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Pleomorphic adenoma of upper lip : a rare case report in a tertiary care hospital

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ABSTRACT

Pleomorphic adenoma is the most common salivary gland tumour, which accounts for 60-65% of such cases. It usually involves major salivary glands. However it also involves minor salivary glands of oral cavity and oropharynx. In oral cavity, hard palate is the most common site. Other rare sites are lips, buccal mucosa, alveolar ridge, floor of the mouth and tongue. This case report describes a rare and unusual presentation of pleomorphic adenoma in upper lip.

INTRODUCTION

The most common salivary gland tumour is pleomorphic adenoma, which accounts for 60-65% of neoplasms of salivary glands. It mainly affects women in their 4th to 6th decades of life and has a natural history of asymptomatic slow growth over a long period of time. It usually involves major salivary glands, most commonly being tail of parotid. However it also involves minor salivary glands. From these, palate is the most common site followed by lips, buccal mucosa, alveolar ridge, floor of mouth and tongue. Pleomorphic adenomas of oral cavity tend to appear smooth and are relatively slow growing.

The aetiology of pleomorphic adenoma is unknown. It is epithelial in origin. Clonal chromosome abnormalities with aberrations involving 8q12 and 12q15 chromosomes are implicated. Treatment is complete surgical excision. Oral cavity pleomorphic adenomas are excised transorally. Because they are encapsulatedin oralcavity, recurrences following excision are rare.

This paper describes the diagnosis and management of an asymptomatic, slow growing pleomorphic adenoma in the upper lip of a middle aged female. A brief review of the relevant literatures is also presented.

CASE REPORT

A 30 yr old Hindu female presented to E.N.T OPD of our hospital with a complaint of painless, mobile mass in upper lip that progressively increased in size over 6 months. On examination, the mass was circumscribed, globular, mobile, sessile, non-tender and firm in consistency and 4-4.5 cm in diameter as shown in figure no.2. There was a small ulcer over its centre of size 1-1.5 cm. The overlying mucosa was pinkish in colour and skin over the tumour was not fixed. There was no pain or bleeding or any discharge on pressing. No abnormality in head or neck region was noted. Medical history was unremarkable and no other abnormalities were found on clinical examination. Thus, a clinical diagnosis of benign minor salivary gland tumour was made. FNAC showed the features of pleomorphic adenoma. The mass was completely excised transorally(FIGURE-2 & 3) and sent for histopathological study. The HP study confirmed it to be pleomorphic adenoma (FIGURE-4). The patient has been on follow up since 1 year with no recurrence yet.

DISCUSSION

Despite the abundance of minor salivary glands in the lower lip, pleomorphic adenoma is exceedingly low in this location. Pleomorphic adenoma in the upper lip exceeds that of the lower lip by the ratio of 6:1. The reason for this difference is due to the disparity in embryologic development between the upper and lower lips. Kroll and Hick[1] reviewed 4042 cases of

Figure 1

Figure 2

Figure 3

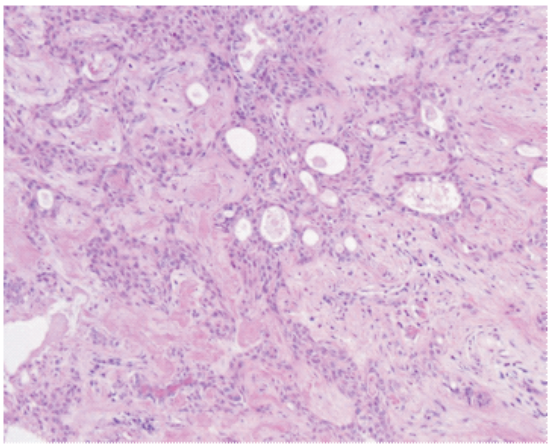

Figure 4

pleomorphic adenoma of salivary glands, only 16.9 % were located in the upper lip and 2.9% in lower lip. According to Pires F R et el[2] minor salivary gland tumors represent 9-23% of all salivary gland tumors.Jaber has reported from a study on 75 patients with intraoral minor salivary gland tumors that 15 of the 29 benign tumors were palatal in location with only four on the upper lip & one on the lower lip[3].

Pleomorphic adenoma arising from minor salivary glands of the lips tends to occur at an earlier stage than it does at other sites. Bernie[4]r found that the peak incidence of pleomorphic adenoma of the lips was in the third and fourth decades, with an average of 33.2 years. There is a propensity for benign tumour to occur in the upper lip, whereas malignant lesions in lower lip[5]. Eveson and Cawson[6]documented 75% of upper lip tumours to be benign . Neville et al[7] studied that 92% of the upper lip tumours were monomorphic adenoma and pleomorphic adenoma, whereas sporadic cases of adenoid cystic carcinoma, acinic carcinoma, and adenocarcinoma constitute the remainder. Owens and Calcaterra[8] found that 7 of 13 malignant tumours in the lower lip were mucoepidermoid carcinoma.The hallmark of pleomorphic adenoma on cytological examination is the combination of bland epithelial cells and fragments of chondromyxoid stroma with spindle cells[9].

CONCLUSION

Minor salivary gland tumour presents as soft or firm masses, with most having a nodular and exophytic component. Ulceration may occur but does not relate to its invasiveness. When a lip mass is freely mobile and submucosal, an excision with surrounding tissue may be adequa On the other hand, a multilobulated mass fixed to the underlying tissue is more likely to be malignant. In face of extensive tissue removal, reconstruction can be done by local tissue advancement or abbe flaps[10].

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