Pleomorphic Adenoma of the Upper Lip: A Case Report

ABSTRACT

Pleomorphic adenoma is a benign mixed tumour which is the most common benign tumour of salivary glands. It mostly occurs in the parotid or submandibular glands, but may also be found in the minor salivary glands that are distributed throughout the oral cavity. Surgical removal with adequate margins is the principal treatment. Due to its microscopic projections, this tumour requires a wide resection to avoid recurrence. The authors report a case of a pleomorphic adenoma in the upper lip, the second site for frequency for benign tumours of minor salivary glands, after the hard and soft palate.

KEYWORDS pleomorphic adenoma, minor salivary gland tumours, upper lip

INTRODUCTION

Minor salivary glands are located in the palate, upper and lower lips, gingiva, floor of mouth, cheek, tongue, tonsillar areas, nasal cavity, para nasal sinuses, ears, jaw, pharynx, larynx, trachea and bronchi—where it may give rise to inflammatory conditions, benign and malignant tumours. Although the hard and soft palates are the commonest sites of minor salivary gland tumours, the upper lip is relatively uncommon site. Eighty percent of the minor salivary gland tumours are located in lip are benign. The tumours of the minor salivary glands are 10–15% of all salivary gland neoplasms. An estimation of the incidence of salivary gland neoplasms in the population is that for every 100 tumours of the parotid gland, there are likely to be 10 of the submandibular glands, 1 of the sublingual gland, and 10 of the minor salivary glands. The probability of a malignant diagnosis is less than 25% in patients with a tumour of the parotid gland, about 50% in those with a tumour of the submandibular gland, more than 80% in patients with a tumour of minor salivary gland origin and virtually 100% in those few with a tumour of the sublingual gland. Benign tumours of minor salivary gland origin are most frequently pleomorphic adenoma and have been located in posterior part of the tongue, nasal cavity and larynx.

CASE REPORT

Mr. Shanthi Lal, a 55-year-old male, reported to the hospital with chief complaint of swelling present on the right side of upper lip for the past 2 weeks. Pain and swelling had started spontaneously 3 years back. The pain increased 2 weeks back and the swelling also increased and reached the current size. On extra oral examination, there was a solitary well-defined swelling present in the right side of the upper lip measuring 2 × 1 cm in size, oval in shape, erythematous with opaque areas intermingling in between and superficial veins appear more prominent. The skin over the swelling was normal in appearance (Fig. 1). On palpation, swelling was soft to cheesy in consistency and tender to touch. Intraorally, a solitary well-defined swelling is present in the upper labial mucosa in relation to 12, 13 regions (Fig. 2). The swelling was soft to cheesy in consistency, freely movable with slippery edges and tender to touch. Considering, the chronic nature of swelling being present for around 3 years and the intermittent nature of the pain. The swelling is more likely to be a benign tumour. The differential diagnosis of lipoma and calcified fibroma was made. The patient was subjected for investigations, IOPA was taken which does not reveal any abnormality and any sort of calcification. Patient was subjected for further investigations, routine blood examination and
biochemistry, which was under normal limits. The exci-
sional biopsy was done and specimen was sent for his-
topathological examination. The given H and E stained
histopathological section showed well-encapsulated soft
tissue mass consisting of epithelial and myoepithelial cell
proliferation lining the ducts, and scattered myoepithelial
cells in stroma with myxoid as well as mucoid stroma
along with squamous metaplasia within the duct (Fig. 3).

Correlating, history, clinical features and histopatho-
logical finding, a final diagnosis of pleomorphic adenoma
present in relation to right side of upper lip in relation to
12 and 13 was made.

DISCUSSION

Pleomorphic adenoma is the most common benign
tumour of the minor salivary glands. Females are more
affected than males, but in present case, patient was male,
which is not consistent with literature. It occurs in the 4th
and 5th decade of life, which is consistent with present
case. It occur as 70–80% of the benign parotid tumour,
84% of the pleomorphic adenoma occurs in the parotid,
8% in the sub-mandibular and 4–6% in the minor salivary
glands. Pleomorphic adenoma (mixed benign tumour) is
one of the salivary gland tumours affecting both major
and minor salivary glands. Parotid gland is the most
commonly affected of the major group and the most
common site of this tumour is the palatal area following
the lip, buccal mucosa, floor of the mouth, tongue tonsil,
pharynx and retro molar area, but in the present case, it
was present in buccal mucosa. It is an epithelial tumour
of complex morphology, possessing epithelial and myo-
epithelial elements arranged in varieties of patterns and
embedded in mucopolysaccharides stroma. Pleomorphic
adenoma can be defined as a benign mixed tumour,
composed of epithelial and myoepithelial cells arranged
with various morphological patterns, demarcated from
surrounding tissues by fibrous capsule. Formation of the
capsule is a result of fibrosis of the surrounding salivary
parenchyma which is composed by the tumour and is
referred to as false capsule. The treatment of pleomorphic
adenoma is essentially surgical. Though these benign
tumours are apparently well encapsulated, resection of
the tumour with an adequate margin of grossly normal
surrounding tissue is necessary to prevent local recur-
rence, as these tumours are known to have microscopic
pseudopod-like extension into the surrounding tissue due
to ‘dehiscence’ in the false capsule.

CONCLUSION

On the basis of clinical grounds alone, we should not
decide the diagnosis and treatment plan. Although it
is very difficult to diagnose the salivary gland diseases,
histopathology is the only gold diagnosis for all lesions.

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