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Case Report

Large and multiple Warthin's tumors of bilateral parotid glands: A case report of bilateral regional excision of the parotid

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ABSTRACT

Large, bilateral Warthin's tumor of the parotid gland is clinically very rare. Histologically, Warthin's tumor is related to lymphoid tissue. Its onset may be multiple, but it does not grow aggressively. In our patient, it did not invade the facial nerve. We described a case of large, bilateral, multiple Warthin's tumors of the parotid glands. Clinically, the patient had no pain; the main manifestation was a swelling of the parotid region. The swellings were so large that they affected the patient's quality of life. The patient had been smoking 20 cigarettes a day for 30 years. We performed a bilateral, regional resection of the parotid glands. This procedure prevents tumor recurrence while retaining the parotid duct and major functions of the parotid gland. Warthin's tumor may have a history of remissions and no pain, thus not easily attracting the patient's attention. We believe that asymptomatic tumors should arouse people's attention, enabling them to get early treatment and improving their quality of life. In the resection of parotid benign tumor, the preservation of facial nerve is still the focus of attention.

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Introduction

Warthin's tumor, also called adenolymphoma or papillary cystadenoma lymphomatosum, is a benign tumor of the parotid gland, whose onset can be unilateral or multiple [1,2]. The tumor is benign, but there is always the possibility of malignant transformation [3,4]. In general, parotid tumor growth shows a gradual increase. This neoplasm consists of two histological components: epithelial and lymphoid. Because of the presence of lymphatic tissue components in Warthin's tumor that is subject to inflammation, the mass had a history of growth and decline.

Now with the improvement of economic conditions and living standards, early detection of parotid lesions is more likely, permitting prompt treatment. Large, bilateral Warthin's tumors of the parotid glands is clinically very rare. We describe a case of large, multiple Warthin's tumors that were found in bilateral parotid glands. We treated the patient surgically by removing the tumors and performing a bilateral, regional resection of the parotid glands.

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Case report

A 73-year-old man was referred to the department of oral and maxillofacial surgery, complaining of swelling in his neck. The swellings were so large that they affected the patient's quality of life. The patient had swelling, but no pain, in the parotid gland region for 4 years. The first evidence of the tumor was on the right side. It was felt on the left after 1 month. When discovered 4 years ago, the first mass was peanut sized. Although the masses had a history of growth and decline, they increased in size with the passage of time. By the time the patient came to the hospital for treatment, the masses had reached the size of eggs. Symptom wise, there was no pain, and no dry mouth. However, he complained that the masses were so large that they affected his facial appearance. This patient had been smoking 20 cigarettes a day for 30 years.

Physical examination demonstrated that the masses were located bilaterally below the ear lobes (Fig. 1). The right mass was ovoid; the left one was nodose. The surface color of the masses was normal, and the skin temperature was not elevated. Palpation revealed that the mass had a tough texture and that it was mobile, nontender, and not fluctuant. There was no facial paralysis, nor any tumescent lymph nodes palpable in the maxillofacial area or neck. A CT scan showed bilateral enlarged parotid glands with uneven density and nodosities (Fig. 2). The CT value was 44–97 Hounsfield units. Fine-needle aspiration biopsy was able to classify parotid tumors [5]. Before surgery, fine-needle aspiration biopsy showed a small number of epithelial cells, large numbers of lymphocytes, and unorganized content (Fig. 3A). The CT image and fine-needle aspiration cytology were compatible with a diagnosis of Warthin's tumor.

