

Adenoid Cystic Carcinoma of Accessory Parotid Gland: A Case Report

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The accessory parotid gland is salivary gland tissue separated from the main gland at a variable distance. This gland is histologically similar to the main gland, but has a higher incidence of malignant neoplasms than the main gland. Regarding the various malignant neoplasms, studies have shown higher incidences of mucoepidermoid carcinoma, with less than 2% being adenoid cystic carcinoma. We present a case of swelling in the midcheek region that, after clinical examination, was diagnosed as a case of neoplasm of the accessory parotid gland. On the basis of auxiliary investigations including intraoperative frozen section, it was concluded that it was adenoid cystic carcinoma, grade I, and after wide surgical resection, the tumor was removed without undergoing superficial parotidectomy. The patient received postoperative radiotherapy (RT) and was followed for 14 months without any recurrence or substantial facial asymmetry.

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The accessory parotid glands are located anterior to and separate from the main parotid gland. The anterior extension that is attached to the parotid is termed the “facial process” and not the “accessory parotid gland.”¹

Midcheek region swellings are difficult to diagnose clinically and can range from reactive lymphadenopathy to neoplasms of normal anatomic structures in the vicinity, such as hemangiomas, neurofibromas, schwannomas, skin adnexal tumors, and even neoplasms of accessory structures like an accessory parotid gland.

We report a case that presented to us as a midcheek swelling arising from the accessory parotid gland and was diagnosed histologically as adenoid cystic carcinoma, grade I. The case is reported in view of the rarity of the condition and the challenges it poses in its diagnosis and surgical approach.

Report of Case

A 29-year-old male patient came to our outpatient department with the chief complaint of swelling over the right side of the cheek of 2 months' duration. The swelling was gradually increasing in size without

any pain in the region. There was no relevant history and no deleterious habits reported by the patient.

On local examination, a 2 × 2-cm firm, mobile, spherical swelling with well-defined edges was located over the anterior edge of the masseter muscle. The swelling became prominent on clenching of the teeth, suggesting a superficial location of the swelling with respect to the masseter muscle. No facial nerve paresis was detected in any of the terminal branches of the facial nerve. There also was no deviation of the corner of the mouth of the patient and no pulsation felt or bruit auscultated over the swelling. Finally, there was no fixity of the swelling to the overlying skin (Fig 1).

Fine-needle aspiration cytology (FNAC) was performed, but inconclusive findings were reported. The ultrasonography findings indicated a hypoechoic mass suggestive of a cystic consistency. Computed tomography (CT) scan with a soft tissue window showed, on axial and coronal views, a well-circumscribed hypodense mass located superficial to the masseter muscle and anterior to the main parotid gland (Fig 2).

The patient was informed about the probable lesion and the risk of damage to the branches of the facial

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FIGURE 1. Midcheek swelling marked on the patient.

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nerve during surgery, and written consent was obtained for surgery following the Declaration of Helsinki guidelines. A modified Blair incision was used to expose the swelling. The buccal branch of the facial nerve was identified anterior to the parotid gland and traced. The tumor was found to be lying between the buccal and zygomatic branches of the facial nerve and encasing the Stensen duct (Fig 3). The tumor was dissected out completely (Fig 4) after ligation and excision of the Stensen duct on that side without any anastomosis of the segmental duct ends.

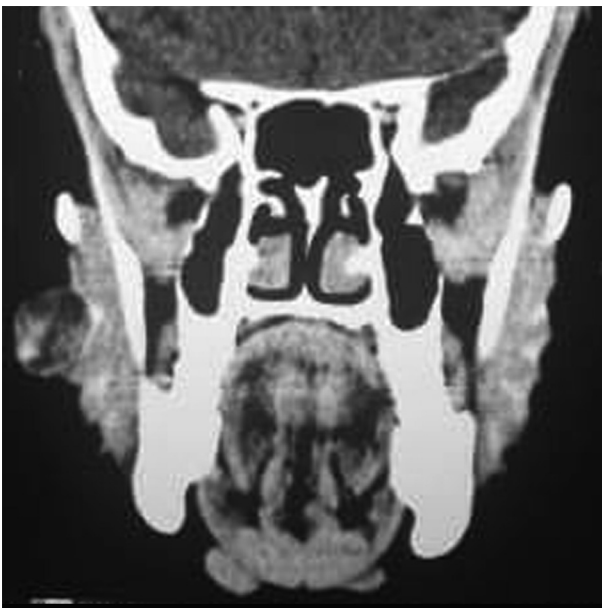


FIGURE 2. Computed tomography scan showing a hypodense well-circumscribed mass located superficial to the masseter muscle on the right side of the face.

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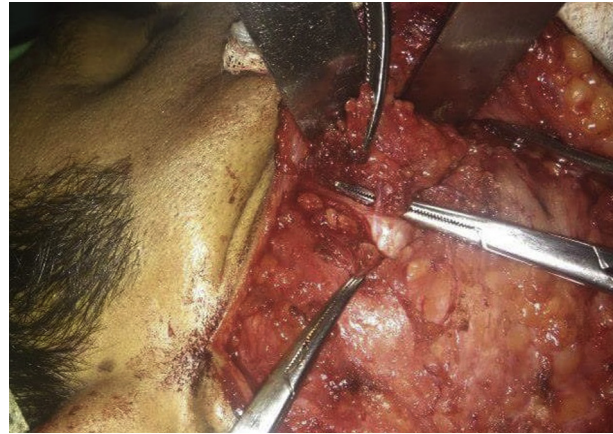


FIGURE 3. Intraoperative photograph showing the accessory parotid gland tumor anterior to the superficial musculoaponeurotic system layer and encircling the Stensen duct of the parotid.

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Postoperatively, the patient recovered well without any weakness of facial nerve function. On final histopathologic analysis, sections showed

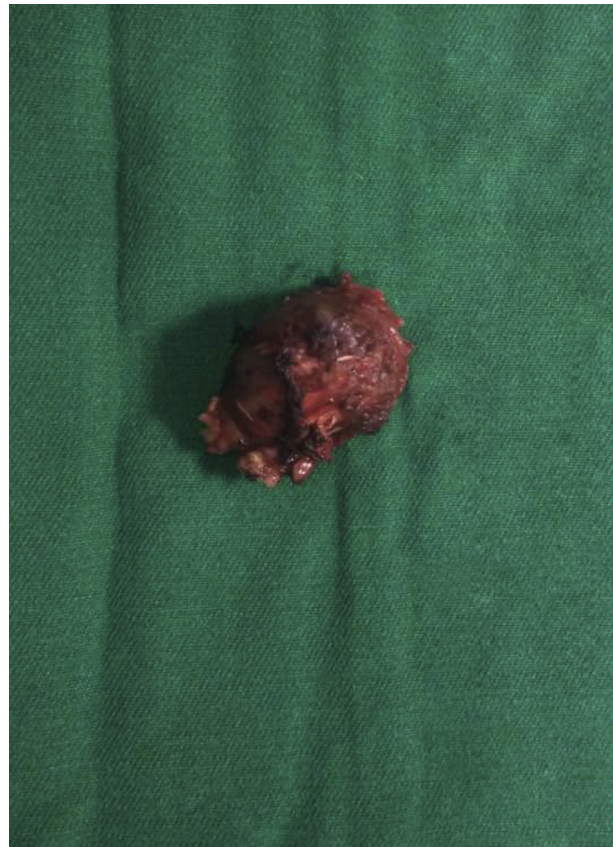


FIGURE 4. Accessory parotid gland tumor after excision.

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