JUVENILE INTRAORAL PLEOMORPHIC ADENOMA OF THE SOFT PALATE
CASE REPORT

ADENOMA PLEOMÓRFICO JUVENIL INTRAORAL DE PALATO MOLE
APRESENTAÇÃO DE CASO

Juliana Dreyer da SILVA DE MENEZES *
Eduardo STEDILE FIAMONCINI **
Clóvis MARZOLA ***
Marcos Maurício CAPELARI ****

* Specialist in Oral and Maxillofacial Surgery, Master in Oral Rehabilitation and Doctor student in Diagnosis and Surgery at Dentistry School of Araraquara - University of Sao Paulo.
** Specialist and Master Student in Oral and Maxillofacial Surgery and Traumatology at Dentistry School of Bauru - University of Sao Paulo.
*** Former Professor of Oral Surgery at FOB-USP. Founder Member of the Brazilian College of Oral and Maxillofacial Surgery. Member of the Brazilian Academy of Dentistry and the Tiradentes Academy of Dentistry. President of the Tiradentes Academy of Dentistry and Director of the Journal.
**** Professor of Oral and Maxillofacial Surgery sponsored by the Brazilian College of Oral and Maxillofacial Surgery and the Base Hospital of Bauru.
ABSTRACT

Pleomorphic adenoma is the most common neoplastic benign tumor of the salivary glands and it usually occurs between the third and fifth decades of life. This lesion has an expansive potential and has a slow and asymptomatic growth, most cases are diagnosed when the patient’s oral functions are already compromised. This paper presents an uncommon case of pleomorphic adenoma of the soft palate in a younger patient, discussing its clinical aspects, imagiology and histopathological features to improve chances of early diagnosis thus providing more conservative alternatives for treatment.

RESUMO

Adenoma pleomórfico é tumor benigno neoplásico mais comum das glândulas salivares e, geralmente, ocorre entre terceira e quinta décadas de vida. Tem potencial expansivo e crescimento lento e assintomático e, maioria dos casos é diagnosticado quando funções orais do paciente já estão comprometidas. Este artigo apresenta caso raro de adenoma pleomórfico do palato mole em paciente mais jovem, discutindo seus aspectos clínicos, imaginológicos e características microscópicas para melhorar chances de diagnóstico precoce, proporcionando assim alternativas mais conservadoras para tratamento.

Uniterms – Enucleation; Pleomorphic adenoma; Recurrence.

Unitermos – Enucleação; Adenoma pleomórfico; Recidiva.

INTRODUCTION

Pleomorphic adenoma is the most common neoplastic benign tumor of the salivary glands and it can affect either minor or major glands (SPIRO, 1986; WALDRON; EL-MOFTY; GNEPP, 1988; NOGUEIRA; ALVES; NOGUEIRA et al., 2001; LOURO; PASSEADO; ANDRADE et al., 2002; RIBEIRO-ROTTA; CRUZ; PAIVA et al., 2003 and MARZOLA, 2008).

The highest prevalence is associated with parotid gland. When this injury affects the minor salivary glands, the most common site of involvement is the hard palate, followed by the upper lip, tongue, floor of the mouth and retro molar area (POGREL, 1994; VARGHESE; SEBASTIAN; ABRAHAM, 2003; NEVILLE; DAMM; ALLEN, 2004 and MARZOLA, 2008). When involving the hard palate, it may perforate the bone extending into the maxillary sinus (SILVA; SILVA; STÊVÃO et al., 1997).

This condition can occur in any range of age, however the range most commonly affected are adults between 30 and 50 years old, presenting itself clinically as a sessile nodule, firm to palpation, fixed, slow-growing and asymptomatic (JORGE; PIRES; ALVES et al., 2002). Depending on their size they may even interfere with the patient’s oral functions and can possibly ulcerate by frequent injuries (NEVILLE; DAMM; ALLEN, 2004; TOMAZZI, 1985 and MARZOLA, 2008).

