Pleomorphic adenoma of the soft palate

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Abstract Pleomorphic adenoma is the commonest benign salivary gland tumour, accounting for almost three fourths of all such tumours. Pleomorphic adenoma most commonly occurs in the parotid gland; however it is also encountered in the submandibular, sublingual and minor salivary glands.

Almost half of all salivary gland tumours are malignant, pleomorphic adenoma is the commonest benign lesion.

A case of pleomorphic adenoma arising denovo in the minor salivary glands is discussed.

Keywords Pleomorphic adenoma · Minor salivary gland tumours

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Introduction

Pleomorphic adenoma is the commonest benign tumour to arise in the minor salivary glands. However, majority of minor salivary gland tumours are of the malignant variety.

A case of a large pleomorphic adenoma arising de novo in the soft palate is described.

Case report

A 40-year-old male presented with a gradually increasing painless swelling on the palate associated with dysphagia and change in speech.

On examination there was smooth bulge on the left side of the soft palate crossing the midline (Fig. 1). The swelling was bulging towards the oropharynx and pushing the uvula to the contralateral side. The swelling was firm and smooth with an intact healthy overlying mucosa. There was no significant lymph node enlargement in the neck.

MRI scan revealed a peripherally enhancing, large pear shaped tumour measuring 34mm x 34mm x 26mm on the left side of soft palate, crossing the midline, extending into the left oropharynx and compressing upon the left parapharyngeal space (Fig. 2).

Fig. 1 Intra-oral appearance of the tumour

Fig. 2 MRI scan of the tumour

Fig. 3 Tumour being excised out

Fig. 4 Excised tumour

FNAC of the lesion was performed and the smear revealed moderate cellularity comprising of benign mononuclear cells arranged in clumps and forming acini at places. The background showed eosinophilic material and RBCs. No atypical cells were seen. The findings were consistent with a benign glandular lesion.

The patient was operated under general anaesthesia and nasoendotracheal intubation

through the opposite nostril. A longitudinal incision was placed over the crest of the swelling. The tumour was released from its surrounding attachments by a blunt dissection along the cleavage plane (Fig. 3).

The tumour was encapsulated with a glistening, smooth, faintly lobulated surface measuring 35mm x 35mm x 25mm in size (Fig. 4).

Fig. 5 Tumour site 2 year postoperative

Fig. 6 Photomicrograph of the tumour specimen

Postoperatively the patient was prescribed IV antibiotics (Ceftriaxone 1 gm BD) and analgesics (IM Diclofenac 75mg BD) for 5 days. The healing was uneventful. The patient has been disease free for the past 2 year period of follow-up (Fig. 5).

Histopathological examination revealed a neoplasm with a fibrous connective tissue capsule, nests of polygonal shaped epithelial cells, myoepithelial cells with a plasmacytoid appearance and areas of myxoid, osteoid and hyalinized eosinophilic connective tissue. The overall features were suggestive of pleomorphic adenoma (Fig. 6).

Discussion

Tumours arising in the minor salivary glands account for upto 22% of all salivary gland neoplasm [1,4]. Majority are malignant with only 18% being benign. The commonest site of occurrence of pleomorphic adenomas of minor salivary glands is the palate followed by lip, buccal mucosa, floor of the mouth, tongue, tonsil, pharynx, retromolar area and nasal cavity [1,3].

MRI is an essential tool for the imaging of soft palate tumours as it aids in determining the extent and nature of the lesion, local spread and also the neoplastic status [6].

The tumours involving the soft palate and the adjoining areas especially the parapharyngeal space are also known to arise as an extension from the deep lobe of the parotid gland. Such tumours have to be distinguished from those

arising de novo. This can be differentiated by a distinct fine lucent line representing the compressed layer of fibro adipose tissue between the tumour and the deep lobe of parotid when seen on a MRI scan [5].

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