

Pleomorphic Adenoma of Accessory Salivary Gland in a 15 Year Old Female: A Case Report

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Abstract: The salivary glands are divided into major and minor/accessory glands. Tumours are not rare in salivary glands and are mainly found in major salivary glands. Tumours of accessory salivary glands are relatively less common. Accessory parotid gland is a small unit of salivary gland tissue lying on the masseter muscle and separated from the main parotid gland with an accessory duct draining into the parotid duct. The tumours of accessory parotid gland are very rare in paediatric age group, mostly diagnosed in 4th & 6th decades of life. We present a case of pleomorphic adenoma of the buccal mucosa in a 15-year-old female patient. The buccal mass was of a size of 3 cm located in the left cheek. FNAC was suggestive of Pleomorphic adenoma. The entire tumor mass was excised along with overlying mucosa. Histopathological examination confirmed diagnosis of Pleomorphic adenoma of accessory salivary gland. There has been no recurrence of the lesion since 1 year.

Keywords: Benign tumor, Pleomorphic adenoma, Salivary gland.

INTRODUCTION

The salivary glands are divided into major and minor accessory glands. Tumours are mainly found in major salivary glands while relatively less common in accessory salivary glands. Accessory parotid gland is a small unit of salivary gland tissue lying on the masseter muscle and separated from the main parotid gland with an accessory duct draining into the parotid duct [1].

Pleomorphic adenoma is the most common benign tumor of salivary gland origin. These tumors are most often diagnosed in 4th & 6th decades of life [2]. Prognosis is good if tumor is well excised. The most common site amongst the major salivary gland is parotid (approximately 75%) submandibular gland (around 5%-10%) & the minor salivary gland (approximately 10%) [3]. FNAC is a sensitive and specific diagnostic tool for determining severity of neoplasm as well as to identify histological subtype.

CASE REPORT

A 15 year old female patient presented in surgical OPD with complaint of a swelling in the left side of the face for last 3 month, which is increasing very slowly ever since. No pain over the swelling, no history suggestive of facial nerve paralysis. There is no other swelling in the neck. On examination, there is a firm swelling over left side cheek 2x2 cm in size, surface is smooth, margins are well defined and

rounded, free from the skin and underlying structures. There are no palpable lymph nodes in the neck (Fig. 1).



Fig. 1: Photograph showing swelling over left cheek

CT scan revealed the swelling to be of accessory parotid gland origin with the main parotid gland to be free from the swelling. FNAC from the swelling revealed features of pleomorphic adenoma. After all the investigations, the diagnosis of salivary gland tumour of accessory parotid gland origin was suspected and it was decided to excise the swelling. Patient underwent pre anesthetic check up and was taken for surgery.

Under general anaesthesia, after identifying and cannulating the parotid duct, a horizontal intraoral incision was made on the buccal mucosa as per patient's wish. The entire tumor mass was excised along with

overlying mucosa. The main parotid gland was left undisturbed. The resultant defect in the buccal mucosa was closed primarily by simple mucosal approximation (Fig. 2).

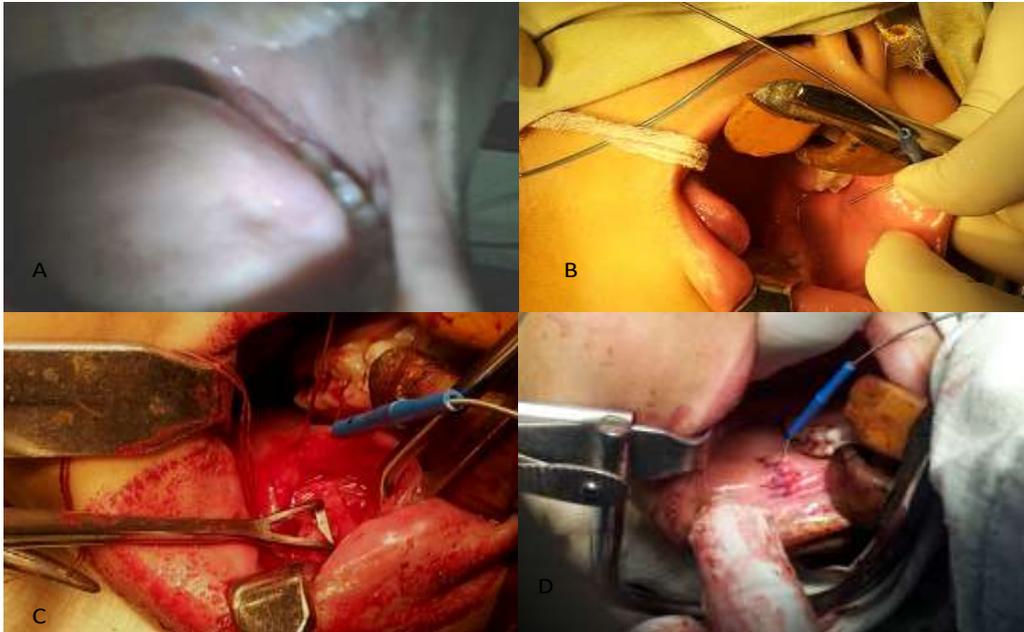


Fig. 2: A- Photograph showing the swelling from intraoral view, B- cannulating the parotid duct, C- The entire tumor mass was excised along with overlying mucosa, D- The incision was closed primarily using absorbable sutures.

The specimen was sent for histo- pathological examination which was suggestive of pleomorphic adenoma of salivary gland. Post-operative period was uneventful except for slight swelling and edema around the operative site which resolved spontaneously with conservative management. Patient was followed up around 15 days back and she had no active complaints.

DISCUSSION

The accessory parotid gland is salivary tissue separate from the main parotid gland, usually located around the main gland. It is reportedly present in around 21-61% of individuals while the accessory parotid tumour is reported in around 1-7% of the accessory parotid glands [4] with the most common benign tumour being pleomorphic adenoma and mucoepidermoid carcinoma the most common malignant tumour [5-7].

Generally the patient presents with painless swelling at the site of gland. The main diagnostic modalities are FNAC and imaging. Cytological finding in Pleomorphic adenoma are typically of mixed epithelial cells and mesenchymal elements. These features were clearly illustrated in our case. The treatment of choice for the tumour is complete surgical excision. The cheek incision may result in an inadequate excision of the tumours which will result in

a local recurrence and high incidence of facial nerve branch damage as compared to standard parotidectomy incision [8, 9].

In our case scenario, the tumour was thought to be originating from the accessory parotid gland because the tumour was separate from the main parotid gland and FNAC showed it to be pleomorphic adenoma. The main treatment for this condition is surgical excision preserving the parotid duct and the buccal branch of the facial nerve. With proper excision, the recurrence rate is quite low.

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