

原文題目(出處)：	Rapidly progressing palatal pleomorphic adenoma in an adolescent. International journal of pediatric otorhinolaryngology extra 2010;5:141-3
原文作者姓名：	Sami P .Moubayed, Fahad AlSaab, Sam J.Daniel
通訊作者學校：	Department of otolaryngology ,head and neck surgery, Montreal Children's hospital ,McGill University, Montreal, QC, Canada
報告者姓名(組別)：	Intern C 組 蔡宛庭
報告日期：	99/10/11

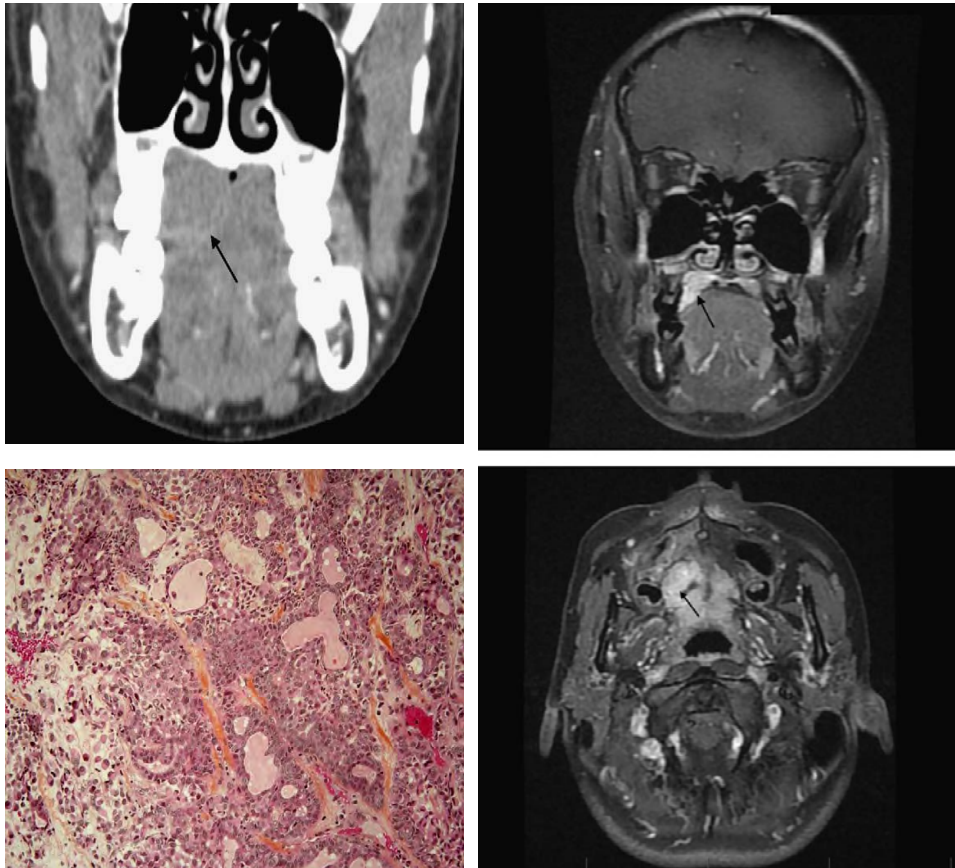
內文：

◆ Introduction

- Minor salivary gland are rare in children
- The most common minor salivary gland tumor is pleomorphic adenoma of the hard palate
- Review by Daniels, only 5% of pleomorphic adenomas of the minor salivary glands have been reported in patient aged 20 years or younger

◆ Case report

- Present illness
  1. 13 years old female of Asian
  2. Rapidly growing hard palatal mass over a 2-week period
  3. Unmarkable past medical history , no family history of cancer
  4. denied weight loss, fever, or trauma to the palate
- clinical examination: a submucosal smooth nontender firm mass on the right posterior palate
- CT scan: nonenhancing isodense 2.0 x 2.0 x 2.3 cm soft tissue mass at right posterior palate , with mild scalloping of the hard palate
- MRI: an enhancing mass with a small area of calcification, and slight indentation of the maxilla without disruption of palate