Radiographic examination of the area may reveal a well-defined radiolucency involving the maxilla adjacent to the lesion when bone tissue is involved, but in most cases radiographs are not useful for the diagnosis (HOUSTON,
2003 and POGREL, 2005). The non-invasive methods for diagnosing salivary gland tumors include ultrasound, computerized tomography scan and magnetic resonance imaging. These methods are useful in delimitating the lesion as well as checking for bone involvement (ISHII; NAGASAWA; WADAMORI et al, 1999).

The initial procedure, as in any lesion of clinical uncertainty, is to perform a biopsy which depending on the location of the tumor and the structures involved will be incisional or excisional (MEDEIROS; TORRIANI; WEISSMANN, 1990). A thin-needle aspiration biopsy can also be performed (TIAGO; CASTRO; COSTA et al., 2003).

The histopathologic examination may present epithelial, myoepithelial, ductal and stromal cells, it may also contain areas with squamous keratinized cells, myxoid cells, fibrous, cartilaginous and bone tissue intercalated areas in the deep layer, like mesenchyma (LAZOW; COLACICCO; BERGER, 1984). It’s malignant transformation, resulting in a carcinoma ex pleomorphic adenoma was reported and may occur in about 3 to 4 % of the cases (YOSHIHARA; TANAKA; ITOH et al., 1985 and LOPES; KOWAlSKl; CUNHA SANTOS et al., 1999).

As this lesion evolves asymptotically with slow growth, pleomorphic adenoma is usually diagnosed in advanced stages where its volume exceeds a few millimeters, frequently making the surgery into a more extensive procedure (AZENHA; MARZOLA; CAPELARI et al., 2011).

The treatment for adenoma of the palate is surgical excision of the lesion encompassing its surrounding mucosa, including healthy tissue, to avoid relapses. These lesions tend to relapse if not excised properly thus increasing by 2-22% risk of malignant transformation in the palate region (SACKS; HOLLI; BLUM et al, 1985 and MARZOLA, 2008). Considering the variable morphological pattern and constant variation in the presentation of its parenchyma and stroma, the differential diagnosis with pleomorphic cell malignancies is extremely important (SILVEIRA; GODOY; QUEIROZ et al., 2002 and MARZOLA, 2008).

CASE REPORT

Patient A. A. B., a Caucasian female, 16 years old, attended to the Oral and Maxillofacial Surgery Service in Bauru Base Hospital, complaining about a volume growth in soft palate. In the anamnesis, the patient reported to have first noticed the presence of the lesion 2 years before and followed without treatment since then. In the intraoral examination an increase of volume characterized as a sessile nodule was observed, located in the limit between hard and soft palate in left side, firm to palpation, with approximate 5cm of extension in its larger diameter (Figure 1).

The thin-needle aspiration was negative and no significant bone alteration was observed in occlusal and panoramic radiographs. The patient then underwent an incisional biopsy, and the material was sent for histopathological analysis, later confirming the diagnosis of pleomorphic adenoma. The proposed treatment was surgical enucleation of the lesion under general anesthesia in hospital environment (Figures 2).

In the postoperative follow up, clinical and imaging exams were conducted to exclude the possibility of recurrence of the lesion. The patient was observed in monthly follow ups for 15 months in ambulatory ambience without any signs of recurrence (Figures 3).
**Figure 1** - Clinical aspect with ulcerated surface due to incisional biopsy previously performed. **Source** – Buco Maxillofacial Surgery Service of Base Hospital of Bauru.

