A RARE CASE OF SUBMANDIBULAR GLAND- PLEOMORPHIC ADENOMA
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Abstract : Pleomorphic adenoma is the most common tumor of benign salivary gland neoplasms. The most common gland to be involved is parotid gland. Its occurrence in submandibular and sublingual gland is rare. Here we are presenting a rare case of histologically proven pleomorphic adenoma of submandibular gland.

Keyword: pleomorphic adenoma, submandibular salivary gland, benign neoplasm.

INTRODUCTION:
Salivary gland tumors are rare and make up to 3% of head and neck tumors.[1] Approximately 90% of the benign neoplasm of the major salivary gland is associated with the parotid gland. Pleomorphic adenoma (PA) comprises 80–90% of these benign parotid neoplasms. PA of the submandibular and sublingual gland is quite uncommon and comprises rest (8–10%) of the group.[2] Case was treated surgically and followed up for 1 1/2 years with no recurrence.

CASE REPORT
A 19 yr old female patient was admitted with complaints of swelling in the upper part of neck since 2 yrs. Swelling was slow growing, painless in nature and of size 5x4 cm in left submandibular region. The swelling was firm in consistency, bimanually palpable, mass not fixed to skin and freely mobile. There were no functional and neuronal disturbances. FNAC reported pleomorphic adenoma. CT SCAN showed well-defined radiolucent mass of size 5x4 cm arising from left submandibular gland. Provisional diagnosis of pleomorphic adenoma made. And the patient was posted for excisional biopsy under general anaesthesia. With standard submandibular incision , left submandibular gland and the mass was excised and sent for histopathological examination. Wound closed in layers with drainage tube attached. Histopathology confirmed pleomorphic adenoma. Patient under follow-up since 1 1/2 yrs. with no recurrence till date.
DISCUSSION

PA is an epithelial tumor of complex morphology, possessing epithelial and myoepithelial elements intermingled with mucoid, myxoid, or chondroid tissue arranged in a variety of patterns and embedded in a mucopolysaccharide stroma.[4] It is the most common benign tumor of salivary glands[5] and accounts for 90% of all salivary gland tumors. The submandibular gland is the second most common site of PA after the parotid gland.[6] It is also the most frequent benign tumor arising in submandibular gland.[7] The differential diagnosis should include basal cell adenoma, adenocarcinoma, mucoepidermoid carcinoma and lymphoma. CT scan or Magnetic Resonance Imaging (MRI) is the gold standard radiological tools for lesion arising from the major or minor salivary glands. Adjunctive procedures like ultrasound guided needle aspiration or fine needle aspiration are non-confirmatory. An incisional biopsy can be taken initially if the lesion is of large size. The recommended surgical approach is with a direct submandibular incision which provides an easy access. The excision of the tumor should also be accompanied by the removal of the submandibular gland in toto. Incomplete removal of the glandular tissue paves the way for a definitive recurrence. PAs are benign tumors with a well-documented transformation to malignancy (carcinoma ex pleomorphic adenoma). It is estimated that up to 25% of untreated PAs undergo malignant transformation.[8] therefore,

early definitive treatment is strongly required.

REFERENCES:


