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## Case report

# Pleomorphic adenoma with lipomatous metaplasia in hard palate: Rare case report<sup>☆</sup>

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## ABSTRACT

The pleomorphic adenoma is a benign tumor that most often affects the salivary glands characterized by cellular and architectural pleomorphisms. The lipomatous pleomorphic adenoma is a rare subtype, whose lipomatous portion constitutes more than 90% of the lesion. A very rare case of pleomorphic adenoma with lipomatous metaplasia affecting the hard palate in a female patient is reported. The diagnosis was made based on clinical and histopathological findings. The lesion was completely resected and the excised specimen was histologically analyzed. At 2-year follow-up, the patient was disease-free. This report presents this rare case and discusses the importance of correct diagnosis and clinical management in the treatment of this lesion to improve the patient's prognosis.

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## 1. Introduction

Among cancers involving the head and neck, tumors of the salivary glands are an important group, not only for morphological diversity, but also for the difficulty in diagnosis and classification [1]. The pleomorphic adenoma (PA) or mixed benign tumor is the tumor of salivary glands of higher incidence, commonly found in the main salivary and parotid glands and less frequent in minors, representing 40–70% of all tumors of structures [2]. The palate is the anatomical site most affected among tumors of the minor salivary glands, being located on the hard palate transition area to the soft palate [3]. The presence of tumor in the palate can reach large pro-

portions, causing difficulties in chewing, phonetics and breathing [4].

The term “pleomorphic” refers to both histogenesis as the histological heterogeneity of the tumor which may have on its chondroid stroma components, hyaline, bone and lipomatous, this last condition being extremely considered rare [5–7]. Lipomatous pleomorphic adenoma (LPA) is considered as a PA with consists of more than 90% lipomatous stromal component [8]. We report a case of pleomorphic adenoma with lipomatous metaplasia located in the hard palate.

## 2. Case report

A 51-years-old Brazilian woman came for dental care of Department of Stomatology, Federal University of Santa Maria. In anamnesis the patient complaining of “lump” in the palate painless and rapid growth. The direct oroscopy found a defined nodular lesion in the submucosa of the hard palate, with 1.5 cm of diameter, whitish colored with purplish areas (Fig. 1). The hypothesis diagnosis was pleomorphic adenoma, and then proceeded to excisional biopsy. The lesion was completely resected, and the well-circumscribed fragment measuring 1.7 × 1.5 × 0.6 cm,

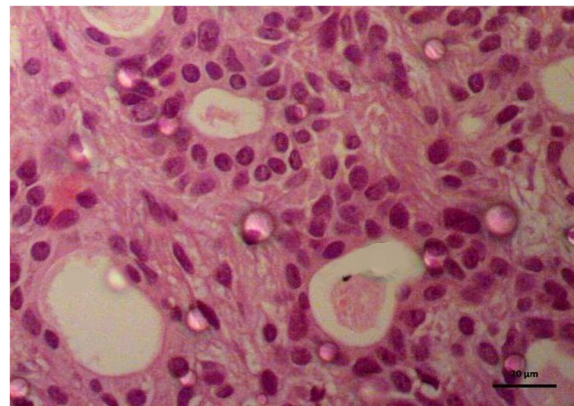
<sup>☆</sup> AsianAOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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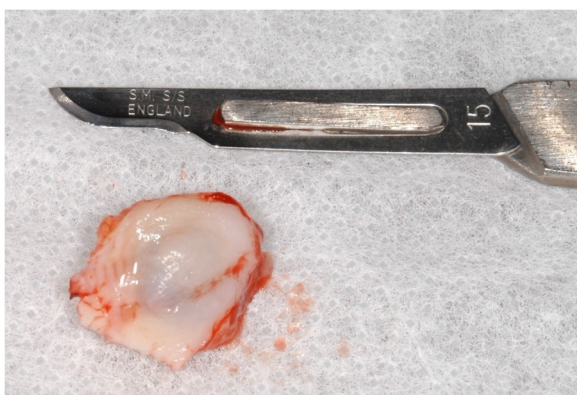
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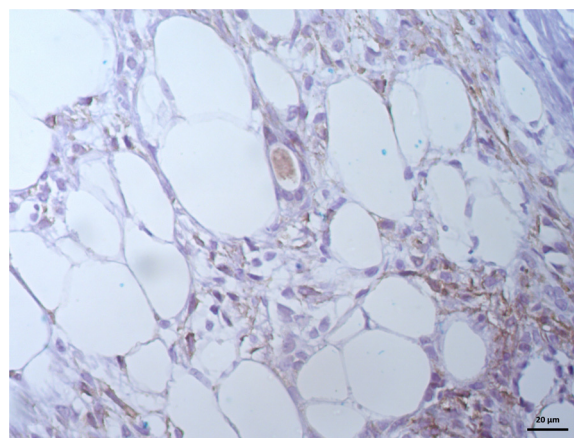
**Fig. 1.** Clinical features. Direct oroscopy shows nodular lesion in the hard palate, with 1.5 cm in diameter, whitish in color with purplish areas.