The diagnosis of parotid tumor was made. As the lesion was so large, tumor resection and regional superficial parotidectomy were performed bilaterally. We designed an S-shaped incision in the bilateral parotid region. During surgery, we observed that the tumor had not invaded the facial nerve (Fig. 4A and B). The tumors were removed wholly. The right tumor mass measured $8 \times 5 \times 4$ cm, the left tumor masses $5.5 \times 3.5 \times 3$ cm and $4.5 \times 3 \times 2.5$ cm (Fig. 4C). Postoperative examination by the naked eye showed that the nodose tumor was joined to the gland by connective tissue with an envelope, having a red-and-gray profile. The moiety of 1 tumor was parenchymal; the other was cystic. There was brown jellylike material in the cyst. The postoperative pathological diagnosis was Warthin's tumor, also known as papillary cystadenoma lymphomatosum. Pathological examination showed that the tumor was composed of epithelial and lymphoid tissue separated by a basement membrane. Microscopically, we found pseudostratified epithelial cells arranged in the form of tubular epithelial components, or cysts, in cytoplasm containing small eosinophilic particles. Aggregated lymphoid cells had formed a lymphoid follicle. There were large areas of pink dye in an unorganized substance, degenerative epithelial cells, and a few inflammatory cells in the cysts (Fig. 3B). The patient presented facial nerve weakness symptoms after the operation. The lower lip was asymmetrical and the right side of the mouth was pendulous (Fig. 5).

Discussion

Warthin's tumor is a benign salivary gland tumor, accounting for up to 17% of all salivary gland tumors [2]. Histologically, Warthin's tumor is related to lymphoid tissue [6]. Its incidence is based on embryonic developmental stages, parotid tissue,

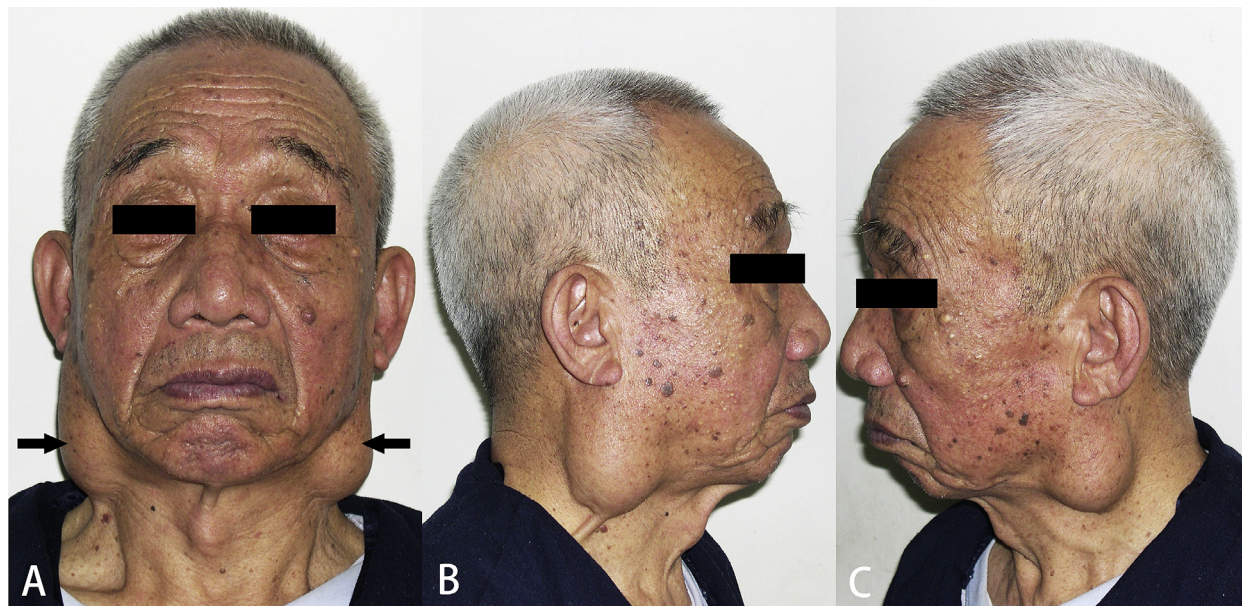


Fig. 1. Preoperatively, the tumors were large and affected the form of patient's face and neck (arrows). A Front, B Right side, C Left side.

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