

A CLINICAL CASE STUDY OF PLEOMORPHIC ADENOMA**Dr. Shailesh Jaiswal^{1*}, Dr. Govardhan Sahani J.² and Dr. Hemant Toshikane³**

Ph. D Scholar & Asst. Prof. Dept. of. Shalya Tantra Parul Institute of Ayurveda Vadodara,
Gujarat.

M.S Scholar Dept. of. Shalya Tantra Parul Institute of Ayurveda Vadodara, Gujarat.

H.O.D and Principal Dept.of. Shalya Tantra Parul Institute of Ayurveda Vadodara, Gujarat.

Article Received on
18 July 2017,

Revised on 09 August 2017,
Accepted on 30 August 2017

DOI: 10.20959/wjpr201710-9487

Corresponding Author*Dr. Shailesh Jaiswal**

Ph. D Scholar & Asst. Prof.
Dept. of. Shalya Tantra Parul
Institute of Ayurveda
Vadodara, Gujarat.

ABSTRACT

The Parotid Gland is the largest of the salivary glands weighing 15grams and mixed salivary tumour i.e. Pleomorphic Adenoma is the most common Benign salivary gland tumour which consisting of Epithelial as well as Mesenchymal components. Normally this tumour is a slow growing well demarcated apparently encapsulated lesion may extent beyond the main limit of tumour tissue as pseudopods. Surgery is the main stay of treatment which indicates superficial or total Parotidectomy results in a very high cure rate.

KEYWORDS: Salivary Gland, Pleomorphic Adenoma, Surgery.

INTRODUCTION

Pleomorphic Adenoma are the most common benign salivary gland neoplasm and although usually found in the parotid may also arise in the sub-mandibular, sub-lingual and minor salivary glands.^[1] It occurs most often between the 4-6th decades and found commonly in females than in males.^[2] It presents as an unilateral slow growing painless mobile swelling in the parotid region, rarely exceeding 6cms in its greatest dimension. If its untreated the tumour can cause significant morbidity and rarely death.^[3]

CASE REPORT

A 50 years old female came to the Shalya OPD of Parul Institute of Ayurveda, Vadodara, Gujarat with the complaints of painless swelling in the sub-mandibular region since 8 years. The swelling was insidious in onset and has gradually progressed over the period of 8 years. There is no history of, DM/HTN/KOCHS/MALIGNANCY. On examination the swelling

was present on the lower right mandibular area, which was irregular in shape extending 1/3rd of the neck. The surface of the swelling measures appears nodular, edges are uneven, skin is stretched and shiny. On palpation there is no tenderness, swelling was Mobile and skin over the swelling was pinchable and there were no sign of regional lymphadenopathy.

Pathology

All blood investigation are within normal limit. FNAC report shows Benign Mixed Tumor i.e. Pleomorphic Adenoma. Measuring 3.5cm*3.0*2.5cm in size.

Fig. No.1 Clinical photography Showing Parotid Swelling.

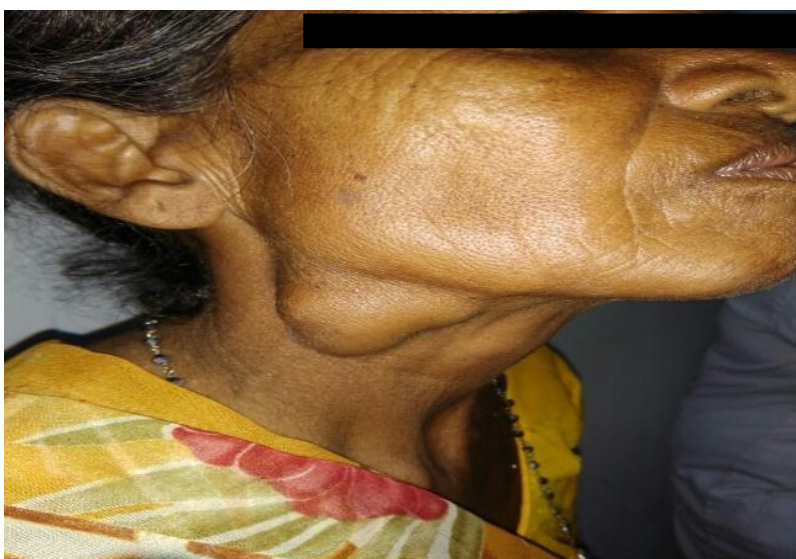


Fig. No. 2. USG Report.

