

NASOPHARYNGEAL PLEOMORPHIC ADENOMA: A DIFFICULT SURGICAL PROPOSITION

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Abstract

Pleomorphic Adenoma or benign mixed tumor is the most common salivary tumor, accounting for up to two-thirds of all salivary gland neoplasms [1,2]. These are benign tumors. If the minor salivary glands are involved, the most common site is palate [3,4]. The first site of origin in nasopharynx is very rare[5]. A 21-year-old female was referred to us with complaints of gradually progressive, left sided nasal obstruction since 3 years. Plain and contrast- enhanced MDCT scan of the nasopharynx and the parapharyngeal space showed a fairly large ill-defined heterogeneously enhancing soft tissue lesion with internal nodular calcifications involving pharyngeal mucosal space and parapharyngeal space on the left side at the nasopharyngeal level extending onto the oropharynx (Image). The lesion measured about 5.8X 5.1X 3.9 cm in size and caused gross narrowing of the nasopharyngeal airway. There was obliteration of the fossa of Rosenmuller on the left side. The infratemporal fossa was normal and the right side appeared to be free of disease. A lateral rhinotomy and lip split was performed and the maxilla was split in the midline and the tumor was exposed. On digital palpation, the tumor was noted to be extending deep into the left parapharyngeal space and was delivered by blunt dissection as it was a well-encapsulated tumor (Figure 5 & 6). Complete surgical removal of the tumor followed by intermaxillary wiring was done (Figure 7). The wire was removed after 3 months. The patient reported an improvement in symptoms and the nasopharynx was disease-free even at 6 months. On histopathological examination, the tumor was composed of epithelial and stromal elements. The epithelial elements were oriented in cords, tubules and nests, consisting of cells with uniform round nuclei and moderate cytoplasm. The stroma is a mixture of fibrous, myxomatous and focally chondromyxomatous elements. A mild diffuse mononuclear cell infiltration was noted. No evidence of malignancy was seen. The features were suggestive of Benign Mixed Tumor or Pleomorphic Adenoma of the minor salivary gland.

Image



Figure 1: Effects of alcohol on the pharmacokinetics of methamphetamine (METH), 3,4-methylenedioxymethamphetamine (MDMA), cocaine, and nicotine. (↑: increase or enhancement; ↓ decrease or deterioration).

Recent Publications

1. Califano J, Eisele DW. Benign salivary gland neoplasms. *Otolaryngol Clin North Am* 1999;32: 861–73.
2. Luna MA. Salivary glands. In: Pilch BZ, editor. *Head and neck surgical pathology*. Philadelphia: Lippincott Williams & Wilkins; 2001. p. 284–349.
3. J. L. Roh, B.J. Jung, K.S.Rha, and C.I. Park, “Endoscopic resection of pleomorphic adenoma in the nasopharynx”, *Acta Oto-Laryngologica*, vol.25, no.8, pp. 910-912, 2005.
4. E. Amilibia, J.Nogues, M. Sandoval M, G. Arias, and M. Dicenta, “Minor salivary gland tumor in nasopharynx”, *Acta Otorrinolaringologica Espanola*, Vol. 48, no. 8, pp. 671-673, 1997.
5. Gleeson M, Cawson R, Benign salivary gland tumors, In: Kerr AG, editor, *Scott Brown’s Otorhinolaryngology*. Edition:7. vol:2, Great Britain: Butterworth International Editions; 2008. p.2475



Biography

Dr. Swati Nair is a Junior Resident, in the Department of Otorhinolaryngology at the Dr. B R Ambedkar Medical College, Bangalore, India. She has published papers in acclaimed international and Indian journals. She is particularly passionate about Head and Neck surgery and actively contributes to the research in the field.

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