

Case Report

Pleomorphic Adenoma of the Cheek: A Case Report

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Abstract

Pleomorphic adenoma is defined like a heterogeneous benign tumor of the salivary glands. The parotid gland is its principal localization. Pleomorphic adenoma in the minor salivary glands of the cheek represented an exceptional finding. We report a rare case of extraparotid pleomorphic adenoma developing at the salivary glands of cheek in a 50 year old man patient.

Keywords: Extraparotid; Pleomorphic adenoma; Cheek

Introduction

Pleomorphic adenoma is a benign tumor rising from the ductal epithelium of the salivary glands that develops slowly, at low noise, for several years.

Pleomorphic adenomas affect rarely the cheeks and should be discriminated from other kinds of lesions affecting the cheek [1-3].

Clinically this is a slow growing lesion, which is in the form of a very limited nodule firm and painless on palpation, repelling the mucosa without ulcerating it [2].

The radiological examination makes it possible to characterize the tumor by assessing its extension to surrounding tissue and looking for bone lysis.

The treatment is the total excision of the tumor. Histopathological examination confirms the diagnosis.

Case Presentation

A 50 year old man was presented to our ENT department complaining an indolent swelling at the left cheek, which started 5 months before. There was no history of fever, or any discharge from the lesion.

Clinical examination showed an asymmetry of the face caused by the presence of an enlargement at the left cheek (Figure 1).

On palpation, the swelling was firm, indolor, mobile and measuring 5 cm × 4 cm. Intraoral evaluation of the left cheek found a swelling covered by the normal mucosa.

There was any palpable cervical lymphadenopathy.

Magnetic Resonance Imaging (MRI) was performed a few days later and revealed small, rounded, circumscribed masses of different size in the soft tissue under the left cheek without evidence of muscle invasion. It was isointense on T1 and hyperintense on T2WI with homogeneous enhancement. The largest of which measuring 12 mm × 8 mm (Figure 2).

Under general anesthesia, a horizontal intraoral incision was made on the buccal mucosa.

The tumor was found between the cheek mucosa and buccinator muscle. The tumor was resected from the surrounding tissue and was removed (Figure 3). The vascular structure along with the parotid duct was visualized and preserved. The mucosa was sutured carefully after haemostasis had been secured.

The final histopathological examination revealed it to be a pleomorphic adenoma.

Post operatively, we did not notice any abnormalities, and there were no signs of recurrence after a follow-up period of 2 years.

Discussion

Pleomorphic adenoma is a heterogeneous and most common benign tumor of the salivary glands, called a mixed tumor due to its double epithelial and mesenchymal component [3].

Pleomorphic adenoma is the most common tumor of the parotid gland (65%). Its extra-parotid localizations are rare. They



Figure 1: Facial view of patient with mass in the Left cheek area.

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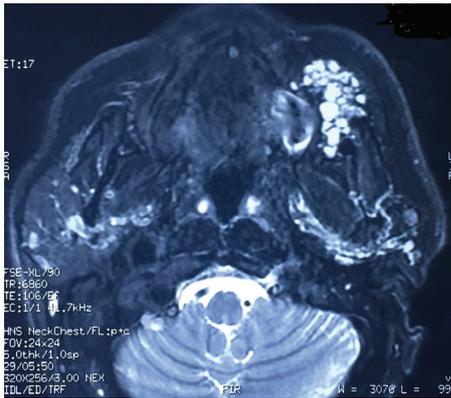


Figure 2: T2 MRI with hyper intense small, rounded, circumscribed masses of different size in the soft tissue under the left cheek.



Figure 3: View of the resected mass.

are distinguished from the parotid by their clinical, histological and therapeutic characteristics [4-6].

Pleomorphic adenoma of the cheek is a lesion which has the shape of a very limited firm nodule and painless on palpation, repelling the mucosa without ulcerate it [5].

The clinical symptomatology depended on the size and tumor localization.

In oral cavity we often describe a painless swelling progressing under a mucous membrane normal [2-7].

At the clinical stage, the differential diagnosis arises with all benign tumors of the oral mucosa having a nodular appearance [2].

Fine needle aspiration should be performed at prior, it allows a diagnostic orientation before the operative procedure [1].

Imaging was essential whatever the location, in the preoperative assessment of the adenoma pleomorphic. It is mainly based on computed tomography and magnetic resonance imaging. It was used to assess the extent of the tumor with the surrounding tissues, to look for bone lysis, to highlight erosions bone and to establish a local extension assessment and locoregional. They must be carried out before any surgery [7-8].

Histologically, the pleomorphic adenoma is characterized by a cellular polymorphism with the presence myoepithelial, epithelial and stromal cells, hence the name of mixed tumor. In the oral cavity, this tumor has for particularity of not being encapsulated and contact tumor cells with fat cells or muscle should not take it for an infiltrating carcinoma [8].

Complete surgical excision with excision of the mucosa of the cheek allows the definitive diagnosis. This complete excision is made difficult, when it comes large tumors, due to the absence of a capsule and infiltration of the accessory salivary glands between the muscle fibers and fat panniculus. She can require the use of reconstruction flap in case of significant mucosal excision [9].

The prognosis is generally good, but remains marked by a high risk of recurrence after surgery and carcinomatous degeneration requiring early surgical management and regular surveillance [10].

Conclusion

Pleomorphic adenoma in the minor salivary glands of the cheek represented an exceptional finding.

The literature review confirms the evolving and invasive character in Abstention from surgery, and its tendency to locoregional recurrence.

The complete excision is imperative followed by final histopathology to establish the diagnosis.

Regular locoregional follow-up after excision must be systematic for several years.

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