

Carcinoma ex pleomorphic adenoma in a minor salivary gland: report of a case

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Abstract

Background Carcinoma ex pleomorphic adenoma is exceedingly rare in minor salivary glands of the oral cavity. We present a case of carcinoma ex pleomorphic adenoma (CEPA) of the buccal mucosa in a 47-year-old Turkish patient. The buccal mass was of a size of 1.5 cm located in the left cheek. Pleomorphic adenoma was the tentative diagnosis.

Methods The tumor was removed under local anesthesia. Histopathologic evaluation revealed a preexisting pleomorphic adenoma associated with adenoid tumor component with tubulo-cystic and papillary or pseudopapillary structures; CEPA was diagnosed. Capsular integrity was incomplete with infiltration by islands of metaplastic/dysplastic epithelium.

Results Secondary surgery of the site was performed. No tumor tissue could be detected in the resection specimen. The patient is free of recurrence since 9 months.

Keywords Minor salivary gland tumor · Pleomorphic adenoma · Carcinoma ex pleomorphic adenoma

Introduction

Carcinoma ex pleomorphic adenoma (CEPA) is defined as a pleomorphic adenoma from which an epithelial malignancy is derived [1]. CEPAs comprise about 3.6% of all salivary tumors and 12% of all salivary malignancies. Most CEPAs arise in the parotid gland. The proportion of benign versus malignant components can be variable.

CEPAs are subclassified into non-invasive, minimally invasive (about 1.5 mm penetration of the malignant component into extra capsular tissue), and invasive (more than 1.5 mm penetration into extra capsular tissue) [1]. Recommended therapy is wide local excision, however, improved prognosis for minimally invasive tumors has been confirmed [2].

We present a case of CEPA with minimal invasion of the capsule in a buccal minor salivary gland of a 47-year-old male patient.

Case presentation

A 47-year-old Turkish male patient was referred by his medical practitioner for diagnosis and treatment of "a lump in the left cheek". The patient was a non-smoker. General health status was unremarkable. The patient had realized that there was a mass in his left cheek, but could not state for how long it had been present. Because his wife urged him to seek medical advice, he went to see his general medical practitioner.

Extraoral inspection did not reveal any pathology of the left cheek. Palpation of submandibular and cervical lymphnodes was negative. Clinically, the buccal oral mucosa of the left side was of normal color and texture. There were no signs of inflammation. The salivary papilla

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