Case Report

Pleomorphic Adenoma Minor Salivary Gland Tumor Palatal Area

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Abstract:
Pleomorphic adenoma can be defined as a benign mixed tumor composed of epithelial and myoepithelial cells arranged with various morphological patterns, demarcated from surrounding tissues by fibrous capsule. Pleomorphic adenoma (mixed benign tumor) is one of the salivary gland tumors affecting both major and minor salivary glands. Parotid gland is the most commonly affected of the major group, and palate is the most common site of the minor salivary glands affected.

Case Report:

A 46 years old male patient attend maxillofacial surgery clinic in Al Shifa hospital referred from a private clinic due to a swelling observed in the hard palate by chance when patient went seeking for dental treatment that's at January 2005. When I received the patient, immediately I started to get the history of that patient and do the needed evaluation and investigations. Patient was complain of difficulty of swallowing and speech, with heavy sound and palatal swelling 6 months ago start as small and gets bigger, but pt doesn't aware of it because it was painless.

Medical history: show that he was diabetic and hypertensive.

Clinical examination show: a firm painless swelling about 5 cm in diameter, in the midline between the hard and soft palate, well demarcated, the overlying mucosa was intact, pinkish in color, No regional lymphadenopathy detected.

Investigations requested were C.T. scanning of the soft palate, hard palate and maxillary bone, and F.N.A. Biopsy (Fine needle aspiration biopsy). CT scan show well circumscribed soft tissue mass in the midline of the hard palate (mostly) and the soft palate, the underlying bony structure was intact.

Then the patient admitted in the hospital, the medical specialist consulted to control the blood pressure and Blood sugar. Chest X rays done show multiple patchy areas (Pt. was heavy smoker).

Then patient was taken to the theater, under General anesthesia, through nasal intubations, throat pack inserted, then an elliptic incision done in the midline if the tumor allowing the lesion extended slightly in the intact region of the hard and soft palate, a delicate proper dissection done to separate the palatal mucosa about the wall of the tumor reaching the bone of the hard palate, the tumor excised as one piece, the underlying bone inspected properly for any erosion, it was completely intact. Then the incision sutured by 3/0 B.S.S.

Patient still intubated, admitted in the I.C.U. for 48 hours under ceftriaxone antibiotics and dexamethazone to avoid soft palate and throat edema.

Then patient transferred to the surgical word, in the seventh day post operative the sutures were removed, wound healing was very well in deed. Patient discharged, and followed in O.P.D., monthly for about 1 year, No recurrence reported.

Discussion:
Pleomorphic adenoma occur as 70%-80% of the benign parotid tumor, 84% of the pleomorphic adenoma occurs in the parotid, 8% in the submandibular, 4-6% in the minor salivary glands. Incidence: Females are more affected than males (3-2). Occur in the 4th and 5th decade of life.

Tumors occur in the minor salivary glands account for 22% of the salivary gland neoplasm, majority are
1st step, an elliptic incision done

Gentle Dissection of palatal mucosa

Dissection Completed

the Tumor outside the oral cavity
malignant, only 18% are benign. Pleomorphic adenoma is the most common benign tumor of the minor salivary glands. As mentioned before the most common site of this tumor is the palatal area following is the lip, buccal mucosa, floor of the mouth, tongue tonsil, pharynx, and retro molar area. Review of literature show few cases reported of the pleomorphic adenoma arise in the parapharyngyal space

It arise in the oral cavity as painless swelling sub mucosal C.T. scan is the important diagnostic tool of these tumors; it helps to determine the extension of the lesion

Histopathologically: It's an epithelial tumor, of complex morphology possessing epithelial and myoepithelial elements arranged in varieties of patterns and embedded in muco polysaccharides stroma.

Formation of the capsule is a result of fibrosis of the surrounding salivary parenchyma which is composed by the tumor and is referred to as false capsule

References:
1- Hospital Registers operating theater.
2- www.thedoctorsdoctor.com
3- www.emedicine.com
4- www.pubmedcentral.nih.gov

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