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| 原文題目(出處)： | Mucoepidermoid carcinoma arising in a background of sialadenoma papilliferum: A case report. Head and Neck Pathol 2009;3:59-62 |
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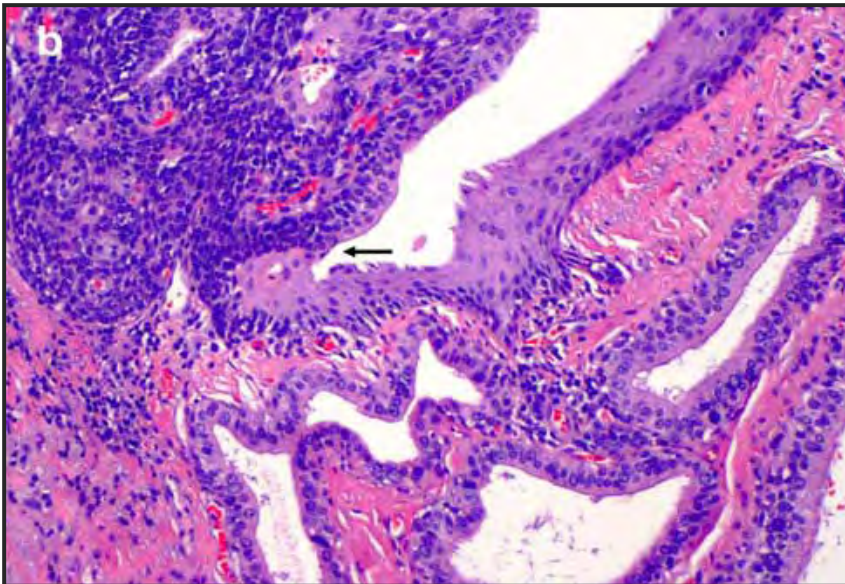
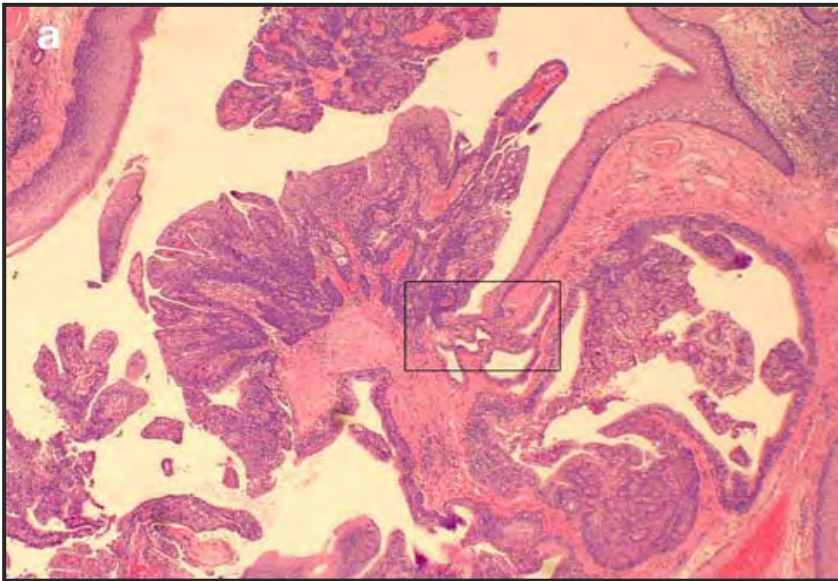
內文：

Abstract & Introduction

- **Sialadenoma papilliferum** is a rare tumor, primarily of **minor salivary gland** origin
- It is both an **exophytic** and **endophytic papillary** lesion histologically resembling *syringocystadenoma papilliferum* of sweat gland.
- The tumor is considered **benign** although rare recurrent cases have been reported.
- We report a **high grade mucoepidermoid carcinoma** arising in a background of **sialadenoma papilliferum**, at the **base of the tongue**, an unusual location for **minor salivary gland neoplasms**.
- Eleven months after excision and nodal dissection, there is no evidence of recurrence or metastasis.

Case Report

- **P't:** An 82-year-old female with medical history of **diabetes mellitus** and **hypertension**
- **P.I.:** 3-month history of dysphagia secondary to a 2-cm **papillary, exophytic mass** at the **left base of the tongue**.
- **Diagnosis :** *High grade mucoepidermoid carcinoma* arising in a background of a *Sialadenoma papilliferum*.
- **Tx.:** **tumor excision and follow-up margin excision with level II, III and IV left neck lymph node dissection.**
- **Biopsy test:** No residual tumor was identified and four lymph nodes were negative for tumor. All specimens were negative for microvascular invasion.
- **F/u:** regularly followed-up and no recurrence of the tumor was documented eleven months after the surgery.



