

IMAGES IN MEDICINE

PLEOMORPHIC ADENOMA OF THE PALATE

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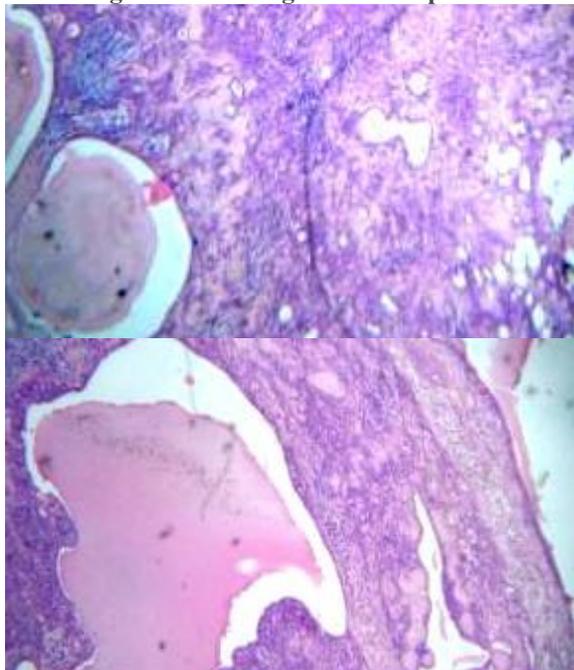
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CASE

A 44-year-old Indian woman presented with a painless left soft palate swelling of size 2×2 Cm for three years (Figure-1). The swelling was initially small and slowly increased its size. The overlying mucosa was slightly erythematous. The swelling was well circumscribed, smooth, firm in consistency and non-tender. Regional lymphadenopathy was present. A provisional diagnosis of salivary gland neoplasm was made. A biopsy was performed and showed areas of ducts and small cyst like spaces filled with eosinophilic coagulum. Small nests, sheets, anastomosing cords of squamous cells were also evident in the section. At one end accumulation of mucoid material resulting in myxomatous appearance and chondroid like material were also seen in the section. (Figure-2a,b). No recurrence was observed after a follow-up period of 8 years.



Figure-1: Swelling on left soft palate



Figures-2a,b: Histopathology of the lesion

DISCUSSION

This report describes a swelling of the soft palate that was diagnosed by histologic examination as pleomorphic adenoma. Pleomorphic adenoma is the most frequently encountered lesion accounting for approximately 60% of all salivary gland neoplasms.¹ The most common site for pleomorphic adenoma is the palate followed by upper lip and buccal mucosa.² Pleomorphic adenoma appears as a painless firm mass and in most cases does not cause ulceration of the overlying mucosa.³ The treatment of choice for pleomorphic adenoma is wide local excision with the removal of periosteum or bone if they are involved. Simple enucleation of this tumour is believed to lead to high local recurrence rate and should be avoided.⁴ The differential diagnoses for this case include palatal abscess, odontogenic and non-odontogenic cysts, soft tissue tumours and salivary gland tumours.

QUIZ

- 1) What is the diagnosis?
 - a) Pleomorphic adenoma
 - b) Adenoid cystic carcinoma
 - c) Mucoepidermoid carcinoma
 - d) Traumatic lesion

Answer (A)

- 2) Describe the histopathologic features of this lesion (Figure-2).

Answer:

Areas of ducts and small cyst like spaces filled with eosinophilic coagulum. Small nests, sheets and anastomosing cords of squamous cells were also evident in the section. At one end accumulation of mucoid material resulting in myxomatous appearance and chondroid like material were also seen in the section. (Figure-2a,b).

- 3) List out the differential diagnoses for this lesion.

Answer:

Palatal abscess, odontogenic and non-odontogenic cysts, soft tissue tumours and salivary gland tumours.

- 4) Which is the most common site for pleomorphic adenoma?

- a) Upper lip
- b) Buccal mucosa
- c) Palate
- d) Floor of the mouth

Answer (C)

5) What is the treatment of choice for pleomorphic adenoma?

Answer:

The treatment of choice for pleomorphic adenoma is wide local excision with the removal of periosteum or bone if they are involved.

REFERENCES

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4. Ogata H, Ebihara S, Mukai K. Salivary gland neoplasms in children. *Jpn J Clin Oncol* 1994;24:88–93.

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