

Pleomorphic Adenoma of the Hard Palate: A Rare Case Report

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Abstract

Case Report

Pleomorphic adenoma is the most common benign tumor of the salivary glands, yet its occurrence in the minor salivary glands of the hard palate remains rare. We report a case of a 23-year-old man presenting with a firm, painless swelling of the left hard palate evolving over two years. Imaging revealed a well-defined mass without bone invasion. Complete surgical excision was performed, and histopathological analysis confirmed the diagnosis of pleomorphic adenoma. [1,2,3]

Keywords : Hard palate, Pleomorphic adenoma, Minor salivary gland tumor, Painless swelling, Surgical excision.

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INTRODUCTION

Pleomorphic adenoma (PA), also known as benign mixed tumor, is the most frequent salivary gland neoplasm. While the parotid gland accounts for the majority of cases, the minor salivary glands represent a smaller fraction, with the hard palate being the most common intraoral site [1,2].

CASE PRESENTATION

A 23-year-old male presented with a slowly enlarging, painless swelling on the left hard palate that had been progressing over two years. The lesion was firm, non-tender, and covered by intact mucosa without

ulceration or bleeding. There was no history of trauma, nasal obstruction, or difficulty in swallowing. On examination, the mass measured approximately 2.5 cm in diameter, with well-defined margins and no palpable cervical lymphadenopathy. Contrast-enhanced CT imaging revealed a well-circumscribed soft-tissue mass confined to the hard palate without evidence of bone erosion or extension into adjacent structures, suggesting a benign minor salivary gland tumor such as a pleomorphic adenoma. The patient underwent complete surgical excision of the lesion with clear margins, and histopathological examination confirmed the diagnosis. The postoperative course was uneventful, and no recurrence was observed at follow-up.



Figure 1 : Axial CT scan showing a well-defined, soft-tissue mass in the left hard palate

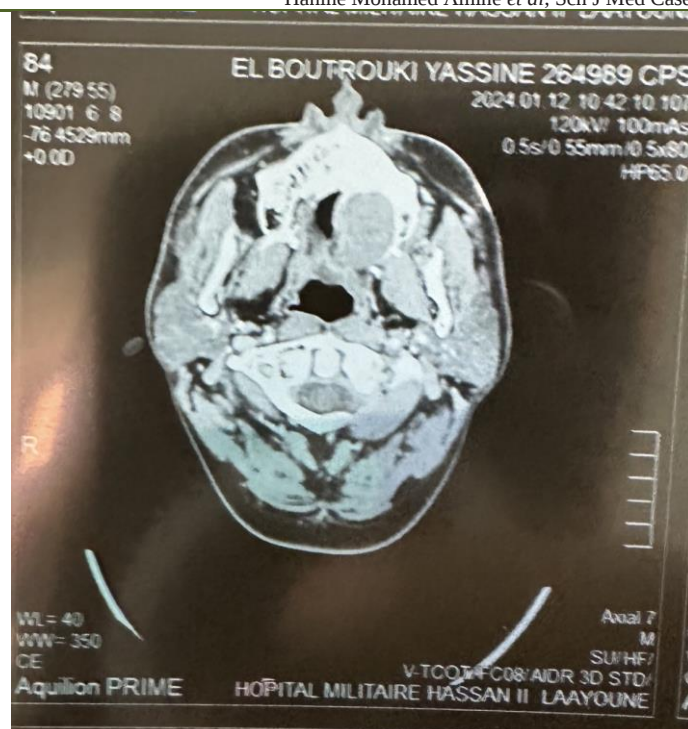


Figure 2 : Intraoral photograph showing a mucosa-covered swelling on the left hard palate

DISCUSSION

The tumour described in this case corresponds to a minor-salivary-gland pleomorphic adenoma (PA) of the hard palate. The literature consistently describes PAs as the most common benign salivary gland neoplasms, accounting for about 60 % of benign salivary gland tumours. In the intra-oral setting, and particularly in the minor salivary glands, the hard palate is reported as the most frequent site, followed by the upper lip and buccal mucosa.

As with many published reports, the growth in our patient was slow, painless and firm, without early symptoms of ulceration or bone involvement — features typical of PAs of the palate. The use of imaging (CT/MRI) is important to evaluate size, extent and bone involvement. In our case the scan revealed a well-circumscribed mass without overt bone destruction, in line with previous reports.

Histologically, PAs show a characteristic mixture of epithelial and myoepithelial components embedded in a varied stroma (mucous/myxoid/chondroid) and often a pseudocapsule. [10] The presence of a pseudocapsule or incomplete capsule is particularly relevant when coming from minor glands (palate), which may contribute to recurrences if excision is incomplete. Accordingly, the recommended management is wide local excision including periosteum and bone when indicated, rather than simple enucleation.

Despite being benign, PAs carry a non-negligible risk of recurrence if the surgical margin is inadequate. Some series report recurrence rates up to

around 6 % for minor salivary gland PAs. Moreover, malignant transformation into carcinoma ex-pleomorphic adenoma (CExPA) has been documented, though it remains rare (around 5 % in some series) and is associated with long-standing tumours, multiple recurrences, large size, older age and incomplete excision. In the context of a palatal tumour, the lack of a complete capsule and the risk of infiltration below the mucosa or into bone underline the importance of thorough surgical technique and prolonged follow-up.

In the present case, the lesion had a longer evolution than average (thus reaching a larger size) while remaining clinically silent until late, which emphasises the tendency of palatal PAs to expand before detection. This underscores three key points for the clinician:

- (1) any slow-growing palatal mass, even if asymptomatic, should prompt early imaging and biopsy;
- (2) the imaging must assess not only soft tissue extent but also periosteal or bony involvement ; and (3) the surgical plan must aim for clear margins including periosteum and adjacent bone when required, with reconstruction planning as needed.

Given the risk of recurrence and rare malignant transformation, long-term follow-up is essential. Clinical examination should be supplemented by imaging when there is any suspicion of recurrence (increase in size, pain, ulceration). Given the relatively favourable prognosis when treated appropriately, early diagnosis

and complete excision remain the cornerstones of management.

While palatal pleomorphic adenoma is rare compared to major-gland presentations, its clinical behaviour is consistent with that of benign mixed salivary tumours — i.e., slow growth, low symptom burden, but requiring definitive treatment with attention to surgical margins and follow-up. The present case reinforces the importance of early recognition, imaging assessment and complete excision to minimise recurrence and potential malignant transformation.

CONCLUSION

Pleomorphic adenoma of the hard palate, though rare, must be considered in the differential diagnosis of palatal swellings. Accurate diagnosis and complete excision are key to preventing Recurrence or malignant transformation. [6]

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