PARUL SEVASHRAM HOSPITAL (Parul Institute of Medical Sciences & Research) RADIOLOGY DEPARTMENT	
USG NECK	
Name: <u>Bevra Vaswani</u>	Age/Sex: <u>50 / F</u>
Date: <u>1-9-17</u>	Size: _____
Right thyroid lobe: _____	Size: _____
Parenchyma: <u>(C)</u>	
Isthmus: _____	
Left Thyroid Lobe: _____	Size: _____
Parenchyma: <u>(C)</u>	
Submandibular Glands: _____	
Parotid glands: _____	
Great vessels of NECK: _____	
Lymph nodes: _____	
Conclusion: <u>A large hyperechoic lymphnodes of size (3.4 x 2.1) and also in P. submandibular gland region suggest lymphnode</u> <u>Both carotid vessels appear (C)</u>	
Consultant Radiologist	

Fig. No. 3. FNAC Report.

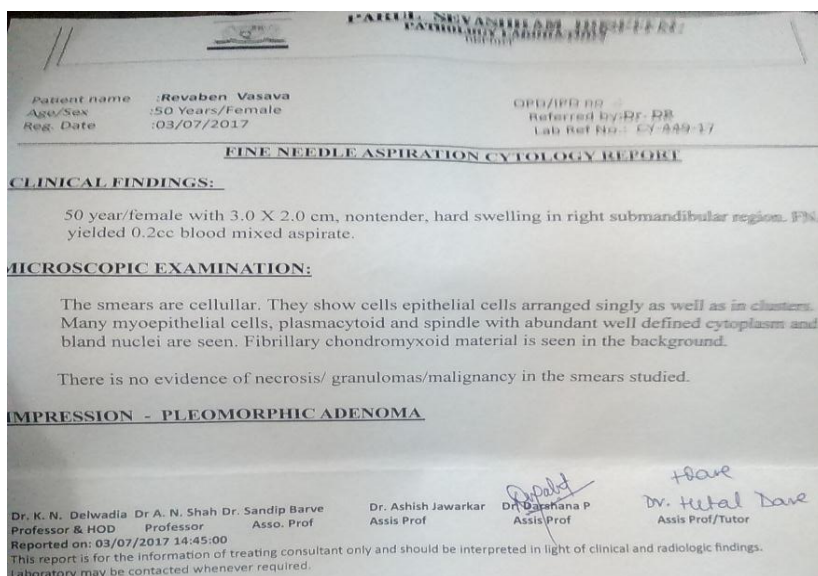


Fig. No. 4. Histopathology Report.

