Sir,

Canalicular adenomas (CA) are uncommon benign salivary gland tumors of minor salivary glands.1 They occur in upper lip in 90% of cases and the majority of patients are of older age group.2

A 72-year lady presented to the Department of Oral Medicine and Radiology, NIMS Dental College, Jaipur, India, for the evaluation of a painless swelling on her left buccal mucosa for the last one year. Intra-oral examination revealed a well-defined, round and smooth nodule of 1 cm diameter, which was freely movable on palpation. The overlying mucosa was normal in color without any sign of ulceration (Figure 1). The past medical history and family history were non-consistent to the present swelling. Cervical lymph nodes were non-palpable. On the basis of clinical features, a provisional diagnosis of fibroma was given.

The lesion was surgically excised under local anesthesia; and the excised tissue was sent to the Department of Oral and Maxillofacial Pathology for microscopic evaluation. Microscopic examination of hematoxylin and eosin stained soft tissue section revealed a well encapsulated tumor mass (Figure 2) consisting of long cords of cuboidal cells arranged in a single layer in a parallel fashion and forming long canals. Few cystic spaces were enclosed by these cords filled with an eosinophilic coagulum (Figure 3).

Based on characteristic histological features, a final diagnosis of CA was rendered. One year post operative follow-up of the patient is uneventful.

CA affects mostly elderly women at a mean age of 60 years.3 It has a predilection for the upper lip, which accounts for 70% of all cases,1,3 followed by buccal mucosa and palate.2 Clinically, it presents as a soft and loose nodule with non-ulcerated overlying mucosa. The lesion tends to be solitary, but sometimes shows multiple tumors or confluent masses of variable sizes.2,3 Those features are not exclusive to CA and thus it can frequently be mistaken by other lesions, such as sialoliths or other benign salivary gland tumors and connective tissue tumors like fibroma and lipoma.4 No hypothesis of malignant lesion was suggested because of the bland appearance, circumscribed, mobile and slow growth.1,4

Histologically and clinically, it differs from the basal cell adenoma, for which it may be mistaken in a number of ways. Its clinical importance lies in the fact that it may be confused with malignant tumors like adenoid cystic carcinoma, thus care should be taken to prevent this error. Adenoid cystic carcinoma rarely occurs in the upper lip and is seldom freely movable.4

REFERENCES