

Case Report

Ectopic pleomorphic adenoma upper lip: a case report

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ABSTRACT

Pleomorphic Adenomas (PA) are benign mixed tumours, commonly found in Parotid Salivary glands but rarely these tumours have been reported in Oro buccal, Oro dental and palatal glands We report a case of PA in upper lip at Philtrum. A 62 years female reported our Canwin Hospital Gurgaon with a painless, progressively growing lump on her lip for last so many years, after proper investigation, lump was enucleated, sent for histopathological examination. Pathologist report was Pleomorphic Adenoma. A brief review of literature is presented.

Keywords: Pleomorphic adenoma (PA), Salivary glands, Upper lip

INTRODUCTION

Pleomorphic adenoma Also known as mixed tumours are benign heterogenous tumours of salivary glands. 50% of these tumours originate in Parotid glands. Besides Major, Minor salivary glands also can be involved. Among minor salivary glands (5-10%) have been reported in hard palate, lips, nasal cavity, pharynx, larynx and Trachea.¹ Palate is considered to be the most common intra-oral site (42-68%), followed by upper lip (10%) and cheek (5%), other rare sites include jaws ,retromandibular area, floor of mouth, and alveolar mucosa.²⁻⁴ Commonly females are affected more ,with peak incidence being in elderly.⁵ We report a case of ectopic pleomorphic adenoma of upper lip in mid line (Philtrum).

CASE REPORT

A 62-year-old female patient visited the OPD section of Canwin Arogya Dham Hospital in Gurgaon, presenting

with a complaint of a painless nodule on the midpoint of her upper lip. This nodule has been progressively increasing in size over the last 4-5 years and has now reached the size of a grape.



Figure 1: Pleomorphic adenoma of upper lip.

Table 1: Patients' details.

Name	:	Centre details	Raghav diagnostics 2348
Age	: 60 years	Accession Id.	:OQG2406221157
Sex	: Female		
Collection date	: 22/June/2024 12:00 AM	Referred by	:Self
Received date	: 22/June/2024 08:31 PM	Report date	:26/June/2024 01:03 PM
Registration date	: 22/June/2024 08:31 PM	Ref. no./TRF no.	: /3341731
Department of Histopathology			

Table 2: Histopathology report of specimen.

Test	Histopathology (small)
Lab no	B/17267/24
Clinical history	Soft tissue cyst from upper lip
Specimen	Excision cyst from upper lip biopsy
Gross examination	Received single grey brown nodular tissue piece measuring 1.5×1×1 cm. Outer surface inked. 1Block/NTL
Microscopy	Sections shows well circumscribed tumor composed of admixture of glands and stroma. The glands are lined by two layers of cells, outer myoepithelial and inner epithelial. They have oval nuclei with uniformly distributed chromatin and inconspicuous nucleoli. Cytoplasm is scanty to moderate eosinophilic. Stroma shows variability and is focally fibrous or myxoid. Focal cartilaginous differentiation is also seen. One area shows squamous epithelium lined cyst with dilated centre filled with layers of keratin. They show no pleomorphism, mitoses or necrosis
Impression	Suggestive of Benign neoplasm of salivary gland origin, possibly Pleomorphic adenoma

The overlying mucosa was smooth with a pinkish purple colour. The skin over the tumour was not fixed. There was no pain or bleeding on palpation. There was no regional lymphadenopathy and her general physical and systemic examinations were normal. Lump was excised after all pre-operative investigations (cardio, Pulmo,) were found with in normal range. Complete enucleation of the lump was done, and was sent for histopathological examination (Figure 2).

DISCUSSION

Salivary gland neoplasms account for approximately 1-4% of all tumors, primarily affecting the major salivary glands-particularly the parotid glands-while minor salivary glands are infrequently involved. These neoplasms typically present as unilateral, painless, and slowly growing masses. Pleomorphic adenomas (PA) of minor salivary glands appear as painless, gradually

enlarging submucosal masses, with the overlying mucosa usually remaining unaffected unless it has been traumatized. The term "pleomorphic adenoma" was introduced by Willis and defined by the world health organization (WHO) in 1972 as a "circumscribed tumor characterized by its pleomorphic and mixed appearance, clearly identifiable epithelial tissue intermingled with mucoid, myxoid, and chondroid tissues." The pleomorphic nature of the tissue is attributed to the presence of both epithelial and connective tissue components. The solid composition of the lesion, along with the absence of tissue representing the three germ layers, rules out the possibility of a mature dermoid cyst. PA must be differentially diagnosed from several other tumors, including angiofibroma, hamartoma, epidermoid cyst, hemangioma, vascular malformations, nasopharyngeal carcinoma, and nonepithelial tumors. Incisional biopsy plays a critical role in the management of these lesions. Although histological assessment can sometimes be challenging, PA is characterized by the presence of epithelial tissue intermixed with myxoid, mucoid, or chondroid-looking tissues.

Several studies have shown that vast majority of upper lip tumours are benign, while those in lower lip are malignant.^{6,7} Benign tumours are usually painless, taking 3-4 years to develop, while malignant tumours on other hand are fast growing with bleeding tendencies, can get ulcerated and also can get lymph node involved.⁸ Recently Soukanya Bahbash at el, reported pleomorphic adenoma of cheek. Majority of intraoral lip PA are well circumsised, nodular, mobile.²

The clinical differential diagnosis of lip tumours includes cysts-mucocele, dermoid cyst, benign tumour-Fibroma, lipoma and malignant tumours-squamous cell carcinoma, mucoepidermoid carcinoma. Foreign bodies, orofacial granulosis, tuberculosis and ecchymosis. Absence of punctum and freely movable nature of the mass differentiates PA from sebaceous cyst.⁹

CONCLUSION

Pleomorphic adenomas of upper lip are rarely seen in clinical practice, a nodule on upper lip, possibility of pleomorphic adenoma be kept in mind.

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