



Pleomorphic adenoma of deep lobe of parotid: A rare pediatric tumor



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ABSTRACT

Salivary gland neoplasms are extremely rare in children and comprise less than 1% of all pediatric neoplasms. Benign neoplasms account for 60% of these salivary tumors in children. They are most commonly vascular in origin with parotid glands being affected commonly. Pleomorphic adenoma is common in adults; it is extremely rare in pediatric age group. We report a 9 year old girl with a parotid region swelling; suspected to be a pleomorphic adenoma of the superficial lobe of parotid. However, it was arising from the deep lobe & hence was managed with an enucleation of the tumor with no evidence of recurrence after 3 years of follow up.

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Less than 5% of salivary gland neoplasms occur in children and less than 10% of head and neck tumors originate from the salivary glands and commonly involve the parotid gland [1]. Parotid neoplasms are rare in the pediatric population [2]. Benign neoplasms account for 60% of salivary tumors in children and are most commonly vascular in origin [1]. Vascular lesions include hemangiomas and lymphatic malformations, which are both congenital in origin. Pleomorphic adenomas (benign mixed tumors) are common nonvascular benign salivary tumors in children [3]. These mainly involve the superficial lobe requiring a superficial parotidectomy. The chances of this tumor to occur in deep lobe are extremely rare. Only about 10% of parotid tumors originate from the deep lobe although some investigators have reported 2–4% incidence rate. While this is true for population with all age groups; actual incidence of same in children is not documented. After detailed review of literature only isolated cases of deep lobe of parotid adenoma in children could be found [4,5].

Owing to the close proximity to the branches of facial nerve, it poses a greater challenge in surgical excision. We report a nine year old girl, presenting with a left parotid region benign swelling which on evaluation with an ultrasound and computed tomography (CT) scan was reported as suspected pleomorphic adenoma. Intraoperatively, it was arising from the deep lobe. It was enucleated completely, without any injury to any branches of facial nerve. There is no evidence of recurrence at 3 years follow up.

1. Case report

A nine year old girl presented to us with gradually increasing swelling above the angle of left mandible, in the parotid region since 1 year. There was no pain or discharge.

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Fig. 1. Clinical photo of tumor.



On examination, there was a 3×3 cm swelling in the left parotid region, lifting the left ear lobule upwards, firm in consistency, non tender, skin overlying swelling was normal. There was no evidence of facial paresis or palsy. No evidence of any intra oral pathology either (Fig. 1).

Ultrasound was suggestive of a parotid gland nodule suspicious of pleomorphic adenoma. On CT scan there was 20×25 mm heterogenous enhancing lesion within the inferior aspect of parotid at the angle of mandible consistent with superficial parotid gland pleomorphic adenoma. The fine needle aspiration cytology was suggestive of the same.

She was operated upon with modified Blair's incision. The superficial part of the gland was normal without any evidence of tumor. The facial nerve was identified with the help of tragal pointer and dissection was continued parallel to the branches of the facial nerve (Figs. 2–4). The tumor was found to be situated in the deep lobe of the parotid gland. Enucleation after carefully dissecting between branches of lower division of facial nerve was done. Post operatively patient was stable without facial palsy. Histopathology of the excised mass was suggestive with pleomorphic adenoma (Figs. 5 and 6). There is no evidence of recurrence over a follow up of 3 years (Fig. 7).



Fig. 2. Modified Blair's incision.

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