

Case Report

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Abstract

Pleomorphic adenomas are the most common benign tumor of the major salivary glands. In addition, they may also occur in the minor salivary glands of the hard and soft palate. We present a rare case of pleomorphic adenoma of the nasal septum which adenomas are unusual and may be misdiagnosed.

Key words: pleomorphic adenoma, mixed tumor, nasal septum

Introduction.

Salivary gland tumors constitute about 3% [1] of all neoplasms. The majority of these tumors are benign and about 70% are pleomorphic adenomas. A small minority (8%) are located in the oral cavity, neck and nasal cavity. We present a rare case of pleomorphic adenoma of the nasal septum.

Several benign lesions of the septum such as hemangioma, leiomyoma, osteochondroma and transitional cell papilloma have been reported in literature. The other differential diagnoses may include malignant tumors such as melanoma, adenoid cystic carcinoma and squamous cell carcinoma. The majority of these tumors arise from the mucosa of the bony and cartilaginous septum.

Case report.

A 60 year old male Saudi presented to the ENT out patient with a 4 yr history of slowly progressive right sided nasal obstruction. For the past one year he gives history of having episodes of unprovoked episodes of nasal bleeding which resolved spontaneously. He also complained of having mild facial pains. There was no history of paroxysmal sneezing, rhinorrhea, nasal discharge or visual defects. His general condition was good, and no history of co-morbid diseases or loss of weight.

Clinical examination revealed a fleshy mass occupying the right nasal cavity. The surface was smooth, pinkish in color, sensitive to touch mild bleeding. Cough impulse was negative.

Rigid endoscopy demonstrated polypoid mass to be arising from the anterior part of nasal septum and filling the nasal cavity. There was no evidence of sinusitis. Post nasal space was normal. Examination of neck revealed no palpable neck nodes. (fig.1.)

CT scan of the paranasal sinuses demonstrated soft tissue mass occupying right nasal cavity.(fig.3)

Patient underwent total excision of mass under rigid endoscopy and was sent for histopathological examination.

The patient was discharge at the same day without complication.

Histopathological report was as follows.

Section shows nasal tissue lined with respiratory type epithelium with underlying relatively circumscribed tumor composed of mixed population of epithelial, myoepithelial and mesenchymal cells. The epithelial component composed of glands and ducts having luminal and myoepithelial cells along with foci of squamous epithelial cells. Few tubules with clear cytoplasm. The myoepithelial component is predominate and having hyaline cytoplasm. The mesenchymal component consists of myxoid to mucinous stroma with foci of hyalinization. No evidence of atypia, mitoses of necrosis (fig.2.). No evidence of malignancy in examined tissue.

The overall features are consistent with PLEOMORPHIC ADENOMA.

No evidence of malignancy.

Follow up after 2 months of surgery revealed no tumor recurrence.

He is due for follow up after 3 months.

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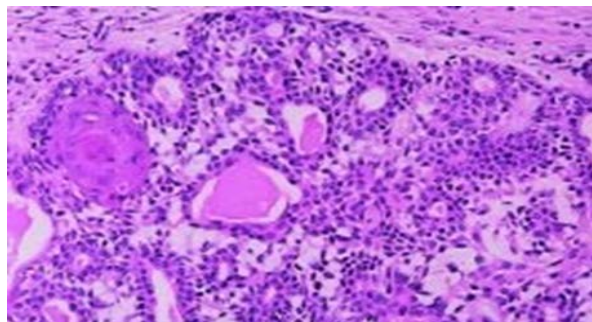
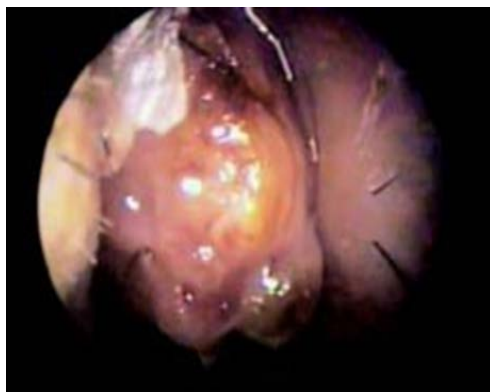
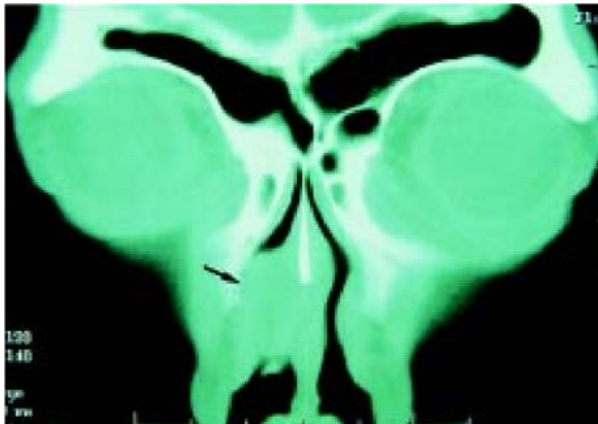


Fig.1. A Soft, gray mass of right nasal septum.



sinus CT scan (crownal section, window width ,2000:center , -100) showing mass in the right nasal cavity, sized about 2*1.1*1cm (arrow)

Fig. 2. Histopathologic section demonstrating a pleomorphic adenoma with increased myoepithelial cellularity and a relatively small stromal component

Discussion

The most common tumors of the major salivary glands are pleomorphic adenomas, but in rare instances, they can occur in the respiratory tract (via minor salivary glands). Cases have been reported in the nasal cavity, paranasal sinuses, nasopharynx, oropharynx, hypopharynx, and larynx. In the upper respiratory tract, the most favored site of origin is the nasal cavity, followed by the maxillary sinus and the nasopharynx [2]. The first reported case in the literature of a pleomorphic adenoma of the nasal cavity was in 1929 [3]. Although the vast majority of minor mucous and serous glands are located in the lateral nasal wall, pleomorphic adenomas in the nasal cavity mostly originate from the nasal septum. Larger studies of intranasal pleomorphic adenoma include 40 cases reported by Compagno and Wong and 59 cases reported by Wakami *et al.* [4,5].

The majority of tumors present between the age of 30 and 60 years and are slightly more common in women. Typical presenting features include unilateral nasal obstruction (71%) and epistaxis (56%). Other signs and symptoms include a mass in the nose, nasal swelling, epiphora, and mucopurulent rhinorrhea [4].

Pleomorphic adenomas are characterized by epithelial tissue mixed with tissues of myxoid, mucoid or chondroid appearance. Histologically, pleomorphic adenoma of the aerodigestive tract may resemble aggressive epithelial tumors because of the high cellularity and lack of a stromal component (Figure 2). Importantly, this feature is not in keeping with that of the major salivary glands which demonstrate relatively reduced myoepithelial cellularity. Occasionally, pleomorphic adenomas are composed almost entirely of epithelial cells with few or no stromata. This can lead to misdiagnosis as a carcinoma. A fact reflected by Compagno and Wong wherein 55% of cases were initially not accurate [4].

Conclusion

In summary pleomorphic adenomas of the nasal cavity are rare tumors.

It has to be kept in mind when treating a case of unilateral nasal obstruction and epistaxis.

Long term follow up of these cases is important because of propensity of these tumors to recur and to undergo malignant change.

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