

CASE REPORT

PLEOMORPHIC ADENOMA OF PALATE - A UNIQUE PRESENTATION

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ABSTRACT: Pleomorphic adenoma is a benign tumour of salivary glands that has elements of both epithelial and mesenchymal tissues. It commonly arises in parotid or submandibular glands. Infrequently, it may arise from minor salivary glands and present with intraoral mass over the palate or lip. Therefore, we report a unique presentation of pleomorphic adenoma over the palate, resembling deep fungal infection.

KEY WORDS: Pleomorphic adenoma, Salivary gland tumours, Palate.

INTRODUCTION: Pleomorphic adenoma or mixed tumour is a benign salivary gland tumour, usually seen in the parotid or submandibular glands. This tumour contains elements of both epithelial and mesenchymal origin. Rarely, it may arise from the minor salivary glands localized in the hard palate or other parts of oral mucosa.^{1,2} The age group may be highly variable, although commonly affected age groups are the fifth and sixth decades, where 60% of them are women. Frazel reported incidence of a 7-year old patient and 82-year-old patient. Hence forth, we report a case of benign pleomorphic adenoma of palate in 26 year old male patient.

CASE REPORT: A 26 year old male patient presented with complaint of ulcer on palate since 1 year, which was gradual in onset (Figure1). It was asymptomatic, with associated surface ulceration for past 15days. It was complied with foul smell and blood discharge for past 4 days. No history of swelling or ulcers elsewhere. It was not associated with prodromal symptoms or systemic diseases. On clinical examination a solitary well defined spherical shaped ulcer was seen on right posterolateral part of palate measuring about 2x2cm extending anteriorly from 16 regions and posteriorly till junction of hard & soft palate, medially 1cm away from median palatine raphae and laterally till attached gingiva in relation to 16, 17, 18. Margins are well defined, edge of an ulcer is undermined & floor consisted blackish yellow slough and blood clots. Mucosa surrounding the ulcer appears erythematous & oedematous. On palpation it was not tender. Base of the ulcer is not indurated. Considering patient's occupation (farmer) and clinical findings a provisional diagnosis of deep fungal infection was given. The differential diagnosis precluded minor salivary gland tumors, necrotizing sialometaplasia & ulcers secondary to systemic diseases like HIV, diabetes & blood dyscrasias.

All hematological investigations were normal. Radiograph of maxilla revealed no bony invasion. (Figure2) Exfoliative cytology was done from ulcer which revealed no fungal elements. Serology for systemic diseases was negative. An incisional biopsy revealed salivary ducts with mucin deposition and myoepithelial cells with eosinophilic background which was suggestive of pleomorphic adenoma. (Figure3) The entire tumour was excised with a wide margin. Follow up was done and till date there is no recurrence.

CASE REPORT

DISCUSSION: Pleomorphic adenoma a benign mixed tumour is the most common tumour of salivary glands. It arises in the parotid, submandibular salivary glands and minor salivary glands that are distributed in the oral cavity. The most frequent site of pleomorphic adenoma of the minor salivary glands is the hard and soft palate, followed by the upper lip ^{1,3}. The term pleomorphic describes the embryogenic basis of origin of these tumours, which contains both epithelial and mesenchymal tissues. It has been postulated that these tumours arise from intercalated ducts and myoepithelial cells ⁴.

Patients with pleomorphic adenomas of the minor salivary glands present mostly in fourth to sixth decades, with predominance in female patients ⁵. They usually present as a unilateral, painless, slow-growing mass in the parotid gland. Pain, tenderness and ulceration are unusual. However, they originate in the minor salivary glands, predominantly occupying hard and soft palate.² The present case had atypical presentation of ulceration. The palate has the highest concentration of minor salivary glands in the upper aero digestive tract, and it is the most common site for benign and malignant minor salivary gland tumours ⁶. Although it is a benign tumour, it has a high recurrence rate. In few cases, a benign pleomorphic adenoma may degenerate into a malignant tumour. Pleomorphic adenomas of the oral cavity lack a well defined fibrous capsule, a feature associated with a high recurrence rate. These tumours are also liable to invade and erode adjacent bone, which can be radiographically represented as typical mottled appearance. ⁷ However the present case showed no bony invasion.

The treatment of choice for pleomorphic adenoma in minor salivary gland is wide local excision with the removal of periosteum or bone if they are involved. Simple enucleation of this tumour is believed to have high local recurrence rate and should be avoided. Rupture of the capsule or tumour spillage is also believed to increase the risk of recurrence, so meticulous dissection is paramount ^{8,9}. In the present case there was no bony invasion, hence it presumed to have less chance of recurrence.

CONCLUSION: Although pleomorphic adenoma is a common salivary gland tumour, the present case is a diagnostic dilemma as it presented with unique feature of ulceration involving palate, as they usually present as smooth dome shaped swelling. Hence clinician should have a thorough knowledge about such lesions for prompt diagnosis and meticulous treatment.

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CASE REPORT

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Fig. 1: Ulcer on the right half of hard palate

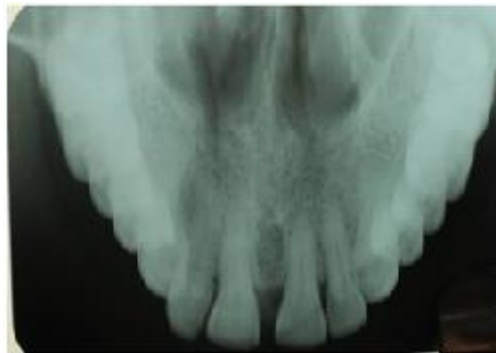


Fig. 2: Occlusal radiograph reveals no bony changes

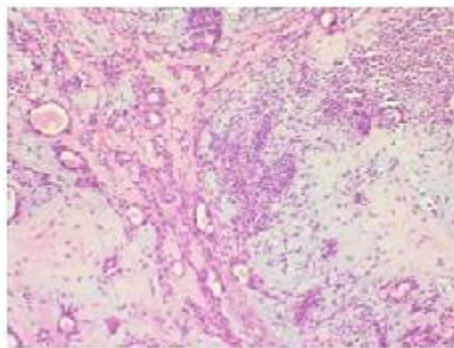


Fig. 3: Histopathological photomicrograph evidence of salivary ducts with mucin deposition and myoepithelial cells with eosinophilic background.

CASE REPORT

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