CLEAR CELL MYOEPITHELIAL CARCINOMA OF SALIVARY GLAND - A CASE REPORT

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Abstract:
Myoepithelial carcinoma of salivary gland is a malignant neoplasm composed exclusively of myoepithelial cells. This case is a 75 year old male who presented with a swelling in the submandibular region. Histopathology showed features of clear cell myoepithelial carcinoma. Immunohistochemistry was done to confirm the diagnosis.

Keyword:
Submandibular swelling, myoepithelial carcinoma, clear cell type.

INTRODUCTION:
Myoepithelial carcinomas account for less than 1% of malignant epithelial salivary neoplasms. Many develop by malignant transformation in pleomorphic adenomas and myoepitheliomas. About two thirds occur in the parotid gland. The mean age of patients is 55 years. There is no sex predilection.

CASE HISTORY:
75 year old male was admitted with a swelling in the submandibular region. It was clinically suspected to be metastatic carcinomatous deposits in submandibular lymph node. The mass was excised and sent for histopathological examination.

GROSS:
A circumscribed tumour, grey white and firm with focal grey brown areas measuring 5.2*4*1.3 cm. No normal salivary gland parenchyma or lymph node architecture made out grossly.

HISTOPATHOLOGY:
Multiple sections studied showed a malignant tumour composed of neoplastic cells which are large round to polygonal with well defined cell borders. Cytoplasm is abundant, clear to amphophilic. Nucleus is large round vesicular with prominent nucleolus. Marked degree of nuclear pleomorphism and high mitotic rate are noted.

IMMUNOHISTOCHEMISTRY: Immunohistochemistry was done using S100 and pancytokeratin which favoured the diagnosis of myoepithelial carcinoma of salivary gland.
FIG.3. Myoepithelial carcinoma showing cytoplasmic positivity

DISCUSSION:
Myoepithelial carcinoma may show one or more of the following cell types: spindle, epithelioid, plasmacytoid hyaline and clear cells. This case presented with the rare clear cell type.

CONCLUSION:
This case is presented here because of its rarity. Myoepithelial carcinoma can be distinguished from benign myoepithelioma by a high mitotic rate greater than 7 per 10 high power fields, marked nuclear pleomorphism and invasive growth. There is no difference in prognosis between de novo myoepithelial carcinoma and those arising from pleomorphic adenoma or myoepithelioma.

REFERENCES:

An Initiative of The Tamil Nadu Dr. M.G.R. Medical University
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