

Pleomorphic adenoma hard palate a case report and literature review

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Abstract

Pleomorphic adenoma is the common salivary gland tumour encountered. Most of these tumours occur in major salivary glands; Parotid gland happens to be the commonly involved one. This case report discusses a case of intraoral salivary gland tumour (in the hard palate). This case report discusses a case of pleomorphic adenoma of hard palate with a review of corresponding world literature. Even though these tumours are painless and slow growing ones, it is important to identify these cases rather early and extirpate them totally.

Introduction:

Salivary gland tumours constitute about less than 4% of all head and neck tumours. These tumours are commonly seen in adults ¹. Among the various histological varieties of salivary gland tumours pleomorphic adenoma happens to be the commonest one constituting about 70%. Most of pleomorphic adenomas involve the major salivary glands; parotid gland happens to be the common one involved. Pleomorphic adenoma is the most common tumour involving intraoral salivary glands. Palate is commonly involved, followed by lips and buccal mucosa ².

Most important feature of pleomorphic adenoma of minor salivary glands are:

1. There is no capsule, if present is only very thin ³. This gives a false impression of infiltrating mass.
2. These tumours are known to cause bone erosion.

Case Report:

60 years old female patient came with;

Complaints of

1. Swelling over palate – 5 years
2. Growth slow and progressive
3. Change in voice – 3 years
4. Nasal regurgitation of fluids – 1 year
5. On and off bleeding from the mass – 6 months

On examination:

Large swelling on the right side of hard palate 3×2 inches in dimension.

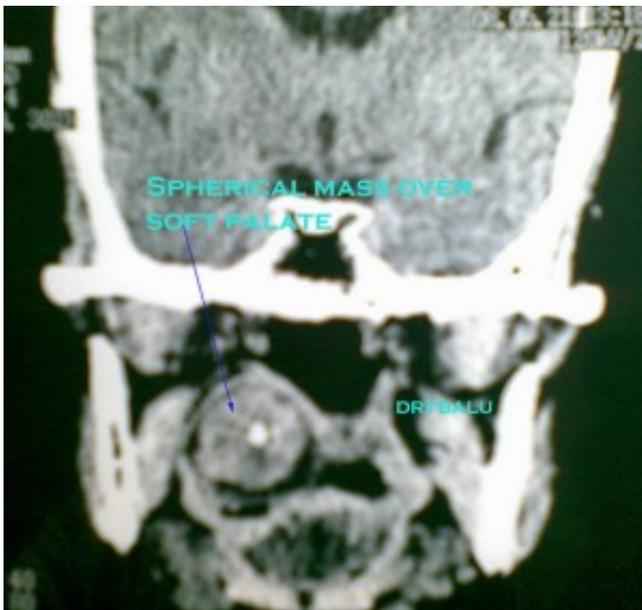
Mucosa over swelling intact but for a small whitish patch? Healed ulcer.



Picture showing the palatal mass

CT scan findings:

1. Encapsulated soft tissue mass over hard palate area
2. No evidence of bone erosion
3. No evidence of intramass calcification



CT scan showing the lesion

Management:

The mass was totally excised under general anaesthesia. The patient had an uneventful post-operative period with no evidence of recurrence on follow up for 3 years.

Histopathology Report:

Pleomorphic adenoma.

Picture of gross specimen



Discussion:

Pleomorphic adenomas involving minor salivary glands are painless⁴ and slow growing ones. Sometimes the growth rate could be fast. Rapid increase in size of the mass should lead to suspicion of intra lesional bleed / malignant transformation. The term pleomorphic adenoma is used to indicate the histological presence of both epithelial and mesenchymal tissues⁵.

Histological features of pleomorphic adenoma:

1. Islands of spindle cells over myxoid background
2. Inner layer of epithelial cells
3. Outer layer of myoepithelial cells

Imaging helps in ruling out palatal erosion. In all radiological images of these lesions one should look out for the presence of intact fat plane the presence of which rules out malignancy⁶.

These tumours are encapsulated and hence complete removal ensures cure. Care should be taken to leave at least 1mm margins around the lesion. While removing the mass rupture of the capsule is to be avoided to minimize recurrence⁷.

Conclusion:

Pleomorphic adenoma should be considered in all palatal tumours. Imaging helps in ruling out bone erosions in these patients. Complete extirpation of the mass is curative. One word of caution is that capsule should not be breached when attempting to surgically remove the mass because breach of capsule is associated with increasing recurrence rates.

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