Microscopically findings of the lesion

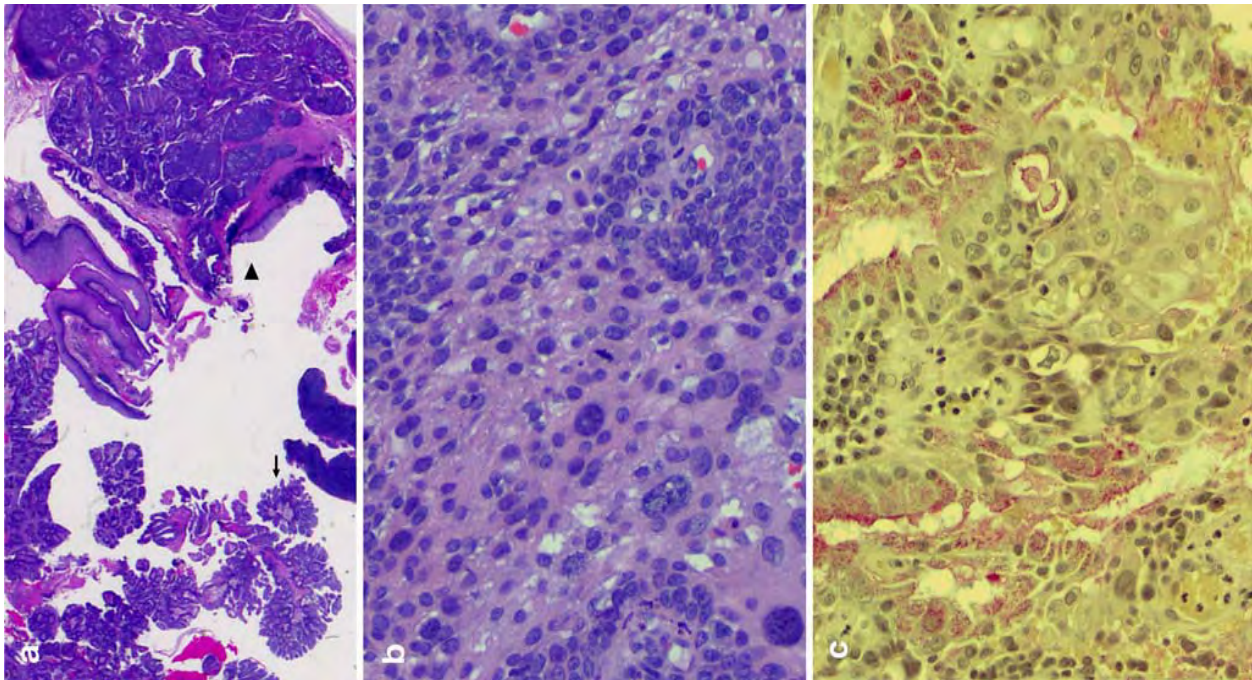
- **Prominent papillarity** in some areas, appears to be centered around an **excretory minor salivary gland duct**.
- The opening of the duct is in direct continuity with the **stratified acanthotic squamous epithelium covering the papillary areas of the tumor**
- Ductal epithelium is bi-layered or stratified → tall columnar cells in the luminal layer ; short, cuboidal cells in the basal layer.
- Scattered **goblet cells** and ciliated **metaplastic cells** are interspersed.
- Extensive **squamous metaplasia** is present focally.
- The **papillary fronds of the tumor**, which are supported by fibrovascular cores, **protrude into the ductal space**.
- Lymphocytic and plasmacytic inflammation

is present in the cores.

===== > **Sialadenoma Papilliferum**

- The deeper and malignant portion of the tumor : more solid pattern with well defined **Squamous differentiation, intermediate cells, and nests of gland-like structures**.
- (Fig.c) Mucicarmine stain for mucoepidermoid carcinoma, demonstrating both **intraglandular and intracellular mucin**.
- Nuclear pleomorphism, hyperchromasia, and high mitotic activity are evident in the squamous component
- Close association with adjacent salivary ductal epithelium, and with the deeper portion of sialadenoma papilliferum.

===== > **High grade (Brandwein grading system) mucoepidermoid carcinoma** arising in a background of sialadenoma papilliferum.



Discussion

➤ Sialadenoma papilliferum

✚ **older males**

✚ **minor salivary glands** - palate, buccal mucosa, retromolar pads and lips

1. The base of tongue location, as in our case, **has not been documented** previously, although minor salivary glands are found in this location.
2. The proliferative, dilated salivary gland ducts with papillary fronds protruding into the lumen, together with the hyperplastic, hyperkeratotic overlying squamous epithelium, == > Sialadenoma papilliferum, continuous with a deeper high grade mucoepidermoid carcinoma.
3. The true origin and nature of sialadenoma papilliferum have been controversial.
 1. Neoplasm that originates from **ductal surface cells** – (**ciliated** cells in the lining epithelium of the duct)
 2. Focal hyperplasia following **blockage** of a salivary gland duct
4. Although mucoepidermoid carcinoma can be associated with a large excretory salivary duct, a papillary, proliferating ductal lesion, as in this case, is not a feature.
5. Considering the **papillary architecture** of the lesion, our differential diagnosis
 - (1) a **sialadenoma papilliferum with a papillary squamous cell carcinoma**
 - ✧ resemble sialadenoma papilliferum in its gross appearance, However, a **glandular component with mucin-secreting cells** is not present in this lesion.
 - (2) an adenosquamous carcinoma with prominent papillary features
 - ✧ Having distinctively separate components of adeno- and squamous differentiation with **no papillary** configuration
 - (3) papillary squamous cell carcinoma
 - (4) a papillary cystadenocarcinoma
 - ✧ It does not include **squamous** elements

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| 1 | Which of the following is not the characteristic of mucoepidermoid carcinoma? (A) Most common in minor salivary gland, especially the palate. (B) Most common malignant salivary tumor in children. (C) Composed of a mixture of mucus-producing cell and squamous cell. |

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| | (D) The epidermoid cell is rarely keratinized. |
| 答案(A) | 出處：Oral & Maxillofacial pathology P.420 |
| 題號 | 題目 |
| 2 | Which of the following is not the factor that mucoepidermoid carcinoma be categorized into one of three histopathologic grades? |
| | (A) Amount of cyst formation (B) Degree of cytologic atypia (C) Mitotic stage of epidermoid cells (D) Relative numbers of mucous, epidermoid, and intermediate cell |
| 答案(C) | 出處：Oral & Maxillofacial pathology P.420 |