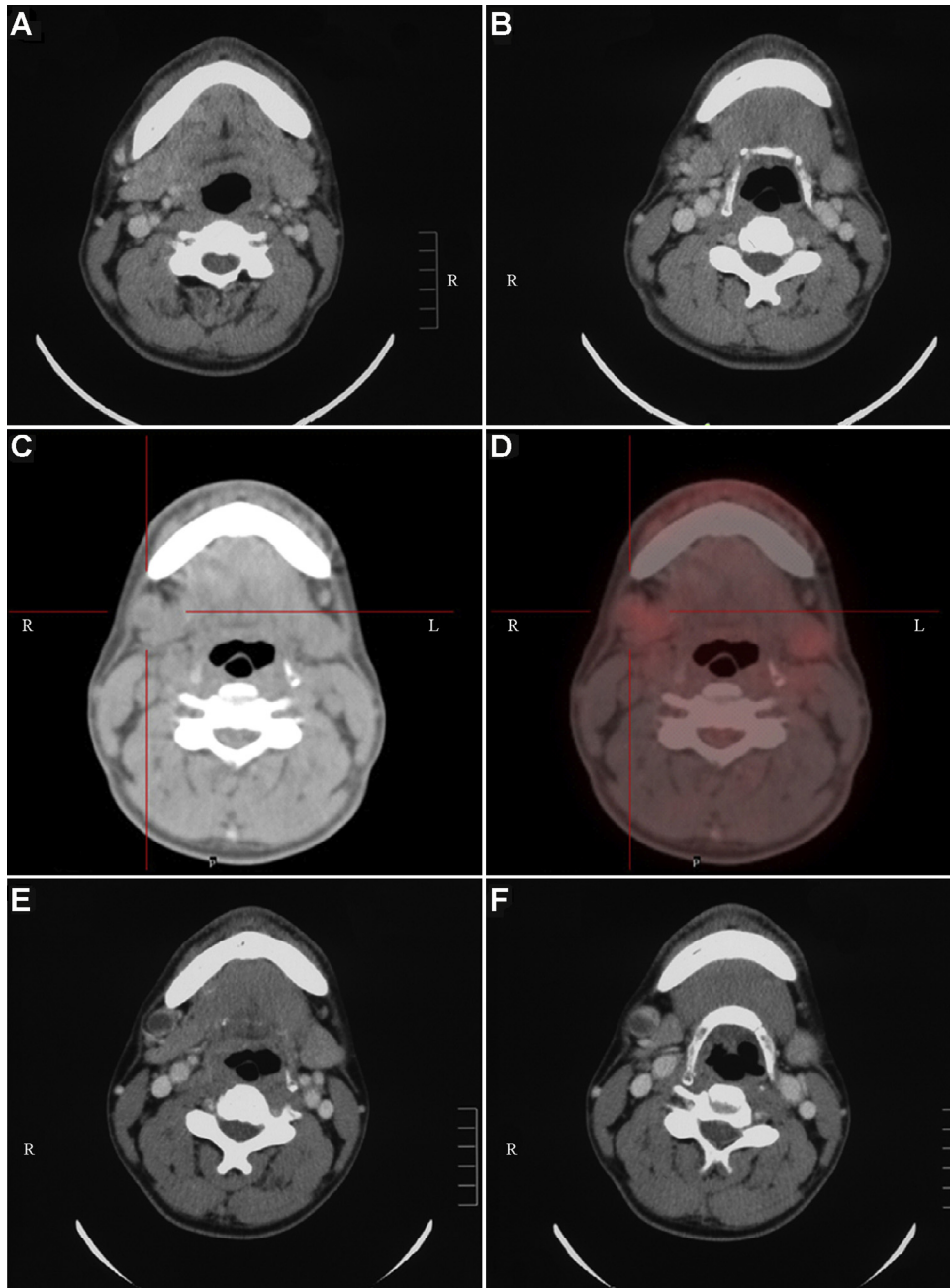
\* Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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**Fig. 1.** Clinical findings. (A) The lesion is observed in the right lower lip. The lesion is 12 mm in diameter, well defined, elastic, and hard, and it has a smooth surface. The surface mucosal color is normal. (B) The cut surface of the mass is excised from the lower lip after fixation with 15% neutral buffered formalin.



**Fig. 2.** Computed tomography and positron emission tomography findings. (A and B) Computed tomography images obtained just after the first operation in September 2006. These scans show no regional lymph node metastasis. (C and D) Positron emission tomography images obtained in June 2008. The swollen right submandibular lymph node has mild fluorine-18-deoxyglucose accumulation (maximum standardized uptake value = 2.2). (E and F) Computed tomography images obtained in September 2008. Ring enhancement of the right submandibular lymph node is shown.

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