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MUCOEPIDERMOID CARCINOMA OF MINOR SALIVARY GLAND-PALATE:

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ABSTRACT

Salivary gland tumours are a rare group of diseases affecting the major salivary glands and minor salivary glands. Amongst the various tumours, mucoepidermoid carcinoma (MEC) are the most common tumours which based on their histological grading has a varied behavior. We report a case of mucoepidermoid carcinoma of the hard palate which was treated with surgical excision. Patient has been followed up for 6 months with no recurrence.

Key words mucoepidermoid carcinoma, salivary gland, palate

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INTRODUCTION

The commonest location of mucoepidermoid carcinoma is the parotid gland followed by the minor salivary glands of the palate.(1). The tumours contain the 3 cellular elements – squamous cells, mucous secreting cells, and intermediate cells in varying proportions. The tumours are graded histologically into – low grade, intermediate grade and high grade malignancies based on 5 features – Mitosis, Necrosis, Anaplasia, intracystic components and neural invasion (1,2). The main treatment modality is surgical excision.

CASE REPORT

A 19yrs old female came to the ENT OPD with complaints of swelling in the right palate adjacent to the midline since 1 year. Insidious in onset, started as a small swelling; gradually progressive in size for 8 months. The swelling has rapidly increased in size over the past 2 months. Examination showed swelling in the right palate adjacent to midline. Further clinical examination revealed an oval swelling around 2.5x1.5 cm in size. The surface was smooth and the swelling, firm in consistency. No cough impulse was elicited and the swelling was not reducible. FNAC of the swelling showed the possibility of a Benign salivary gland Neoplasm possibly Cellular Pleomorphic Adenoma. Ultrasound of the swelling showed a well circumscribed hypoechoic lesion with a cystic appearance. CT Scan revealed a well circumscribed mass with cystic components. Calcification is sometimes seen. The patient was subjected to surgery under general anaesthesia and wide Excision done. The swelling was 1.5x2.5 cm in size and oval in shape. The swelling when cut across was firm and the cut surface showed a worly appearance. The material was then sent for histopathological examination, which showed the presence of Low Grade MucoEpiDermoid Carcinoma of palatal Minor Salivary Gland. Post-Operatively the patient was put on antibiotics-Cefixime 200mg bd x 7 days.
DISCUSSION

Epithelial neoplasms of minor salivary glands consist of about 15% of all neoplasms of salivary glands (3,4). It is more common in females (5) and tends to occur before 18 years of age (6). Mucoepidermoid carcinoma arises from pluripotent reserve cells of excretory cells (7). It was Manao and Berger, who gave a detailed description of this tumour in 1942 (8). Within the oral cavity, palate is the commonest site for minor salivary gland mucoepidermoid carcinoma followed by buccal mucosa (9). The tumour presents as a painless swelling which is gradually progressive. Depending upon alternative sites, patients can also complain of dysphagia, pain or paraesthesia (7). They appear as well circumscribed, firm lesions with the surface being blue to red suggesting salivary gland origin. Histologically the mucoepidermoid carcinoma is graded into low grade if they contain mucous cells mainly, well differentiated cells and prominent cyst formation, and high grade if they contain squamous cells, mainly, poorly differentiated cells and the few cyst formation and intermediate grade with intermediate features. This grading is an important prognostic indicator, with the lower grade tumours having a good prognosis because of their growth in a well circumscribed manner (1), the higher grade tumours having a poor prognosis owing to their ability for rapid growth and local tissue invasion (8). High grade tumours are also notorious for their high local recurrence.
rates (10, 11) and poor survival rates of 25-43%
(12). Low grade tumours have a better
survival rate of 95-100% (12). Thorough
investigations are to be made to establish the
complete nature of the growth and its grade
before attempting treatment. The treatment for
low grade tumours is complete wide surgical
resection. FNAC of the swelling, ultrasound
scan, orthopantomogram, CT scan, MRI scan
all aid in the pre-operative presumptive
diagnosis and planning of therapy. Wide
surgical excision is the basic treatment of all
grades of tumours, especially so in low grade to
intermediate grade tumours. It can be
combined with bone removal when there is
periosteal involvement or bone erosion (13, 14).
It can be combined with Radiation in cases of
high grade tumours, positive margins and
lymph node involvement (5). Keeping in mind
the above mentioned factor; surgical excision of
the growth found to be low grade mucoepidermoid carcinoma in our case would
be sufficient. Based on the fact that most local
recurrences tend to occur within one year of
treatment, (7) we have advised the patient to
have a review every 2 months for at least one
year. The patient has been followed up for the
past 6 months without any problems.

CONCLUSION

Mucoepidermoid carcinomatend to commonly
occur on the palate as far as the intra oral
minor salivary gland tumours are concerned.
Considering the fact that it was a low grade
tumour histologically, it was treated with
surgical excision. Regular follow up for at least
one year is essential.

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