E-ISSN: 2616-3470
P-ISSN: 2616-3462

www.surgeryscience.com
2021; 5(2): 74-76
Received: 09-02-2021
Accepted: 13-03-2021

Dr. B Santhi
Professor, Department of General Surgery, Government Kilpauk Medical College, TN MGR Medical University, Chennai, Tamil Nadu India

Dr. AK Kalpana Devi
Senior Assistant, Professor, Department of General Surgery, Government Kilpauk Medical College, TN MGR Medical University, Chennai, Tamil Nadu, India

Dr. Washington
Assistant Professor, Department of General Surgery, Government Kilpauk Medical College, TN MGR Medical University, Chennai, Tamil Nadu, India

Dr. M Balika
Post Graduate, Department of General Surgery, Government Kilpauk Medical College, TN MGR Medical University, Chennai, Tamil Nadu, India

Corresponding Author:
Dr. M Balika
Post Graduate, Department of General Surgery, Government Kilpauk Medical College, TN MGR Medical University, Chennai, Tamil Nadu, India

An uncommon presentation of pleomorphic adenoma

Dr. B Santhi, Dr. AK Kalpana Devi, Dr. Washington and Dr. M Balika

DOI: https://doi.org/10.33545/surgery.2021.v5.i2b.664

Abstract
80-90% of tumours of the parotid gland are benign, the most common being pleomorphic adenoma. It is characterized principally by epithelial and myoepithelial components distributed in varied patterns through an abundant matrix of mucoid, and chondroid supporting tissue. Classically it presents as swelling in front, below and behind ear, Raises ear lobule and Retro mandibular groove is obliterated. Here we present a case of a swelling over left side of neck over submandibular triangle near the angle of the mandible. The case is presented as clinical presentation of pleomorphic Adenoma was not classical.

Keywords: Pleomorphic, Adenoma, Epithelial, Tumours

Introduction
Most tumours of parotid present as slow growing painless swelling below the ear or in front of ear. However such a presentation of parotid tumor is extremely uncommon.

Case report
34 year old male, presented to us with complaints of swelling in left side of his neck for 5 years which was insidious in onset and gradually progressed to attain present size. No history of pain in the swelling. No other significant positive history. His past history revealed history of taking anti tubercular therapy for tuberculous constrictive Pericarditis. Inspection revealed Swelling of size 6*5 cm over left side of neck over submandibular triangle near angle of the mandible.
Skin over the swelling was normal. Swelling was not pulsatile. Swelling did not move with deglutition. It did not increase in size after Valsalva manoeuvre. Oral hygiene of the patient was poor. There was no visible swelling in oral cavity. On palpation, inspector.
Findings were confirmed. Swelling was neither warm nor tender. Skin Over swelling was pinchable. No mass palpable in oral cavity. Contrast Enhanced CT scan of the neck showed moderately differentiated heterogeneously enhancing mixed dense lesion involving left parotid gland with Enlarged nodes involving bilateral submandibular, bilateral lower deep cervical and submental regions.
Impression was Pleomorphic adenoma/Benign fibrous histiocytoma/Neurofibroma. Cytology report showed benign spindlecell neoplasm.
Repeat cytology showed possibilities of intra parotid benign spindle cell neoplasm and pleomorphic adenoma with excess stromal component. Intra op diagnosis was tumour arising from tail of parotid. Incision was made 2 cm below the growth horizontally.
Growth found as circular mass proximally attached to the tail of parotid. Mass and some tail of parotid gland sent for histopathological analysis.
Histopathology report showed encapsulated neoplasm composed of epithelial and myoepithelial cells arranged in sheets and cords interspersed with chondromyxoid matrix = Benign salivary gland neoplasm s/o pleomorphic adenoma.

Discussion
Parotid gland lies in a recess bounded by the ramus of the mandible, base of skull and mastoid process. It lies on carotid sheath and cranial nerves 11, 12 and extends forwards over masseter muscle. Its upper pole extends just below the zygoma and it's lower pole (tail) into the neck. Most tumours present as slow growing painless swelling below the ear or in front of ear. Tumours may arise from accessory lobe and present as persistent swellings within the cheek.