- **Biopsy:** myoepithelial cell-rich pleomorphic adenoma with cytological atypia
- **Excision:**
  1. right hemipalatectomy was performed with excision of the deep bony margin
  2. multiple sequential frozen section of the margin were sent to pathologist and confirmed negative
  3. additional resection margin was also taken
- **Histopathology:**
  1. Myoepithelial cell-rich pleomorphic adenoma with cytological atypia
  2. Four margins negative for neoplasia
- ◆ **Discussion**
  - English literature yielded :
    1. 16 cases of PA under the age of 18years (5-17 years)
    2. Female 9/16 , Male 7/16
    3. 75% under the age of 14 years
  - Japanese literature , review by Yamamoto et:
    1. 8 cases of PA in patient 18 years and younger
    2. Female 7/8 ,Male 1/8

- Palatal PA typically present as painless slow-growing tumors , however few author have described rapidly growing palatal PA such as current patient
- Lopez-Cedrun et reported a case in a 16 years old male which was only noted 2 weeks before presentation
- Courten et al reported a case in a 10 years old female of 5~6weeks duration
- Shaaban et al reported a case in 9 years old male with 4-days history of painless swelling over the palate

Table 1 Previous reports of pleomorphic adenomas of the palate in children and adolescents.

Author	Age (years)	Gender	Size (cm)
Follow-up (years)	Recurrence		
Byars et al. [5 ] 28	7 5 years	F	
Byars et al. [5 ] 7	9 None	F	
Crawford and Guernsey [6] None	8	F	2.5 1
Galich [9] 0.5	12 None	F	
Lack and Upton [11] 5	10 None	M	2
Fonseca et al. [8] Fonseca et al. [8] 1	8 16 None	F F	
Austin and Crockett [4] 1	10 None	M	2x3
Noghreyan et al. [13] 1.5	8 None	F	2.5x3
Lopez-Cedrun et al. [12] 3.5	16 None	M	5x5
de Courten et al. [7] 9	10 None	F	2.3x2
Shaaban et al. [14] 3	9 2 years	M	2x2
Jorge et al. [10] 9	11 None	M	3
Jorge et al. [10] 23	17 None	F	3
Daniels et al. [3] 3.8	5 None	M	2x1.5
Daniels et al. [3] 4	16 None	M	2x1
Our case (2009) 1	13 None	F	2x2x3

M: male; F: female.

- Plain X-ray and hematologic investigations play no part in the diagnosis of salivary gland tumor of palate
- CT is superior to MRI in evaluating erosion and perforation of the bony palate, or involvement of the nasal cavity or maxillary sinus
- MRI provides better definition of the vertical and inferior tumor extension, and more accurately indicates the degree of encapsulation
- MRI is also advantageous of the absence of exposure to radiation and intravenous contrast medium
- Excision:
  1. Treatment consists of wide local excision with clear margins involving the periosteum and associated mucosa
  2. Followed by curettage of the underlying bone with a curette or bur under copious sterile normal saline irrigation
  3. Overlying mucosa can sometimes be repaired using a local flap
- Recurrence:
  1. PA is encapsulated , and incomplete excision will leave residual tumor cells behind and result in recurrence, because of its high rate of implantability
  2. 2/16 of the published cases of PA recurrence after surgery
  3. Shaaban et al’s case ,the PA had been re excised 2 weeks after an initial excision biopsy with positive margins
  4. Another cases of palatal PA with positive margin after re-excised 3 weeks didn’t recur during the 5 years of follow up
- ◆ Conclusion
  - Palatal plemorphic adenoma may grow rapidly in juvenile
  - Surgical resection is curative
  - Long term follow up is warranted because of the increased risk of recurrence even several years after initial excision

題號	題目
1	關於 pleomorphic adenoma 的敘述下列何者錯誤? (A) 典型的 pleomorphic adenoma 生長緩慢 (B) 大多屬於無痛,encapsulated tumor (C) 容易侵犯顏面神經造成顏面麻痺 (D) 好發於 30~50 歲成人女性稍多
答案(C)	出處：Oral and Maxillofacial PATHOLOGY, second edition, p411

題號	題目
2	關於唾液腺腫瘤下列敘述何者錯誤?
	(A) 大約 2/3 發生於 paroid gland (B) 大約 2/3 在 paroid gland 的腫瘤為良性 (C) Minor gland tumor 最常發生於 buccal mucosa (D) 最常見的 minor gland tumor 為 pleomorphic adenoma
答案(c)	出處：Oral and Maxillofacial PATHOLOGY, second edition, p410~413