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CASE REPORT

Papillary cystic variant of the acinic cell adenocarcinoma

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Summary The papillary cystic variant of the acinic cell adenocarcinoma is a rare salivary gland tumour, which may behave in an unpredictable manner and exhibit non-specific histological features. Its diagnosis is important as it may prognosticate for a poorer outcome and it has been reported to universally fatal. We present a case of this unusual tumour and discuss the diagnostic and management difficulties.

Introduction

Acinic cell adenocarcinoma is an uncommon tumour of salivary glands with unusual clinical and histopathological features. The papillary cystic variant is especially uncommon and its diagnosis has therapeutic and prognostic significance.

Case report

A 31 year old Filipino patient was referred with a lump at the right angle of mandible. There was recent painless enlargement. She had undergone an operation for a parotid lump in the Philippines six years previously and developed a recurrent lump three months after surgery. She was not aware of the nature of the procedure or the diagnosis, and had not been followed up.

Clinical examination revealed a 3 cm well circumscribed, semi-mobile, painless bilobed mass at the right angle of the mandible. Facial nerve function was intact and there was no lymphadenopathy or pharyngeal extension.

Her medical records from the Philippines were obtained and showed she had undergone a lumpectomy for a pleomorphic salivary adenoma (PSA). The clinical diagnosis of a recurrent PSA was presumed, and an FNAC and CTS were arranged prior to surgery.

Cytology showed cells with prominent nucleoli and nuclear pleomorphism and the possibility of a second unrelated primary of a mucoepidermoid

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carcinoma or papillary adenocarcinoma was suggested.

CTS demonstrated a bilobulated enhancing mass inferior to the parotid gland residue with no evidence of lymphadenopathy (Fig. 1).

At surgery an encapsulated mass was found and a completion superficial parotidectomy with preservation of the facial nerve was performed. Her post-operative recovery was uneventful.

Histologically, the tumour was generally well circumsribed and surrounded by compressed fibrous tissue (Fig. 2). There was infiltration and lymphatic invasion. The parenchyma had a mixed pattern, and nuclear pleomorphism and mitoses

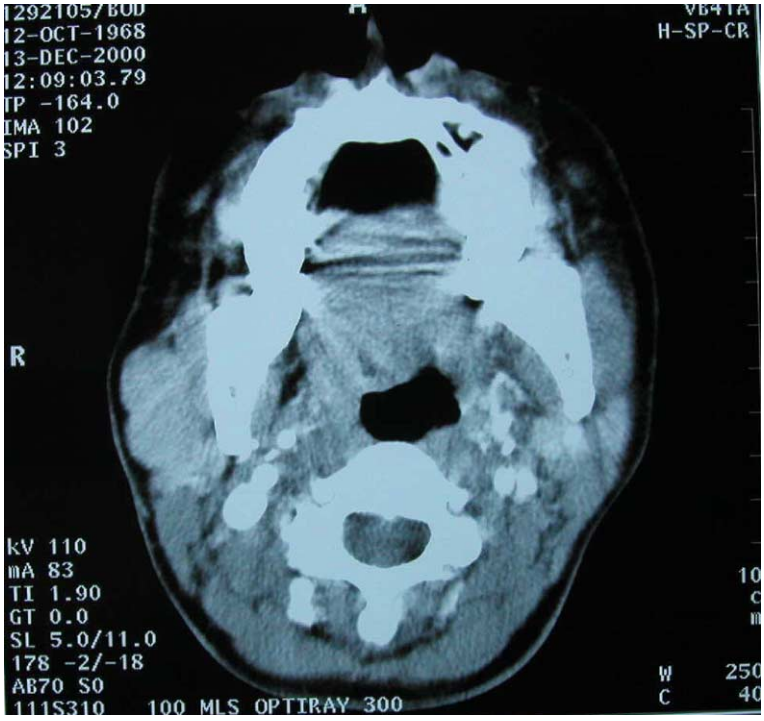

Figure 1 CTS illustrating the bilobed mass in the right parotid gland.

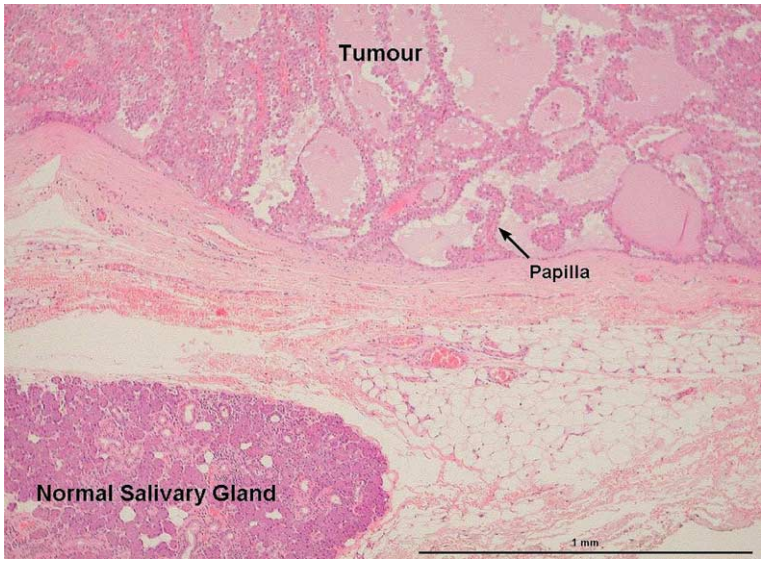

Figure 2 Illustrating the tumour at low power.