Pleomorphic adenoma in a minor salivary gland of the upper lip

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Abstract:
Pleomorphic adenomas are the most common of all salivary gland neoplasms and it predominantly affects the major salivary glands, though the minor salivary glands are not spared. Most common site intraorally is the palate followed by lip and other rare oropharyngeal sites involved are the buccal mucosa, tongue, pharynx, tonsils, etc. Healthcare practitioners should give adequate attention in early diagnosis of oral lumps as the possibility of malignancy arising from a long standing benign salivary gland tumour is a distinct possibility. Hereby, we present a case of an innocuous oral lump which initially was diagnosed as a lipoma and later during and after excision was confirmed to be a pleomorphic adenoma.

Key words: Pleomorphic adenoma, Minor salivary gland tumours, upper lip, oral lumps

Introduction:
Pleomorphic adenoma is the most common salivary gland tumour, which accounts for 60-65% of all salivary gland tumours.¹ Major salivary glands are most commonly involved, but nevertheless it also involves minor salivary glands, the most common site being palate followed by the lip, which accounts for only 20-40% of all pleomorphic adenomas of minor salivary glands.² ³ Other common sites of pleomorphic adenomas of the minor salivary glands are buccal mucosa, floor of the mouth, tongue, tonsil, pharynx, retromolar area, nasal cavity ⁴ ⁵ ⁶ and in a rare instance, the nasal septum has also been involved.⁷

Materials and Methods:
A 32-year old female patient reported to our centre with a history of painless swelling in the right upper lip since 1 year. The swelling was asymptomatic and was gradually increasing in size causing a visible bulge in the upper lip, which made the patient seek treatment. On examination, there was a mild elevation in the right upper lip, giving an appearance of a diffuse swelling. Intraorally, the swelling was well circumscribed in the submucosal plane, measuring 1-1.5cm in diameter, which was freely mobile in all directions and with a positive ‘slip sign’. The swelling was rubbery in consistency with the overlying mucosa being normal except for a yellowish hue (Figure I). Based on the clinical findings, a provisional diagnosis of benign mesenchymal tumor was made, probably a lipoma and an excisional biopsy was planned. During the excision of the swelling, it was noted that the mass seemed to be arising from a minor salivary gland, which was also excised along with surrounding minor salivary glands (Figure II). The histopathological examination revealed an encapsulated tumour mass within connective tissue stroma. The tumour cells were arranged in strands and duct like structures with some of the cells being stellate and spindle shaped. Fibrous, chondroid and mucoid areas were seen and few normal salivary gland acini and endothelial lined blood vessels were seen (Figure III). All the above features led to a diagnosis of pleomorphic adenoma.
Discussion:

The differential diagnosis of an asymptomatic submucosal lump of the oral cavity includes an array of benign lesions which includes lipomas, neurofibromas, minor salivary gland tumours and other benign mesenchymal tumours. This however does not rule out diagnosis of malignant lesions at the same site like rhabdomyosarcoma, adenoid cystic carcinoma and other malignant mesenchymal tumours. Features such as encapsulation, free mobility without fixation to underlying and overlying tissues are usually signs of benignity, but only a histopathological examination can confirm the same. Pleomorphic adenoma occurs frequently in women and is most common from fourth to sixth decade of life, but in a study it was found that the peak incidence of pleomorphic adenoma of the lips was in the third and fourth decade of life with a mean age of 33.2 years, very much similar to our case. There has been a reported case of adenocarcinoma arising in a pleomorphic adenoma and hence all oral lumps should be given adequate attention by health practitioners for early detection and improve prognosis through early treatment. The longer a pleomorphic adenoma remains, the more risk of malignant transformation to carcinoma ex pleomorphic adenoma. A report indicated 1.6% incidence of malignant transformation in tumours less than 5 years compared with 9.4% in tumours present for more than 15 years, which emphasizes the importance of early detection and definitive treatment of oral lumps.

References:


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