



Pleomorphic Adenoma ----- A Rare Presentation

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Abstract

Pleomorphic adenoma is the most common salivary gland tumor accounting for 80% of all major salivary gland tumors. It is a benign salivary gland tumor that constitutes 3% to 10% of the neoplasms of the head and neck region [1]. Salivary gland neoplasms represents less than 1% of all tumors. Palate is the commonest site amongst the pleomorphic adenoma of the minor salivary glands. Apart from the palate it could be found in the larynx, floor of the mouth, upper lip and cheek. This article is being presented as this case presented with a mass near the right tonsil which mimicked a growth from the tonsil itself which is a rare entity with very few cases reported in literature.

Keywords: Pleomorphic Adenoma; Palate; Minor Salivary Gland; Tonsil

Introduction

Pleomorphic adenoma is a benign mixed tumor composed of epithelial and myxoepithelial cells arranged with various morphological patterns, it is demarcated from the surrounding tissues by a fibrous capsule. Pleomorphic adenoma commonly affects the parotid and the palate wherein the minor salivary glands are involved.

Surgical excision of the tumor is the only modality of the treatment.

Case Report

A 27 year old female patient presented to the ENT outpatient department with history of odynophagia and a classical hot potato voice. On detailed history there was no repeated history complying to chronic tonsillitis, neither there was history conforming to the Paradise's criteria.

There were no Jugulodigastric lymph nodes palpable neither the Erwing Moore's sign positive.

This patient was then advised to undergo excision of the growth and as it was close to the left tonsil a bilateral tonsillectomy was planned for.

She was subjected to routine pre-operative work up by doing her routine blood investigations which were as follows:

W.B.C: 9.31(10^3 /UL)

Hb: 11.8g/dl.

Blood Gp: 0 +

Bt=1.05

Ct=3.10

Ictc: -ve, HbsAg: -ve

Rbs: 89.70mg/dl.



Figure 1: Growth seen in the left upper pole of the tonsil.

She was then advised to undergo a CT scan of the neck with contrast, which was reported as: Minimally enhancing bilateral tonsillar enlargement (LT>RT) causing moderate compromise of the oropharyngeal airway, no focal abscess nor any calcification.

The patient was then planned for a surgery and as the growth was close to the left tonsil it was thought to do a bilateral tonsillectomy with also removing the growth which came in toto with the capsule.

Description of the above figure:

- Lt tonsil: 2.5x1.5x1.5cm.
- Mass: 2.5x1.5x1.5cm



Figure 2: Ct contrast scan axial section of the neck of the patient.



Figure 3: The left tonsillar mass compared with the right tonsil.



Figure 4: The left tonsil showed separately from the growth which was excised with the capsule in toto.

The specimen was then sent for histopathological examination.

Description of the above figure: Shows partially capsulated tumor composed of epithelial and stromal components. Epithelial component has epithelial cells arranged in tubules. Acini and cords

are also seen in cystic spaces. Stroma has myxoid and hyalinized areas with spindle cells.

Patient was discharged the next day following post tonsillectomy protocols and was advised to follow up after 10 days postop.



Figure 5: Cut section of the specimen.



Figure 6: Microscopic picture of the specimen.

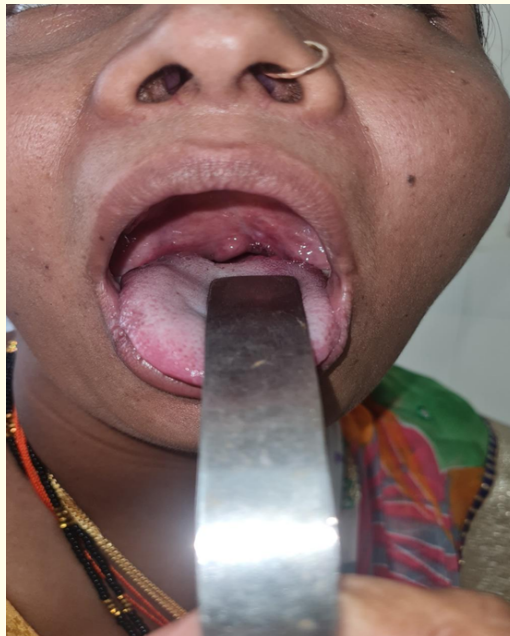


Figure 7: Post op photo of the patient.

Discussion

Pleomorphic adenomas are derived from a mixture of ductal and myoepithelial elements [2]. They are the commonest benign salivary gland tumour's (80%) [3] as well the commonest benign tumour of the minor salivary gland. It occurs most frequently in the palatal area (73%), commonly seen in the posterolateral aspect of the palate. This case is rare as pleomorphic adenoma in the tonsillar area is seen only in 0.5% of the cases [4-7].

It affects females more than males with a ratio of 2:1 and commonly seen in the age group of 40 to 50 years.

The tumours of the palatal region are detected earlier than tumours of the major salivary gland's.

If the overlying mucosa is ulcerated then one suspect malignancy.

In such cases Ct scan is of outmost importance a diagnostic aid which is used to determine the extent of the lesion. The differential diagnosis in this case would be tonsillar malignancy, tonsillar papilloma, tonsillar cyst, tumour of the deep lobe of the parotid extending to the tonsillar fossa, parapharyngeal space tumour, lymphoma.

Complete surgical excision is the modality of treatment. There are chances of recurrence's if the tumour is not removed with the capsule in toto.

Conclusion

This case is indeed a rare case as it is seen in only 0.5% case of the location's, that being the tonsillar region apart from the common sites of pleomorphic adenomas of the minor salivary gland.

The symptomology was atypical in the case of this patient.

The other reason to present this case is that it was done in a taluk level hospital setting.

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