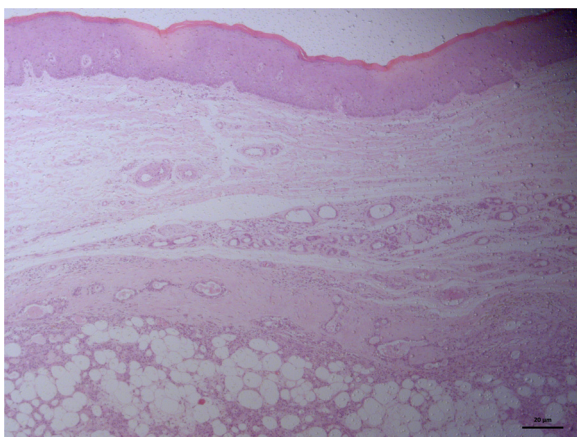
**Fig. 4.** Myoepithelial component. Myoepithelial cells, with multifocal ductal differentiation. (Haematoxylin – eosin. Magnification 400×. Barra 20 µm).



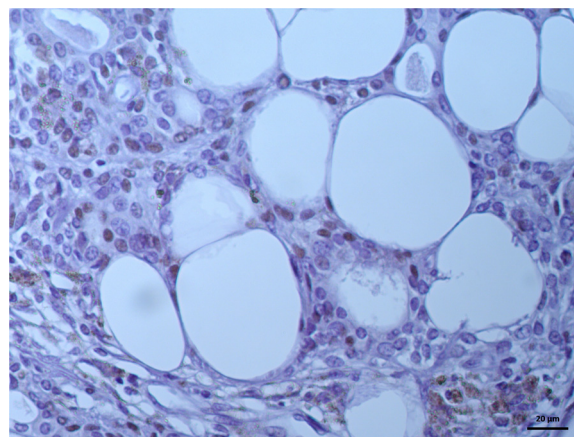
**Fig. 2.** Macroscopy. Rounded fragment, measures 1.7 × 1.5 × 0.6 cm, smooth appearance and brown-light color sent for histopathological examination.



**Fig. 5.** Cytoplasmic immunoreactivity. Cells of the lipomatous component showed positive cytoplasmic immunoreactivity to calponin. (Immunohistochemical. Magnification 400×. Barra 20 µm).



**Fig. 3.** Lipomatous component. A lesion with lipomatous component, more than 90% of the entire lesion, intermingled with myoepithelial cells. (Haematoxylin – eosin. Magnification 50×. Barra 20 µm).



**Fig. 6.** Nuclear immunoreactivity. Obtained focal positive nuclear immunoreactivity in epithelial/myoepithelial cells for p63. (Immunohistochemical. Magnification 400×. Barra 20 µm).

smooth appearance and brown-light color (Fig. 2) was histologically analyzed. Microscopically, the tumor was well encapsulated and presented lipomatous components, more than 90% of the entire lesion (Fig. 3) and myoepithelial cells with multifocal ductal differentiation diagnosed as pleomorphic adenoma lipomatous metaplasia (Fig. 4). The immunohistochemical investigation showed that the cells of the lipomatous component presented positive cytoplasmic immunoreactivity to calponin (Fig. 5), and for p63 we obtained focal positive nuclear immunoreactivity in

epithelial/myoepithelial cells (Fig. 6). Scarring developed within the normal range and the patient is under regular monitoring, no recurrence was observed during the 2-year follow-up of the totally excised (Fig. 7).

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