



CASE REPORT

Incidental deep lobe parotid gland oncocytic neoplasms in an operated larynx cancer patient

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Synchronous;
Metacronous

Summary Deep lobe of the parotid gland is a rare localisation of head and neck tumors and most of them are pleomorphic adenoma. We encountered a 76-year-old woman with deep lobe parotid gland oncocytic neoplasms (synchronous oncocytoma and multifocal nodular oncocytic hyperplasia), but without any complaints. The patient was operated for larynx carcinoma four years ago. A deep lobe parotid gland lesion was detected during radiological evaluation of her middle ear cholesteatoma. A near total parotidectomy was performed. Oncocytoma is an uncommon salivary gland tumor and generally occurs in the superficial lobe of parotid gland of older patients. Multifocal nodular oncocytic hyperplasia is an unusual parotid gland lesion that accounts for 0.1% of parotid tumors. Computed tomography, magnetic resonance imaging, FNA and sialoscintigraphy may be helpful for evaluating parotid gland oncocytomas. Acinic cell carcinoma and clear cell carcinoma were the main differential diagnosis of oncocytoma. Surgical removal is the treatment of choice and total parotidectomy is suggested for deep lobe parotid gland oncocytomas. Recurrences are unusual for oncocytoma. Long-term follow up is necessary for multinodular cases. Parotid gland space occupying lesions may necessitate further emphasis regarding the fact that either second primary or a metastatic lesion may be found in especially a previously noted head and neck carcinoma patient.

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Introduction

Salivary gland tumors account 3% of head and neck tumors and approximately 80% of these occur in the parotid gland. The majority of the parotid gland tumors are located in the superficial lobe. About 10% of parotid tumors originate from the deep lobe although some investigations have reported 2–4% incidence rate. Approximately 80–90% of deep lobe parotid gland neoplasms are benign mixed tumor and the others are adenoid cystic, mucoepidermoid, acinic cell carcinoma and lipoma.^{1,2}

Oncocytomas are rare, benign salivary gland tumors which are consisted of large cells containing granular eosinophilic, pink cytoplasm rich in mitochondria. They are most commonly encountered in major salivary glands, especially in the parotid of older people.^{3,4} Oncocytomas are usually seen as an indolent, often multilobulated, solid mass in the superficial lobe. They are estimated to account less than 1% of all salivary gland tumors and constitute almost 3% of parotid gland tumors of epithelial origin.⁴ Oncocytomas rarely originate from minor salivary glands which are located in the larynx, tonsillary fossa and lacrimal gland.³ Oncocytomas also arise in other localisations including the kidneys, adrenal, thyroid and pituitary glands.⁵

The parotid gland contains multiple nodes receiving drainage from the ipsilateral scalp, upper face, nose, oral cavity, nasopharynx and oropharynx, and metastasis to them is particularly common in melanoma and cutaneous squamous cell carcinoma in these areas. It is suggested that

metastasis to the parotid gland may occur in a retrograde route from the hypopharynx and larynx.⁶ **Second primary malignant neoplasm of the respiratory tract and esophagus is not unusual after the treatment of larynx cancer.** It has been also reported that salivary gland tumors may rarely be associated with upper respiratory system carcinomas especially the larynx and hypopharynx.⁷

Multifocal nodular oncocytic hyperplasia (MNOH) is an unusual parotid gland disease that accounts for 0.1% of parotid tumors. The significance of MNOH is not known precisely but it may indicate an unbalanced cellular metabolism diffusely affecting salivary gland. A feature of MNOH is its frequent association with a variable population of clear cells. The origin of cells was suggested as processing artifacts and accumulation of intra-cytoplasmic glycogen.^{4,8}

There have been only two reports about solitary parotid gland benign oncocytoma located in the deep lobe (one case has a synchronous superficial lobe Warthin tumor).⁵ In this report, we presented a new solitary deep lobe parotid gland oncocytoma and synchronous multifocal nodular oncocytic hyperplasia case whom total laryngectomy had been previously performed for her larynx squamous cell carcinoma.

Case report

A 76-year-old woman was admitted to our otorhinolaryngology clinic for her routine control of larynx squamous cell carcinoma operation, and she had no complaints. She had had a total laryngectomy and right functional neck



Figure 1 The axial contrast CT showed a lesion which has ovoid configuration and homogenous contrast enhancement in deep lobe of right parotid gland.

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