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Clinical case

Pleomorphic adenoma of atypical localization about a case

Adénome pléomorphe de localisation atypique - un cas

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Résumé

La localisation d'un adénome pléomorphe au niveau des glandes salivaires accessoires est rare. Le site le plus fréquent est la glande parotide. Le palais est un site de prédilection pour l'adénome pléomorphe atypique. Il s'agit d'une lésion à croissance lente qui se présente sous la forme d'un nodule bien limité, ferme et indolore. Le traitement consiste en une ablation totale de la tumeur. Les suites sont simples. L'examen histopathologique confirme le diagnostic

Mots-clés : Adénome pléomorphe, Glandes salivaires accessoires, Palais.

Abstract

The localization of a pleomorphic adenoma at the level of the accessory salivary glands is rare. The most common site is the parotid gland. The palate is a favorite site for atypical pleomorphic adenoma. It is a slow-growing lesion that appears as a well-limited, firm, painless nodule. The treatment is a total removal of the tumor. The suites are simple. Histopathological examination confirms the diagnosis.

We report the case of a 48-year-old woman. She had an oval swelling of The hemi left palace, which has been evolving for several years. She consulted for discomfort occurring when chewing and swallowing.

Keywords: Pleomorphic adenoma, Accessory salivary glands, Palate.

Introduction

Pleomorphic adenoma (PA), formerly known as a mixed tumor because of its dual epithelial and mesenchymal components, is a benign tumor, which develops slowly, quietly, over several years (1). The potential for malignant degeneration is observed in 3-14% of cases (2). The most common site is the parotid gland. It is the most common variety of benign salivary gland tumors. Its extra-parotid locations are rare, although they are found in the accessory salivary glands. These are scattered over the entire extent of the mucous membrane of the oral cavity: lips, cheeks, palate, tongue (3-5). The palate is a preferred site for atypical PsA in 60% of cases (3) The diagnosis of PsA can only be made on the basis of a biopsy sample. Histological examination after excision is mandatory (6). We report the clinical case of a voluminous PA of the palate.

Clinical case

She is Mrs. M. O, 48 years old. She was consulting for a swelling of the hard palate, on the right, which had been evolving for several years without any consequences on everyday life. Six months before the consultation, she began to feel bothered chewing and swallowing. She also described a feeling of suffocation at night.

During the consultation, a subject was observed to be in good general condition, with a discreet rhinolalia.

The exooral examination did not note any facial asymmetry or limitation of the mouth opening.

The cervical lymph node areas were free.

Endobuccal: oval-shaped swelling, 3 cm long axis, occupying the right bony hemipalate and surmounted by a crater in the middle. It was firm and painless to the touch, but difficult to mobilize compared to deep and superficial planes. The mucosa in front of the side was healthy (Figure 1). Panoramic dental x-ray was not a contributor. Under general anesthesia, we performed the complete removal of the nodule. Histopathological examination confirmed a pleomorphic, encapsulated adenoma with complete excision (Figures 2 and 3). At the end of the procedure, a resin palate plate was placed instead of a mucosal suture (Figure 4). The aftermath was simple.

