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Entity with Diversity

Carcinoma ex pleomorphic adenoma of minor salivary gland involving upper lip

Language: English

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Date/Event/Venue:

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NATIONAL "OOO" CONFERENCE
Bangalore, Karnataka , India

Case history

Chief complaint:

Patient complains of swelling in upper lip since 3 months

History of presenting illness: Patient noticed swelling 3 months back which was of peanut size and gradually progressed to present dimensions. Swelling was localized to upper lip and was associated with pain. Pain insidious in onset, localized, intermittent, non progressive and mild in intensity. Aggravates on touching . No relieving factors present. Not associated with any symptoms.

Personal History:

Chews betel nut quid thrice daily since 30 years.



Fig. 1

Extra oral examination

Solitary diffuse swelling on the left upper labial mucosa, measuring about 1.5x1cms, oval in shape. Extending from inferior vermilion border of lip to labial vestibule. Medially from labial frenum to 2 cms lateral to it. Swelling is firm in consistency. Mucosa over swelling is stretched, yellowish hue, well defined margins, tender, nonfluctuant , mobile and lobulated , no visible pulsations and sinus evident.



Fig. 2

Fig. 3

Provisional diagnosis

Benign tumour of mesenchymal origin on upper lip
Chronic generalized gingivitis
Partially edentulous arch- Kennedys class III mandible

Differential diagnosis

Lipid proteinosis
Pleomorphic adenoma
Canalicular adenoma
Palisaded encapsulated neurofibroma
Schwannoma

Investigations

Complete hemogram
Excisional biopsy



Fig. 4



Fig. 5

Histopathology

Malignant glandular epithelial cells arranged as nests separated by connective tissue septa.
Other areas- neoplastic epithelium arranged as sheets
Dark basophilic nucleus with nuclear and cellular pleomorphism, mitotic figures
Areas of necrosis
Chondroid metaplasia
Focal areas of keratinisation
Spindle shaped cells , stellate cells and plasmacytoid cells seen
Hyaline like material in profusion.

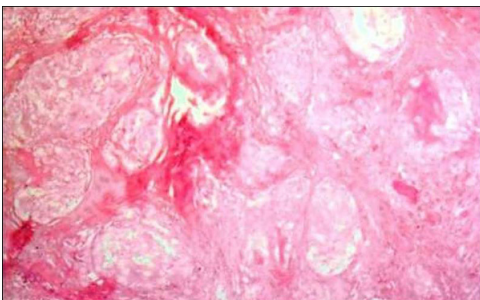


Fig. 6

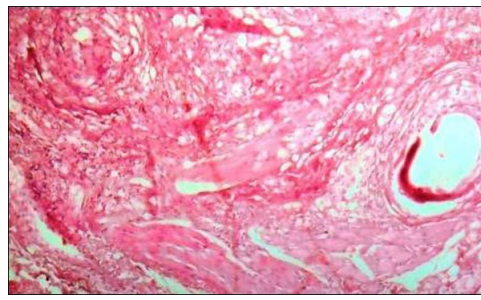


Fig. 7

Management

Surgical excision of tumour
Restoration in relation to 18
Oral prophylaxis

Final diagnosis

Carcinoma Ex pleomorphic adenoma [invasive] of minor salivary gland involving upper lip.
 Chronic generalized gingivitis.
 Partially edentulous arch- mandible Kennedys class III.

This Poster was submitted by Dr Bhakti Patil.

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Poster Faksimile:

ENTITY WITH DIVERSITY

CARCINOMA EX PLEOMORPHIC ADENOMA OF MINOR SALIVARY GLAND INVOLVING UPPER LIP

CASE HISTORY

- Chief Complaint: patient complains of swelling in the upper lip since 3 months.
- History of Presenting Illness: patient noticed the swelling 3 months back which was of peanut size & gradually progressed to present dimensions. Swelling was localized to upper lip & was associated with pain. Pain is insidious in onset, localized, intermittent, non progressive, and mild in intensity. Aggravates on touching. No relieving factors are present. Not associated with any other symptoms.
- Personal History: Chews betel quid thrice daily since 20 years.

A CASE REPORT...





EXTRA ORAL EXAMINATION

Solitary diffused swelling involving philtrum & vermillion border of upper lip on left side, measuring about 2 x 1.5 cm, roughly oval in shape, extending from midline to left ala of the nose & inferiorly from the vermillion border of upper lip to naso labial fold & inferior aspect of nostrils.

The swelling is firm in consistency, discrete mass with well defined borders & mildly tender on palpation.

- Right & left solitary submandibular lymph nodes were palpable and enlarged, measured about 1x1.5cm in size, oval in shape, soft in consistency, mobile and tender

HISTOPATHOLOGY

- ☒ Malignant glandular ep. Cells arranged as nests separated by connective tissue septa
- ☒ Other areas - neoplastic epithelium arranged as sheets
- ☒ Dark basophilic nucleus with nuclear and cellular pleomorphism, mitotic figures
- ☒ Areas of necrosis
- ☒ Chondroid metaplasia




INTRA ORAL EXAMINATION

A solitary diffuse swelling on the left upper labial mucosa, measuring about 1.5 x 1 cm, oval in shape. Extending from inferior vermillion border of lip to the depth of labial vestibule. Medially from labial frenum to 2cm lateral to it. Swelling is firm in consistency. Mucosa over swelling is stretched, yellowish hue well defined margins, tender, nonfluctuant, mobile and lobulated. No visible pulsations or sinus evident.




PROVISIONAL DIAGNOSIS

- Benign Tumor of mesenchymal origin on upper lip
- Chronic generalized gingivitis
- Partially edentulous arch - mandible - Kennedy class III

DIFFERENTIAL DIAGNOSIS

- ☒ Lipid proston
- ☒ Pleomorphic Adenoma
- ☒ Canalicular adenoma
- ☒ Palisaded encapsulated Neurofibroma
- ☒ Schwannoma

INVESTIGATIONS

- Complete hemogram
- Excisional biopsy



Final diagnosis

- Carcinoma ex Pleomorphic adenoma [invasive] of minor salivary gland involving upper lip
- Chronic generalized gingivitis
- Partially edentulous arch - mandible Kennedy class III

Management

- Surgical excision of tumor
- Restoration irt 18
- Oral prophylaxis