Intranasal Pleomorphic Adenoma

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ABSTRACT

Pleomorphic adenoma is a benign tumor arising from major salivary glands and also has been reported in salivary glands of palate rarely in nasopharynx, oropharynx and larynx and lacrimal glands. We report a case pleomorphic adenoma of nasal septum and discuss the clinical features, management along with review of literature.

Keywords: Pleomorphic adenoma, Nasal septum, Minor salivary glands.

DISCUSSION

Pleomorphic adenoma is commonest benign tumor of major salivary gland.1 Majority of intranasal pleomorphic adenoma occurs in 3rd to 6th decade and most commonly seen in females. Patients present with symptoms of unilateral nasal obstruction, nasal mass, epistaxis, epiphora and rhinorrea. Clinical examination shows polypoidal grey white mass with well-defined capsule with firm consistency. Etiology of adenoma has been speculated from vomeronasal or Jacobson’s organ by Stevenson1932, however sections shows no elements which could be attributed to the vomeronasal nasal organ Kamal1984.2 Matthew et al 19443 suggested the origin from displaced embryonic ectodermal epithelial cells which are carried via the nasal pits into septal region. Evans and Cruickshank in 19704 claimed that these tumors are entirely epithelial tumors and that they arise in fully developed salivary gland tissue. Histologically adenoma of septum differs from major salivary gland by being highly cellular (epithelial) with little or no stromal component.5 Because of lack of stromal component, histologically they resemble aggressive epithelial tumors. Incidence of these has been reported as adenoid cystic carcinomas on basis of tissue biopsy have been present Haberman.6 Myoepithelial cellularity is unusually increased in these tumor compared with major salivary gland tumors. Occasionally, small acini or duct like structures filled with secretions are present along perimeters of the more cellular foci. Infrequently chondroid myxoid or collagenous stroma predominate resemblance to traditional mixed tumor. Malignant change occurs extremely rare. Freeman7 reported a case of histologically benign recurrent pleomorphic adenoma of septum with cervical metastasis. Two cases were reported with carcinoma expleomorphic adenoma of septum by Cho et al.8

Differential diagnosis of the intranasal tumors includes benign or malignant tumors such as cartilaginous tumors from the nasal septum, squamous cell carcinoma, adeno carcinoma, inverted papilloma, schwannoma, sinonasal melanoma, osteoma hemangiomas angiofibroma.

Computed tomography (CT) scan images helps in detection extent of lesion and planning of treatment. Erosion of bone, cartilage, presence of calcification suggests malignant neoplasm management of these tumors is either by wide local excision or radical procedure. Many authors
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The authors are thankful for all the assistance and support from Dr NH Kulkarni, Dr Sharan Badiger and other staff of BLDE University, Shri BM Patil Medical College, Bijapur, India.

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CONCLUSION

We suggest use of nasal endoscopy for complete clearance of disease under direct visualization. Pleomorphic adenoma is to be included in differential diagnosis of nasal polyp.

with cases report in literature Freeman (1950), Wallaec (1990) suggest local but with clear adequate margin has treatment of choice, use of radical procedures to prevent recurrence are unwarranted. External rhinotomy approach has been usual approach for complete removal of tumor. But with help of nasal endoscopy complete clearance of disease with less morbidity can be obtained. We used intranasal endoscopic approach for complete excision of lesion which reduce morbidity and early postoperative discharge. Pleomorphic adenomas have a low recurrence rate compared with that of intraoral tumors Bergstrom (1981).9 Adenoma with myxoid stroma which could be easily spilled into surgical field, provide a nidus for recurrence hence lesion with myxoid stromal predominance have contributed for recurrence.