Rarely tumours may arise from deep lobe of gland and present as para pharyngeal mass causing difficulty in swallowing and snoring.

Fig 1: Intra operative view of lesion

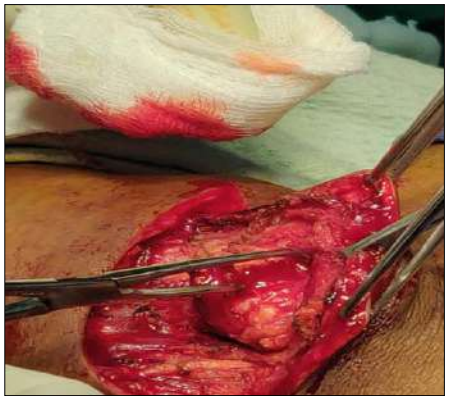

Fig 2: Closer view of lesion

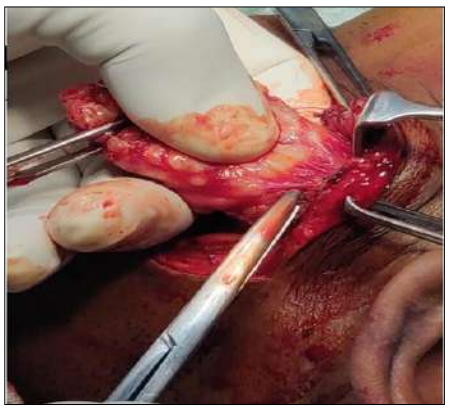

Fig 3: Dissection with curved scissors

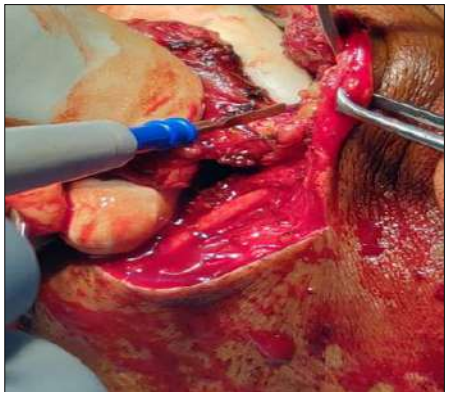

Fig 4: Removing the lesion by cautery

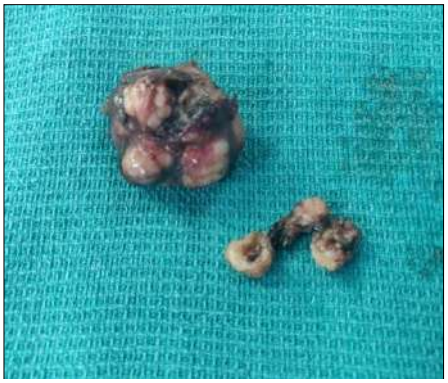

Fig 5: Intact specimen

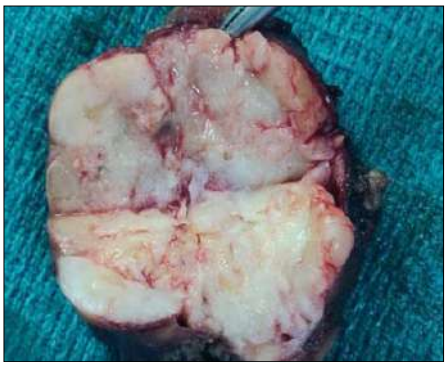

Fig 6: Cut section of specimen

Clinical examination reveals diffuse firm swelling in soft palate and tonsil. Parotid gland lies below the external acoustic meatus and occupies the interval between ramus of mandible and mastoid process with sternomastoid muscle.

