INTRODUCTION

Salivary gland tumours are relatively rare, comprising less than 3% of all neoplasia of head and neck region. Pleomorphic Adenoma (PA) is the most common salivary gland tumour, accounts for about 60 - 80% of the benign tumours of the salivary glands and for 60% to 70% of all the parotid tumours. Right sided involvement is more common than left side and more common in females than males (2:1).1,2

Pleomorphic adenomas usually present as slow growing asymptomatic discrete swellings which gradually increase in size. Large tumours often form a single but irregular nodular mass which stretches the overlying skin or mucosa. The weight of the tumour can vary from several grams to more than 8 kgs and the weight appears to increase with duration of tumour.3

Giant pleomorphic adenoma of the parotid is reported as a rarity in literature. Here we are presenting such a case with an added significance of being the largest one excised in Pakistan in recorded literature.

CASE REPORT

A 47 years man presented to the Department of Surgery, Unit IV, DHQ Hospital, Faisalabad, Pakistan, complaining of a swelling on the right side of the face for more than 7 years causing disfigurement only and no other symptoms. The patient belonged to middle socio-economic group. Clinical examination showed a nodular swelling present on right side of face, nearly 26 x 20 cm in size (Figure 1), extending 2 cm away from right nasolabial fold to post-auricular region, nodular, firm in consistency, margins well defined and temperature not raised, non-tender, immobile, not adherent to skin or masseter, skin over the swelling normal. Rest of skin was normal. There was no sign of facial nerve involvement. The clinical hypothesis of diagnosis was a benign tumour of the parotid gland, most probably pleomorphic adenoma.

Fine Needle Aspiration Cytology (FNAC) showed ductal cells, chondromyxoid matrix and myoepithelial cells, most likely pleomorphic adenoma. MRI of head and neck region (Figure 2) showed a large heterogeneous lobulated mass in the right parotid region. Medially it was extending to insertion of sternocleidomastoid muscle and carotid sheath, leading to the impression of a large neoplastic mass in right parotid region, most probably a benign lesion involving superficial lobe, sparing facial nerve.

ABSTRACT

Salivary gland tumours are a relatively rare entity. Pleomorphic adenoma is the most common amongst these, comprising 60 - 70% of all parotid tumours. Pleomorphic adenomas are benign and tend to increase in size slowly. Here we are presenting a case of giant pleomorphic adenoma of the parotid, being the largest in size to be excised in Pakistan in recorded literature measuring 24 x 22 x 12 cm and weighing 1.8 kgs. Superficial parotidectomy was done with an excellent cosmetic outcome.

Key Words: Giant parotid. Pleomorphic adenoma. Salivary gland.
Under general anaesthesia, superficial parotidectomy with excision of redundant skin preserving facial nerve was done (Figure 3). The postoperative course remained uneventful. Macroscopically, the removed mass measured 22 x 24 x 12 cm, (Figure 4) and weighed 1.8 kg.

Microscopically, the tumour was composed of stellate shaped cells embedded in myxoid stroma. The tumour cells had uniform looking nuclei and abundant eosinophilic cytoplasm. Mitosis were rare. Focally marked myoepithelial cell proliferation was seen along with fibrosis and chondroid differentiation. No granulomas were seen and there was no evidence of malignancy. These appearances were of pleomorphic adenoma. Hence, the final diagnosis was of giant pleomorphic adenoma with negative surgical margins. The patient presented excellent cosmetic and functional results, without signs of facial nerve palsy, damage or recurrence.

**DISCUSSION**

Pleomorphic Adenoma (PA) is a benign salivary gland tumour. It is the commonest salivary gland tumour mostly having an unknown etiology. The main site of occurrence is the parotid gland, affecting patients of any age, more frequently between the fifth and sixth decades of life. Although uncommon, cases of giant PA have been reported, most of them involving the parotid gland. In 1989, Schultz-Coulon reviewed 31 cases of giant PAs of the parotid gland. He found a female predominance (64.5%) and weight of the tumour between 1 - 27 kg. Buenting et al. reviewed the ten largest pleomorphic adenomas ever published in the english-language literature, most of them before the 1980’s. They found a mean tumour weight of 7.81 kg, nine out of ten cases occurred in female, with a mean age of 56.2 years. In the present case, the patient was a man who presented with a tumour having history of 7 years of progression and weighed 1.8 kg, being the largest parotid tumour excised in Pakistan ever recorded in literature. In most of the cases described it is considered that lack of proper information and negligence or fear of the patients is relevant for the long course of an evident clinical mass as was in this case.

Microscopically, PAs are characterized by a myriad of morphological diversity. Epithelial cells are arranged in sheets and islands showing typical ductal structures, and various epithelial and myoepithelial characteristics as spindle, clear, squamous, basaloïd, plasmacytoid, oncocyte and sebaceous. The stroma characteristically is mixed, with fibrous, chondroid, mixoid or hyaline aspects. Our case predominantly composed of stellate shaped cells embedded in myxoid stroma. The incidence of malignant transformation in PAs ranges from 2 to 7% of cases.

In conclusion, untreated PAs can enlarge gradually upto several kilograms in weight. These giant PAs are more common in females and may enlarge over a period of several decades. Some of these long standing tumours show malignant changes. Therefore, early diagnosis and treatment of PA is essential. Excision of even such large tumours can be done with facial nerve preservation and excellent cosmetic outcome in expert hands.

**REFERENCES**