Pleomorphic Adenoma of the Base of the Tongue—A Case Report

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Abstract Pleomorphic adenoma of the base of the tongue is a rare tumour. A case of a 40-year-old female with pleomorphic adenoma of the tongue base is reported here, with a review of the literature. Complete excision of the mass was done transorally under general anaesthesia.

Keywords Adenoma · Pleomorphic · Tongue

Introduction

Pleomorphic adenomas were first described by Minssen in Ahlbom's monograph in 1874. It is a benign tumour, which most frequently originates from one of the major salivary glands. It also occurs in minor salivary glands of the oral cavity. Benign and malignant tumours of minor salivary glands are commonly seen in the palate, upper lip, gums, cheek, floor of the mouth, pharynx, larynx and trachea [1]. Most of the studies indicate an overall ratio of approximately 1:6 for the benign/malignant lingual salivary gland tumours. In tongue the most common benign tumour is the pleomorphic adenoma whereas adenoid cystic carcinoma is the most common malignant tumour reported [5].

Pleomorphic adenoma of the base of the tongue is a very rare tumour.

Case Report

A 40-year-old female attended the ENT Department with the complaint of mild dysphagia for four months. There was no history of fever or bleeding from mouth. Cervical lymph nodes were not palpable. On indirect laryngoscopy a sessile round mass measuring 2.5×2 cm was found over base of the tongue. The mass was firm on palpation and it was nontender. Thyroid scan and other investigations were normal. FNAC report was pleomorphic adenoma. Under general anaesthesia, complete excision of the mass was done. There was little bleeding during the operation. The excised mass was well circumscribed. Histopathological examination of the specimen showed ductal differentiation and myoepithelial cells and confirmed the diagnosis of pleomorphic adenoma with clear margins. The postoperative course was uneventful. The patient has been asymptomatic and recurrence free during the six months follow-up period (Fig. 1).

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Discussion

Salivary gland tumours constitute about 3% of all neoplasms. 18 per cent of salivary gland tumours arise from minor salivary glands. Approximately 8% of pleomorphic adenomas occur in the minor salivary glands. The most frequent site is the palate (50%); the next common site is the upper lip, while the base of the tongue is a very rare one [2]. Of 1320 tumours reviewed by Chaudhary et al. [3], the base of the tongue was the site of origin in only 1% of all intraoral

Fig. 1 Showing the mass at the base of the tongue

minor salivary gland tumours. According to one study of five cases of pleomorphic adenoma of the base of the tongue, most patients were not aware of the tumours until difficulty in swallowing appeared. They were detected on routine physical examinations. Patients' ages ranged from 29 to 87 years and the male to female ratio was 4:2 [4]. These tumours are benign having a multifaceted origin of epithelial and connective tissue. The cells of origin are the myo-epithelial cells and intercalated duct cells. Most of the studies indicate that the malignant lesions of the minor salivary glands are more common and the majority of the lesions involving the base of tongue are also malignant [5]. The diagnosis of these tumours is made on the basis of histopathological features. Incisional biopsy gives the pathologist a better chance of diagnosis than fine needle aspiration, without an increased morbidity. In the present case FNAC was done for the diagnosis. Recurrence is uncommon and may be due to partial excision or a multifocal origin of the tumour. Other rare tumours of the base of

Fig. 2 Microphotograph of pleomorphic adenoma (H & E $\times 280$)

the tongue are tuberculoma, amyloid tumour, mucoepidermoid carcinoma and angioleiomyoma [6]. The following approaches are recommended for the tumour of the base of the tongue: transoral resection, midline transhyoid approach and lateral pharyngotomy [4]. In our case, the tumour was resected transorally because there was little tumour extension into the surrounding normal tissue (Fig. 2).

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