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RESEARCH ARTICLE

A CASE OF MUCOEPIDERMOID CARCINOMA OF LEFT PAROTID GLAND

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ABSTRACT

Background: Mucoepidermoid carcinoma (MEC) is the most common malignant neoplasm of the major salivary glands, accounting for 15.5% of all cases, benign and malignant. Mucoepidermoid carcinoma is the most frequent primary salivary malignancy, followed by adenoid cystic and acinic cell carcinoma. **Case report:** This case corresponds 40 years-old male patient who reported to the outpatient department of RMCH Bareilly, UP with the chief complaints of painless swelling with pus discharge on the left preauricular region of the face since 2 years. The mass was associated with wound and pus discharge and lymphodenopathy. MRI neck reveals relatively well defined oval lobulated mass lesion involving the left parotid. Core biopsy of the lesion revealed impression of MEC. **Outcome:** Parotidectomy procedure was done involving both superficial and deep lobes taking care not to injure the facial nerve. The histological picture confirmed that the tumour was MEC of parotid gland. **Discussion:** MEC of the parotid gland clinically manifest as an asymptomatic swelling. A low and intermediate grade of tumors often undergoes primary surgical excision and a High-grade tumor includes surgical excision with wide margins followed by radiotherapy. Prognosis depends on three main factors: clinical stage, histological grade and treatment. Distant MEC metastases relate to a poor prognosis. The survival rate for patients with distant metastases is 2.3 - 2.6 years.

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INTRODUCTION

Malignancy of salivary glands is very rare. They represent only 5% of all head and neck malignancies. The most common malignancy among salivary glands' tumors and especially the major salivary glands is the mucoepidermoid carcinoma (MEC) of the parotid gland (75%) (Boukheris, 2009). Mucoepidermoid carcinoma arises from pluripotent reserve cells of excretory ducts that are capable of differentiating into squamous, columnar, and mucous cells.

CASE REPORT: A 40 years old male patient was reported to the outpatient department of Rohilkhand Medical College and Hospital Bareilly, UP with the chief complaints of pain, swelling with pus discharge on the left pre-auricular region of the face since 2 years (Figure-1). According to the patient he was apparently well 2 years back when he noticed swelling on left cheek region which was small in size, sudden in onset and gradually increased to present size (Figure-2). His past history, family history and medical history was not significant. On general physical examination his vital signs were within normal limits. On examination the present size of the swelling was 5x4 cm in its greatest dimensions. On palpation swelling was firm to hard in consistency, non mobile, tender and associated with wound, pus discharge and lymphadenopathy with no metastasis (Figure-3). MRI neck reveals relatively well defined oval lobulated mass lesion involving the left parotid. Core biopsy of the lesion was done and microscopic examination of the tumor revealed moderate cellularity, comprising of malignant epithelial cells, arranged in a papillary pattern, clumps and singly. Some cells show squamoid differentiation.

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Figure 1. Left side Parotid swelling

Figure 2. Left side parotid swelling with discharging sinus

Figure 3. Markings done to prepare the patient for Parotidectomy

Figure 4. Intraoperative picture of Parotidectomy

Figure 5. Excised parotid gland

Figure 6. Post operative picture of left total Parotidectomy

Thus microscopic examination confirmed the diagnosis of MEC. After getting appropriate consent, the patient was posted for a left total Parotidectomy. Nerve sparing Parotidectomy was done (Figure-4) and defect was repaired with anterior cervical flap (Figure-6) and the excised specimen was sent for histopathological examination (Figure-5). The histological picture confirmed MEC.

DISCUSSION

Mucoepidermoid carcinoma of the parotid gland clinically present as an asymptomatic swelling. The average latency period is one year but may vary widely. All grade of Mucoepidermoid carcinoma is treated with surgical resection as a definitive treatment. A low and intermediate grade of tumors often undergoes primary surgical excision and a High-grade tumor includes surgical excision with wide margins followed by radiotherapy (Cornog, 1976). Neck dissection is necessary in case of local metastasis as. The low-grade tumors behave with more benign nature and the high grades are highly aggressive. Intermediate grade tumors presents more like a low grade, but they should be treated as high grade because they demonstrate predilection to nodal metastasis like the high-grade tumors. There are three main factors clinical stage, histological grade and treatment which are responsible for the prognosis. Distant metastases in Mucoepidermoid carcinoma relate to a poor prognosis. The survival rate for patients with distant metastases is 2.3 - 2.6 years (Nance, 2008).

Conclusion

Mucoepidermoid carcinoma may widely present as variety of biological behaviors based on the innumerable of histological characteristics.

Mucoepidermoid carcinoma demonstrates a broad spectrum of aggressiveness from inert tumors that are cured by surgery alone to aggressive neoplasms that are prone to local invasion, recurrence, and metastasis (Darling, 2014). Whatever the treatment modality, patients of Mucoepidermoid carcinoma should undergo close follow-up for life to rule out late recurrence

REFERENCES

BoukherisH, Curtis RE, Land CE, et al., 2009. Incidence of carcinoma of the major salivary glands according to the WHO classification, 1992 to 2006: A population-based study in the United States. Cancer Epidemiol Biomarkers Prev 18:2899-2906.

Cornog JL, Gray SR. 1976. Surgical and clinical pathology of salivary gland tumors. In: Rankow RM, Polayes IM, editors. Disease of the Salivary Glands. Philadelphia, Pa: WB Saunders Co.. p. 99-142.

Nance MA, Seethala RR, Wang Y, Chiosea SI, Myers EN, Johnson JT, Lai SY. Treatment and survival outcomes based on histological grading in patients with head and neck mucoepidermoid carcinoma. Cancer 2008; 113(8):208

Darling R, McCammon S, Resto V, Quin F. Carcinoma in head and neck. Grand Rounds Presentation, The University of Texas Medical Branch at Galveston, Department of Otolaryngology 2014; 5: 1-10.

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