**Figures 2** - Sequence excisional biopsy with the installation of removable device for covering the area submitted to the excision. **Source** – Buco Maxillofacial Surgery Service of Base Hospital of Bauru.
DISCUSSION

The pleomorphic adenoma (PA) is the most common neoplasm of the salivary glands, it occurs most frequently in the parotid gland, followed by the submandibular gland and minor salivary glands. Benign lesions occur most frequently in the fourth and fifth decades of life and rarely develop in children, having a slight prevalence in females. In the presented case, a female patient is affected, however the lesion appears at a younger age than the average described in the literature (SHAABAN; BRUCE; DAVENPORT, 2001; BOROS; BORDINI; BOROS et al., 2004; DANIELS; ALI; AL BAKRI et al., 2007 and MARZOLA, 2008).

Clinical findings usually include solitary lesions, ovoid in shape with well-defined margins, painless and slow growing, not fixed to adjacent tissue. The lesion is usually mobile, except when it occurs in the hard palate (SILVA; SILVA; STÊVÃO, 1997 and MARZOLA, 2008). The presented case consists of a single round lesion, with coloring like that of surrounding mucosa, sessile, firm to palpation, with approximately 5cm in its greatest diameter, located posteriorly in the left side of the soft palate.

One of the most characteristic proprieties of this neoplasm is the diversity in relation to its histological pattern (NEVILLE; DAMM; ALLEN, 2004). In this patient, there was a variety of epithelial cells in the arrangement, which presented in form of sheets and in ductal structures, intermixed with hyaline stroma.

It is noteworthy that differential diagnosis of the lesions found in palate includes malignant neoplasms of the minor salivary glands, such as mucoepidermoid...
carcinoma, polymorphous low-grade adenocarcinoma and adenoid cystic carcinoma (Jorge; Pires; Alves et al., 2012). Malignant degeneration of the lesion is a potential complication resulting in a carcinoma ex-pleomorphic adenoma, with reports ranging from 5% to 23% of cases and is significantly more common in cases of multiple recurrences (Hara da; Omura; Maeda, 2001; Piekar ski; Nejc; Szymczac et al., 2001).

In most cases, it only affects the soft tissues and there rarely is indication for bone tissue removal, computer tomography and other imaging examinations are of great importance for locating and exactly determining the limits of the lesion (Marzola, 2008 and Louro; Passeado; Andrade, 2011).

The most common treatment for pleomorphic adenoma is surgical excision of the lesion with safety margin removal, since recurrence may occur due to the persistence of residues of the lesion capsule (Varghe se; Sebasti an; Abraham, 2003 and Mar zola, 2008). Lesions of the palate should be excised with the overlying mucosa, while the mucosal lining, such as lip and buccal mucosa, often can be treated successfully by either enucleation or extracapsular dissection. In this case, enucleation was performed with removal of the overlying mucosa due to the favorable characteristics presented by the lesion, this treatment is indicated when the lesion involves minor salivary glands.

The risk of recurrence is lower for tumors of minor salivary glands (Hara da; Omura; Maeda, 2001; Piekar ski; Nejc; Szymczac et al., 2001 and Mar zola, 2008). The determining factor for recurrence is not the length of the lesion where surgical treatment is performed, but rather the rate of tumor recurrence seems to vary per the surgical technique used as treatment (Garcia; Naclério Homem; Santos et al., 1993). The prognosis is considered excellent when surgical removal is done properly, with a cure rate of approximately 95% (Neville; Damm; Allen, 2004 and Marzola, 2008).

The postoperative follow-up for preservation of the case is fundamental to ensure its full resolution and for verifying any morphologic changes during or after the healing period that may indicate recurrence (Tommazi, 1985 and Marzola, 2008). The patient was monitored for about 12 months and no significant alterations relating to a possible recurrence could be observed.

CONCLUSIONS

Although pleomorphic adenoma is a benign tumor of the salivary glands, the histopathological examination is of great importance on determining it’s diagnosis since the clinical features presented by this lesion may be similar to those present in malignant tumors.

The pathological changes in the salivary glands, as well as the lesion’s treatment must be known to general dentists considering that early diagnosis results in more conservative treatment options and provide a better prognosis for the patient.

REFERENCES


* De acordo com as normas da ABNT e da Revista da ATO.

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