

Case Report

Pleomorphic Adenoma of Upper Lip - A Case Report

Dr. Ankit Goyal¹, Dr. Naveen Shukla², Dr. Priyali Chauhan³

¹Senior Resident, Department Of E.N.T., Shridev Suman Subharti Medical College, Dehradun, India.

²Assistant Professor, Department Of E.N.T, Shridev Suman Subharti Medical College, Dehradun, India.

³3rd Year Postgraduate Student, Department Of Conservative Dentistry & Endodontics, Divya Joyti College Of Dental Sciences & Research, Modinagar, India.

Corresponding Author: Dr. Ankit Goyal

ABSTRACT

Pleomorphic adenoma is a benign neoplasm which represents two thirds of all tumours of the major salivary glands and less than half of those in the minor salivary glands, with the greatest frequency of occurrence in the superficial lobe of the parotid gland. Most common intraoral site of minor salivary gland tumour is palate. Pleomorphic adenoma of the lips is rare.

Keywords: Pleomorphic adenoma, Minor salivary glands, Lips, Parotid gland.

INTRODUCTION

Salivary gland tumors are rare, constituting 2-6.5% of all head and neck tumors. ^[1] Pleomorphic adenoma is the most common benign tumor of salivary gland origin. These tumors are most often diagnosed in 4th & 6th decades of life. The typical presentation is slow growing painless firm mass, non tender & tends to be mobile when small but fixed to surrounding tissue with advanced growth. ^[2]

The most common site amongst the major salivary gland is parotid (approximately 75%) followed by submandibular gland (around 5%-10%) & the minor salivary gland (approximately 10%). ^[3]

The hard palate & soft palate are the commonest sites of minor salivary gland tumors. The upper lip is relatively uncommon site, 80% of the minor salivary gland tumors located in lip are benign. ^[4,5]

Histologically, the tumour is characterized by marked morphological diversity, with glandular areas, myxomatous

areas and solid areas seen. Seifert et al ^[6] classified these tumours into cellular types (27-35%), myxoid (stroma rich) type (35-51%), and the classic type (14-37%), where there is a balanced amount of epithelial and myoepithelial cells and stroma component. ^[7]

CASE REPORT

A 35 years old male patient reported to us with chief complaint of swelling on the right side of upper lip since 2 years which was gradual in onset, painless, progressively increasing in size with no discharge. There was no history of similar swelling elsewhere in the body and no relevant medical and dental history.

On Inspection, mild fullness was present on right side upper lip extraorally. Intraorally, there was 3 x 2 cm swelling present on the right upper lip which was well defined, dome shaped, solitary, lobulated extending superior-inferiorly from the depth of the vestibule to the vermilion border of the upper lip and medio-laterally

0.5cm from the labial frenulum to the right corner of the mouth, overlying mucosa was of the same colour as that of adjacent mucosa with no ulceration. On palpation it was firm in consistency, non-tender, freely movable and non pulsatile.

No other abnormality was detected in head and neck examination. (fig. 1,2) Based on the presence of a slowly growing painless mass located in the upper lip of an adult, a benign salivary gland tumour was considered as the provisional diagnosis.

FNAC from the swelling was suggestive of Pleomorphic adenoma. We planned for wide local excision with rotational flap reconstruction under local anaesthesia and specimen sent for histopathological examination. The post operative period was uneventful.(Fig3,4,5,6) Histopathology revealed an encapsulated lesion composed of epitheloid type of myoepithelial cells arranged in cords and network like pattern in a connective tissue stroma which was hyalinized at few places and myxoid at others. Epithelial cells arranged in cords, strands and islands forming ductal and cystic structures were seen. These ductal structures were bilayered at places and at few places lined by single layer of cells .The cystic structures were filled with eosinophilic material ,few areas showed squamous metaplasia with keratin pearl formation suggestive of pleomorphic adenoma. (fig .7)



Fig 1: Clinical picture of patient showing fullness of right upper lip .



Fig 2: Intra-orally an indurated, mobile, well circumscribed mass was observed



Fig 3 : Intraoperative picture showing defect after wide local excision of mass on upper lip .



Fig 4: Intraoperative picture showing cutaneous flap elevated from adjacent buccal mucosa.



Fig 5: Picture showing rotation flap after suturing done over defect.



Fig 6: Picture showing delivered specimen after wide local excision of upper labial mass.

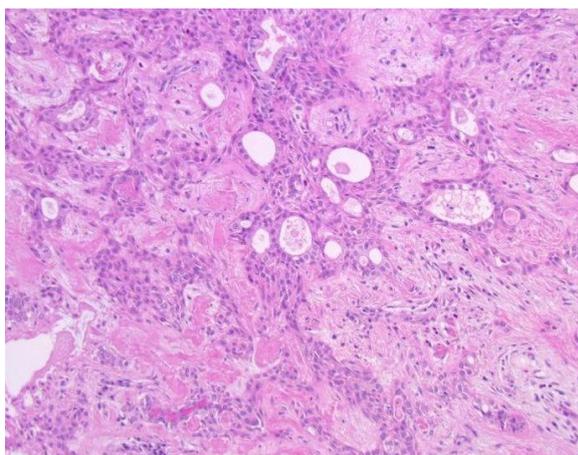


Fig 7: Histopathology showing epithelial and mesenchymal components. Epithelial cells forming acini, tubules and solid masses. nuclei are even and uniform. cystic change is seen

DISCUSSION

Minor salivary gland tumor presents as soft or firm masses, with most having a nodular, exophytic component. Ulceration

of the nodular mass may occur, but the presence of ulcer provides no clue to the invasiveness of the tumor. Those that are soft on palpation usually have large cystic cavities and an abundance of mucin. The more solid tumors, especially pleomorphic adenoma with bone and cartilage formation are firm on palpation.

Differentiation between benign and malignant tumors is not possible without histopathology. However, suspicion of malignancy necessitates a biopsy before surgical treatment. When a lip mass is freely movable and submucosal, an excision of the mass with surrounding tissue may be adequate.^[8]

Simple enucleation of pleomorphic adenomas is not appropriate treatment as this leads to recurrence in 21-45 % of cases.^[9] These recurrences occur because of projection of tumour through dehiscence in the tumour capsule which are sheared off and left behind when simple enucleation is performed.^[7]

A multilobulated mass fixed to the underlying tissue is more likely to be malignant. A wide local excision with a 1.5 cm margin and resection of 1 anatomic barrier beyond the tumor are necessary for surgical clearance.. This will sacrifice the overlying and adjacent mucosa, the orbicularis oris muscle and even the involved external skin of the lip. Reconstruction is effected by local tissue advancement or Abbe flaps.^[8]

Pleomorphic Adenomas if left untreated may become malignant. For this reason, surgical excision is always to be advised.

CONCLUSION

Pleomorphic adenoma of the upper lip is an unusual neoplasm. Complete surgical excision is the treatment of choice. Regular follow up is necessary to check for recurrence and malignant transformation.

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