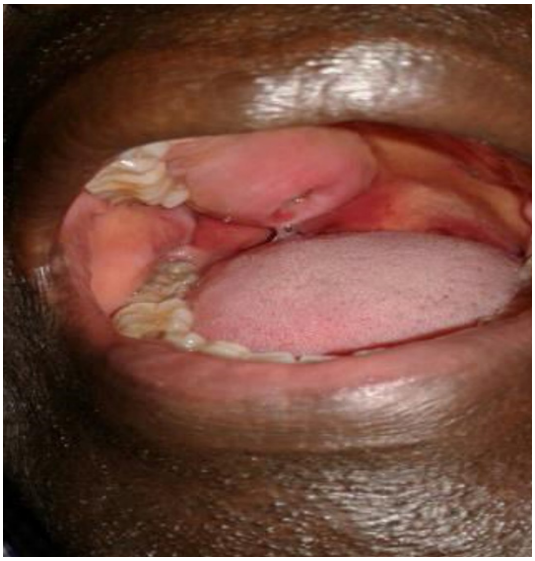

Figure 1. Palate tumor

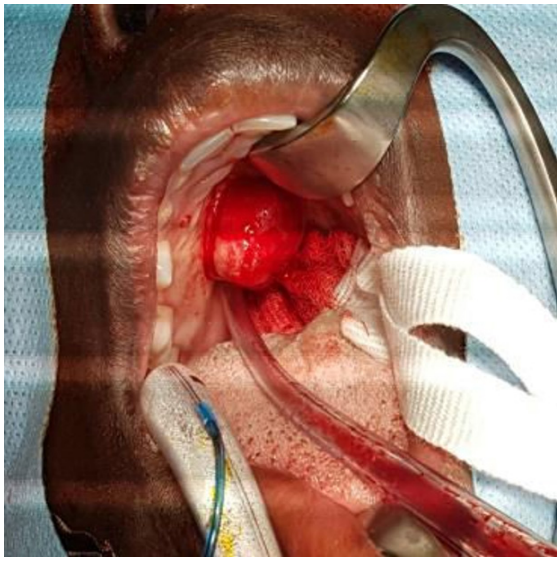

Figure 2. Tumor excision in progress

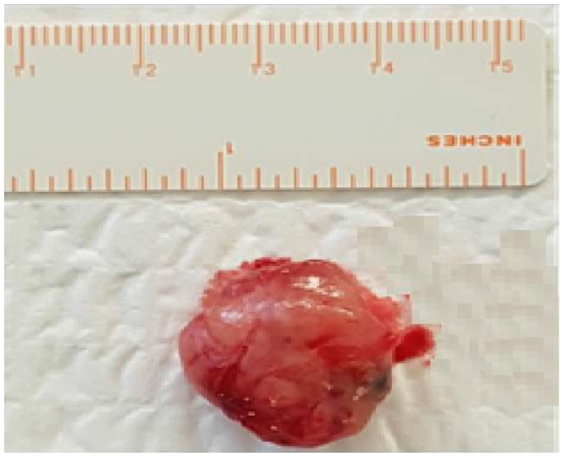

Figure 3. Excision Piece

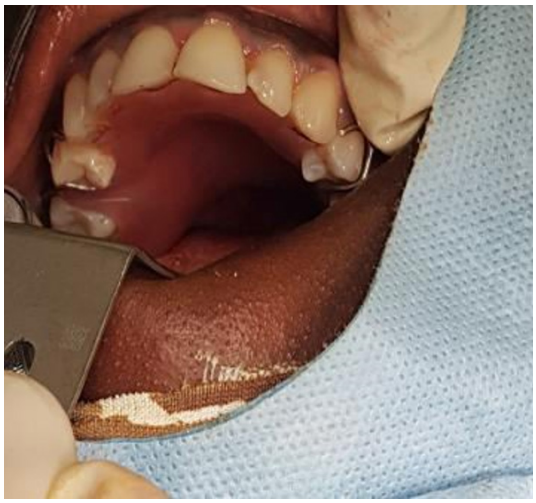

Figure 4. Occlusal plate

Discussion

PsA is the most common benign tumor of the parotid gland. Its extra-parotid location is rare (1). It is submucosal in endobuccal. In our patient, the tumor was located in the oral cavity and was located at the level of the palate. Indeed, the palace is a favorite site of the atypical PA. The richness of the submucosa of the palate in accessory salivary glands explains the high frequency of tumors in this anatomical site (7). The literature reports other, rarer locations such as the nasal septum, the nasal vestibule, the lip, and the base of the tongue (8,9). Its benignity, reassuring for patients should not hide the therapeutic stakes of this tumor entity, by its risk of recurrence and by its rare but possible evolution towards malignant transformation (10). PsA usually progresses very slowly and asymptomatically. It presents as a very limited swelling. Clinical symptomatology depends on tumor size and location (7). In the oral cavity, a painless swelling is described that progresses under a normal mucosa. However, observations of giant pleomorphic adenomas, evolving over several years, have been described. These giant forms, as in our observation, may be responsible for an obstructive syndrome of the upper aero-digestive tract with dysphagia (4,11).

Complete surgical excision with excision of the covering mucosa is the treatment for PA of the palate (7). Since mucosal suturing at the level of the bony palate is laborious, we used a palatal plate to guide healing (Figure 4). Reconstruction may, depending on the case, require the use of reconstruction flaps in the case of significant mucosal excision. At the clinical stage, the differential diagnosis is with all benign tumors of the oral mucosa with a nodular appearance. Its prognosis is generally good, but there is a high risk of recurrence after surgery and carcinomatous degeneration requiring regular monitoring (2,6).

Conclusion

The possibility of a pleomorphic adenoma should be mentioned in the presence of a swelling of the palate, although this location is rare. Its evolution is slow. Its radical surgical treatment, by complete excision of the tumor, is imperative and avoids a potentially invasive locoregional extension.

Contribution: each author has read and agreed to the content of the manuscript

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Conflict of interest : None

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