

## Basal Cell Adenoma – Membranous Variant of Right Parotid

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### Abstract

### Case Report

Basal cell adenoma (BCA) of the salivary gland is a rare neoplasm consists of a monomorphic population of basaloid epithelial cells, and it accounts for approximately 1–2 % of all salivary gland tumours. BCA appears most frequently in the parotid glands and in Adult. Clinically, BCA is usually a slow-growing, asymptomatic, and freely movable mass. Basal cell adenoma of the salivary glands is an uncommon type of monomorphous adenoma. Its most frequent location is the parotid gland. It usually appears as a firm and mobile slow-growing mass. It is also characterized by the presence of a slack and hyaline stroma and the absence of myxoid or chondroidstroma. In contrast to pleomorphic adenoma, it tends to be multiple and its recurrence rate after surgical excision is high. Due to prognostic implications, differential diagnosis with basal cell adenocarcinoma, adenoid cystic carcinoma and basaloid squamous cell carcinoma is mandatory. Here we present a case of basal cell adenoma of the right parotid gland.

**Keywords:** Parotid, basal cell adenoma, membranous variant.

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## INTRODUCTION

Basal cell adenoma is a benign tumour composed of basaloid cells sharply delineated from the stroma by basement membrane like material. It usually exhibits a monotonous solid, trabecular, tubular or membranous growth pattern. Chondromyxoid stroma should, by definition, be absent. Basal cell adenoma typically presents as a solitary, slow growing, and otherwise asymptomatic mass. Age at presentation peaks in the sixth to seventh decades with a female predilection. About 70% occur in the parotid glands, and 10-20% in the upper lip. Membranous basal cell adenoma, also known as dermal analogue tumour, is a distinctive variant that may be associated with cutaneous adnexal tumours.

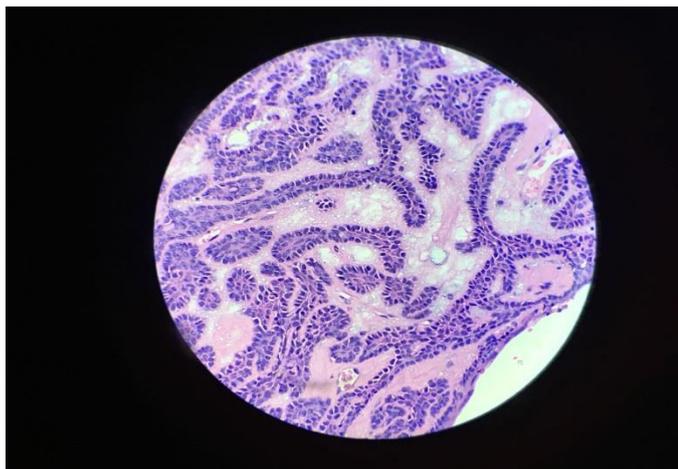
Surgical excision is the treatment of choice. Recurrence is rare except for membranous type, which is associated with a recurrence rate of 25% because of its multifocal nature [1, 2].

## CASE REPORT

A 42 years old lady came with complaints of swelling in the right parotid gland from last six months. The swelling was firm to hard and mobile. Clinically it was diagnosed as Pleomorphic adenoma and it was sent for Fine Needle Aspiration Cytology (FNAC).

FNAC was done with 10cc syringe and hemorrhagic material was aspirated. Cytologically it was diagnosed as Basal cell adenoma because of elongated basaloid cells and absence of chondromyxoid background. Surgery was done and the tumour was sent for histopathological examination. Grossly we received parotid of size 4x3 cm in size, firm to hard in consistency. Cut section it was grey white and multiple sections were taken and submitted.

Microscopically it shows Basaloid tumoral nests are observed throughout the section. They are separated of eosinophilic basal membrane-like structures. PAS stain was done and it was positive, which confirmed the diagnosis of basal cell adenoma with membranous variant.



**Fig-1: Section showing tumour cells arranged in basaloid pattern having palisading. [H&E, X40]**

## DISCUSSION

Salivary gland tumours constitute a very small number of head and neck neoplasms out of which 80 % occur in the parotid gland whereas they can rarely be found in the submandibular gland. Basal cell adenoma is an uncommon type of monomorphic adenoma with unique histologic characteristics and constitutes 1–2 % of all salivary gland neoplasms. In 1967, Kleinsasser and Klein introduced the term “basal cell adenoma” to describe a benign epithelial salivary gland tumour comprising of uniform-appearing basaloid cells arranged in solid, trabecular, tubular, and membranous patterns but that lacked the myxoid and chondroidmesenchymal-like components of a pleomorphic adenoma. The commonest site for basal cell adenoma is parotid gland with an incidence of 73.1 %. It may occur to involve other sites as upper lip, buccal mucosa, lower lip, palate and nasal septum [4]. It presents as a firm, mobile slow-growing mass usually in patients of 60 years of age or more.

The glandular tumours of maxillofacial region such as pleomorphic adenoma and adenoid cystic carcinoma are considered for its differential diagnosis which have varied prognosis and require specific approaches for their treatment. Hence, it becomes mandatory to consider its proper diagnosis and treatment.

The diagnosis of this entity must be established by the histological study. Adenoma is a benign epithelial tumor in which the cells are derived from glandular epithelium. Basal cell adenoma, as defined by WHO, is a distinctive benign neoplasm composed of basaloid cells organized with a prominent basal cell layer and distinct basement membrane-like

structure and no myxochondroid stromal component as seen in pleomorphic adenomas. The basal cells in basal cell adenoma are fairly uniform and regular with two morphological forms. One is a small cell with scanty cytoplasm and round deeply basophilic nucleus. The other cell is large with eosinophilic cytoplasm and an ovoid pale staining nucleus. A basal membrane-like structure rounds these tumoral nests, separating them from the surrounding connective tissue.

Basal cell adenoma of the salivary glands closely resembles basal cell lesions of the skin. It can show a variety of histologic patterns: tubular, trabecular, cribriform, solid, and membranous. In this case the histological pattern was membranous type.

Basal cell adenomas are amenable to conservative resection such as local excision or superficial removal of the gland, whereas the membranous subtype requires complete resection of the entire gland.

## REFERENCES

1. Seifert G, Sobin LH. The World Health Organization's Histological Classification of Salivary Gland Tumors. *Cancer*. 1992; 70: 379-85.
2. Fletcher, diagnostic histopathology of tumours, 3<sup>rd</sup> edition, Volume 1-Elsevier. 2007.
3. Fantasia JE, Neville BW. Basal cell adenomas of the minor salivary glands. A clinicopathologic study of seventeen new cases and review of the literature. *Oral Surg*. 1980; 50:433-40.
4. Hiranuma T, Kagamiuch H, Kitamura R. A basal cell adenoma of the sublingual gland. *Int J Oral Maxillofac Surg*. 2003;32:566–567.