Myoepithelioma-Plasmacytoid variant of minor salivary gland: Case report with emphasis on histopathological findings

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ABSTRACT

Myoepithelioma is a rare benign neoplasm of salivary glands. Accounts for less than 1% of all salivary gland neoplasms. It is more common in parotid glands followed by small salivary glands. Myoepithelioma once was considered as extreme variant of pleomorphic adenoma. But now-a-days many authors consider the myoepithelioma as distinct pathological entity as it is composed entirely of myoepithelial cells and behaves more aggressive than pleomorphic adenoma (PA). Here we are presenting a case of myoepithelioma-plasmacytoid variant of minor salivary gland of soft palate of a male patient aged about 60 years and discussing about histopathological differential diagnosis of myoepithelioma.

KEY WORDS: Myoepithelioma, Minor Salivary Glands tumor.

INTRODUCTION

Myoepithelioma is believed to be rare entity of all kinds of tumours of salivary glands. It was first described by Sheldon way back in 1943 when it was considered as variant of PA(1). Myoepithelioma arises from myoepithelial cells which are usually present in ductal epithelium of secretary glands like salivary, sweat and mammary glands(2). Myoepithelial cells characterised by
intracytoplasmic myofilaments, intercellular desmosomes and myogenic markers(3).

Based on morphology of cellular components of myoepithelioma there are four sub-types i)spindle cell ii)plasmacytoid cell iii) polygonal epitheloid cell and iv)clear cell. The cellular component of the tumor is arranged in diffuse sheets, fascicles and clusters depending upon sub-type of the tumor. Stroma of the tumor is composed of hyalinised collagen fibres with areas of myxoid changes. Majority of myoepitheliomas present as painless, slow growing, well circumscribed, smooth surfaced tumors. They are well capsulated and rarely metastasize. However recurrences are described(3).

We report a case of myoepithelioma-plasmacytoid variant of minor salivary gland of soft palate in a male patient aged about 60 years and also discuss about histopathological differential diagnosis of such lesion.

**Case Report:**

A 60 years old male patient came to OPD of ENT department with swelling in the oral cavity since 2 years. On examination swelling was noticed on the left side of soft palate, measuring about 4x3.5cms, well circumscribed, smooth surfaced. Overlying mucosa was intact and not traumatized (Figure-1).

There was no evidence of cranial nerve and lymph nodal involvement. The past history and family history were not relevant. Fine needle aspiration cytology (FNAC) showed plasmacytoid cells (Figure 2).
Surgical excision done (Figure-3)

and surgical specimen was sent for histopathological examination (Figure-4).

DISCUSSION

Myoepithelioma is rare benign neoplasm of salivary glands. Among its four sub-types spindle cell type is more common (seen in 70% cases) where as plasmacytoid cell type seen in only 20% cases (4). Plasmacytoid cell type more common in major salivary glands (4). Therefore plasmacytoid myoepithelioma in minor salivary glands is rare entity. Biggest series published on myoepithelioma is by Scuibba and Brannon who presented 23 cases of myoepithelioma of salivary glands (both major and minor) (3). According to literature review only 14 cases of plasmacytoid variant of myoepithelioma affecting minor salivary glands of palate have been reported (5). Age distribution ranged from 3rd decade to 9th decade, mean age was 53 years. No sex predilection has been described (2). Myoepithelioma must be differentiated from the pleomorphic adenoma by absence of chondroid or osteoid changes of matrix and absence or inconspicuous ductal differentiation (1). Benign myoepithelioma can be differentiated from malignant myoepithelioma by absence of solid pattern, infiltration growth, necrotic areas, mitotic figures, hyperkeratotic nuclei, cellular polymorphism, cellular atypia and metastases (6). Malignant myoepithelioma also been identified by cell proliferation index ( > 10% highly suggestive of malignant behavior) . Basal membrane globule surrounded by hyperkeratotic myoepithelial cells goes in favor of
malignant myoepithelioma(1). In immune histochemical study myogenic markers like CK-14, CKs 18 and 19 are expected in plasmacytoid variant(1). Immunohistochemical study is not done for this case because of lack of facilities at the institution. Surgical excision with margin (few mm) of normal tissue is the treatment of choice (1). Recurrences are rare. According to Sciubba & Brannon who could follow 16 cases out of 23 over a period of 1 year and found recurrence only in one case(3). Recurrences can be picked up by regular follow up.

CONCLUSION
Myoepithelioma-plasmacytoid variant of palate minor salivary gland is a rare entity (5). It is relatively more aggressive than other benign neoplasms of salivary glands. Management is similar to that of all myoepitheliomas. Surgical excision should include margin of normal tissue. Prognosis is good.

REFERENCES
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Accessed on12/13/2012