usually terminates at the level of the angle

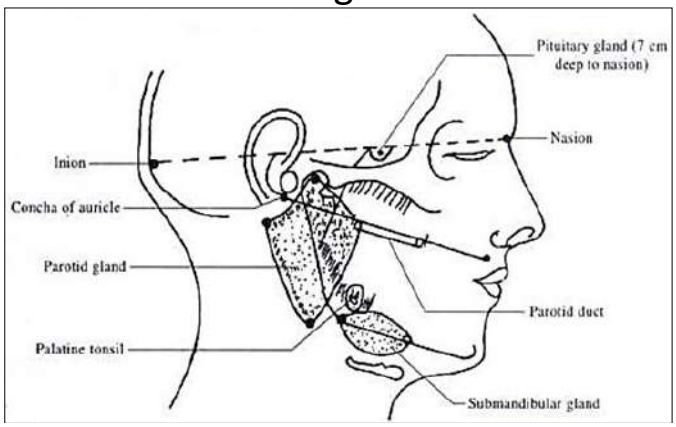

Fig 7: Glands of the face and head

The parotid tail is an anatomically challenging area. It can be difficult to correctly localize a mass at the angle of mandible as parotid in origin versus submandibular gland or extrinsic lymph node in origin.

This is particularly true with earring lesions in which a mass is pedunculated arising from inferior margin of parotid gland.

Many surgeons consider the parotid tail to comprise the entire retro mandibular part of the parotid gland inferior to the main trunk of facial nerve. The parotid tail is the most inferior portion of the superficial lobe. It is composed of a triangular shape area of tissue deep to platysma muscle, posterolateral to posterior belly of digastric and anterolateral to SCM. Posterior belly of digastric

separates parotid tail from adjacent carotid space. The most inferior aspect of the gland usually terminates at the level of the a angle of the mandible although this is variable.

Rare or unusual sites of occurrence include ectopic salivary gland tissues eg. In mandible, neck lymph nodes or axilla.

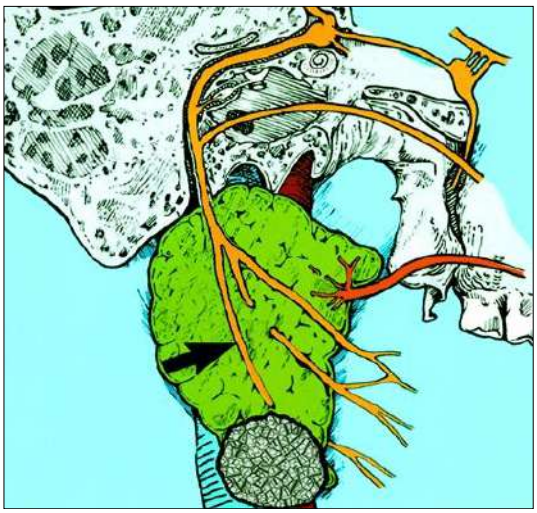

Fig 8: Earring lesion of Parotid

A case has been reported of a pleomorphic adenoma presenting as a midline nodule in the isthmus of the thyroid in a 66 yr old man. Malignancy suspected when it starts growing rapidly Skin infiltration present, facial nerve paralysis present, Fixed to Masseter, Dilated veins over surface, Tumour feels stony hard.
In this case, clinical presentation was not classical.
Hence parotid tumours need not give classical presentation and we need to have a high index of suspicion for all such neck masses.

References

1. Hoffman H, Funk G, Endres D. Evaluation and surgical treatment of tumors of the salivary glands. In: Thawley SE, Panje W, Batsakis L, Robert J, eds. Comprehensive Management of Head and Neck Tumors. Philadelphia, PA: W. B. Saunders Company 1999;2:1147–1177.
2. Zbaren P, Schar C, Hotz MA, Loosli H. Value of fine needle aspiration cytology of parotid gland masses. Laryngoscope 2001;111(Pt1):1989–1992. Cross Ref Pub Med Google Scholar.
3. Sungur N, Akan IM, Ulusoy MG, Ozdemir R, Kilinc H, Ortak HT. Clinicopathological evaluation of parotid gland tumors: a retrospective study. J Craniofacial Surg 2002;13:26–30.