BOYUNDA CİLT ALTI PLEOMORFİK ADENOM (MİKS TÜMÖR)

PLEOMORPHIC SUBCUTANEOUS ADENOMA (MIXED TUMOR) ON THE NECK

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Özet


Anahtar kelimeler: Pleomorphic adenoma, Cilt altı

Summary

Pleomorphic adenoma of subcutis on the neck is a rare disease. It is considered to derive from sebaceous glands, sweat glands, or ectopic salivary glands. The objective of this study is to familiarize the clinician presentation and treatment of this disease. We reported the case of a 39-year-old woman who presented with an enlarging, a firm, painless mass on the neck for one year. Fine needle aspiration cytology of the lesion was reported as benign monomorphic adenoma. The mass was excised via an elliptical skin incision under general anesthesia. Histopathologic examination was reported as pleomorf adenoma in subcutis. Here we presented this case due to rarity.

Key words: Pleomorphic adenoma, Subcutis
Introduction

Although pleomorphic adenomas are the most common benign tumors of the major and minor salivary glands, rarely seen in subcutis. In 1959, Stout and Gorman (1) reviewed the literature and found a total of 134 cases of mixed tumors of the skin. Pleomorphic adenoma of the skin in the head and neck region may originate from sebaceous glands, sweat glands, or ectopic salivary glands (1-3). Here, we report a case of pleomorphic adenoma of subcutis on the neck.

Case report

A 39-year-old woman patient was admitted to our clinic due to right cervical mass. In the examination of the patient, there was a subcutaneous mass on the right cervical region. The mass was 20.0x30.0 mm in diameter, firm in consistency, painless and stuck to skin. The surface of the mass was irregular and there was no induration, ulceration or discharge except incision scar. No detectable lymphadenopathy was present. She had undergone cervical mass excision 15 years ago and at the same site. But pathology report was unknown. Recurrent swelling was occur for 1 year. Fine needle aspiration cytology of the lesion was reported as benign monomorphic adenoma. MR imaging described 21.0x18.8 mm, well-bordered mass (Fig. 1). It demonstrated homogeneous enhancement post-contrast material in injection and no cystic component was observed. No invasion into surrounding tissue was observed (Fig. 2). These clinical, cytological and radiological findings indicated a benign lesion. The mass was excised via an elliptical skin incision with wide margins of skin and adjacent healthy tissue under general anesthesia. After wards it was sent for histopathologic examination. Histopathologic examination revealed that the tumor macroscopically consisted of a soft, elastic, smooth mass of 30.0x20.0x20.0 mm diameter. Microscopically, the tumor tissue was separated from the surrounding tissue by significant fibrous tissue (Fig. 3). There was no hypercellularity or hypocellularity, necrosis, atypia or cellular anaplasia. The tumor showed a typical picture of pleomorphic adenoma in subcutis with nodular growth of some small ducts and epithelial nests embedded in the hyalinized fibrous and myxoid stroma.

Discussion

Pleomorphic adenomas are the most common benign neoplasms of parotid gland. Less often they may originate from submandibular, sublingual and minor salivary glands. However, it had been reported to arise in many sites of the body (2). The tumors have been found on most areas of the skin, but the great majority involved the skin of the face and head, including scalp, auricle, forehead, eyebrow, glabella, upper eyelid, lower eyelid, nose, upper lip, lower lip, chin, and neck. Of these areas, the nose, upper lip, cheek, and scalp are the areas most frequently involved (4). When a tumor seems to be a superficial subcutaneous tumor, it is sometimes categorised as a cutaneous mixed tumor, although histopathologicy it is the same kind of pleomorphic adenoma that develops within the salivary glands (5). The tumor is almost twice as common in male patients as in female patients. Pleomorphic adenoma of the skin in the head...
The Tumor Tissue was Separated from the Surrounding Tissue By Significant Fibrous Tissue. The Tumor Showed a Typical Picture of Pleomorphic Adenoma in Subcutis with Nodular Growth of Some Small Ducts and Epithelial Nests Embedded in the Hyalinized Fibrous and Myxoid Stroma (Hematoksilen-Eozin x 40)

and neck region may originate from sebaceous glands, sweat glands, or ectopic salivary glands (1-3). Pleomorphic adenoma is basically a benign tumor but has potential for malignant transformation and recurrence after inadequate treatment (6). Pleomorphic adenoma of salivary gland had been reported to metastasize to the subcutis (7). But we had not detect any pathologic imagine with MRI at the other salivary glands. Auclair and Ellis were unable to demonstrate a significantly increased probability of malignant transformation associated with hypercellularity, absence of an intact capsule, necrosis, or cellular anaplasia (8). In the series described by Naeim et al, 18 of 80 patients had a local recurrence (9). Review of the histopathology of these lesions showed that hypocellularity and lack of an intact capsule were associated with an increased chance of recurrence and reported recurrence rates after one excision range from 3 to 50 % (5). In our case there was no hypocellularity, lack of an intact capsule, necrosis, atypia or cellular anaplasia. The total lack of histological evidence malignancy and recurrence weighs in favor of a benign lesion. This phenomenon suggests that the tumor cells tend to remain dormant with in the locoregional capillary network, presenting later as clinically obvious disease. The normal clinical investigation of a lesion of subcutan on the neck would be fine needle aspiration for cytological examination or for larger lesions or in unclear circumstances.

Computerized Tomography or prefably magnetic resonance imaging (MRI) is necessary to rule out inflammatory changes and other tumors that do not require excision. The exact diagnosis of a pleomorphic adenoma on the neck is difficult to make before operation and biopsy. Final diagnosis of the tumor relies on the histopathologic examination. The treatment of choice of a pleomorphic adenoma on the neck is complete excision because incomplete resection may result in recurrence. In the evaluation of a middle-aged patient with a small subcutaneous nodule in the head and neck region, pleomorphic adenoma should be also taken into consideration for differential diagnosis

References
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