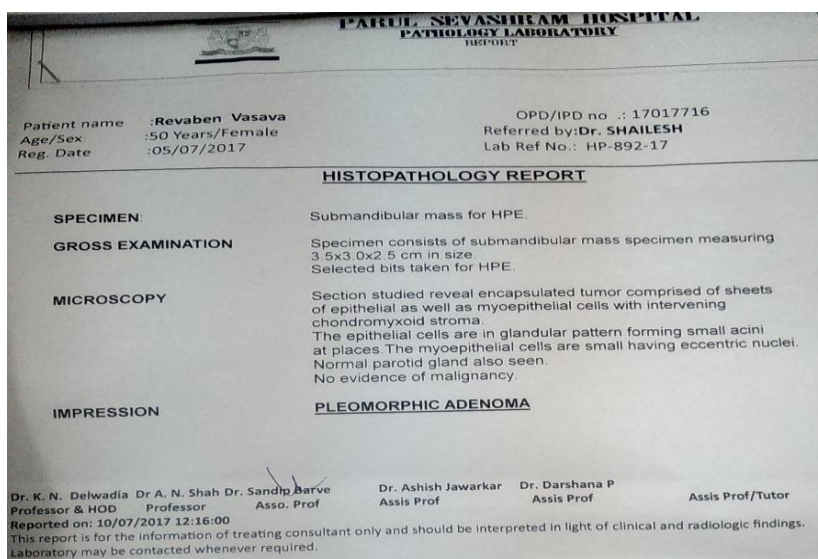


Fig. No. 5. Post operative.



Fig. No. 6. Exicised specimen.

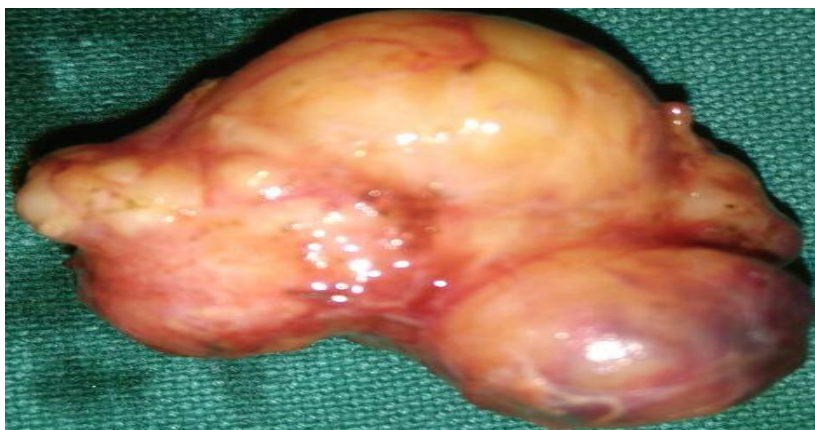


Fig. No.7 After 10 Days.

Treatment

The Patient was operated under Local Anaesthesia solution with adrenaline was infiltrated around the lesion to achieve Vasoconstriction. The lesion was marked and wide excision was done with surgical blade and dissecting scissors by preserving the Carotid Artery. Hemostasis was achieved with electrocautery. The residual site was packed. Dressing was removed after 4days post operatively. After 10days time the site was granulated & healed.

DISCUSSION

There are numerous malignant and benign tumour arises from major and minor salivary gland. PA is a common salivary gland tumour with the incidence ranging from 33% to 70% of all tumours.^[4] Since the majority of salivary gland tumours are reported to be malignant, careful history, patient evaluation, histopathological investigation is highly advised. With the adequate surgical excision^[5] PA will not reoccur but most reoccurrence can be attributed to inadequate surgical techniques.

CONCLUSION

The salivary glands may show a diverse range of lesions presenting a challenge to even the most experienced clinician and pathologist. High index of suspicion and an adequate clearance of tumour with a cuff of surrounding dispensable normal tissues is the key to successful treatment of such tumours. Care must be taken to remove the lesion entirely to avoid recurrence and malignant transformation.

REFERENCES

1. O'Brien CJ Current management of Benign Parotid Tumours-the role of limited superficial Parotidectomy Head Neck, 2003; 25: 946-952.

2. Laccourreye H, Laccoccrreye O, Cauchois R, et al Total conservative Parotidectomy for benign Pleomorphic Adenoma of the Parotid Gland, 1994; 104: 1487-1494.
3. Hodge CW, Morris CG, Werning JE, et al.Role of radiotherapy for Pleomorphic Adenoma Am J clin oncol, 2005; 28: 148-151.
4. Kasuma k et al intraoral minor salivary gland tumours Nihov univ sch dent, 1997; 39: 128-132.
5. Gupta M, Gupta M.Pleomorphic Adenoma of the hard palate BMJ case Reports, 2013.doi10.1136/bcr-2013-008969.