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內文：

Introduction

- A. Introduced in 1968 by Kleinsasser
- B. Adopted into the second WHO classification since 1991
- C. An extremely aggressive malignancy arising from the duct epithelial cell of the salivary gland
- D. Almost exclusively in the major salivary glands, particularly the parotid , mainly of the palate

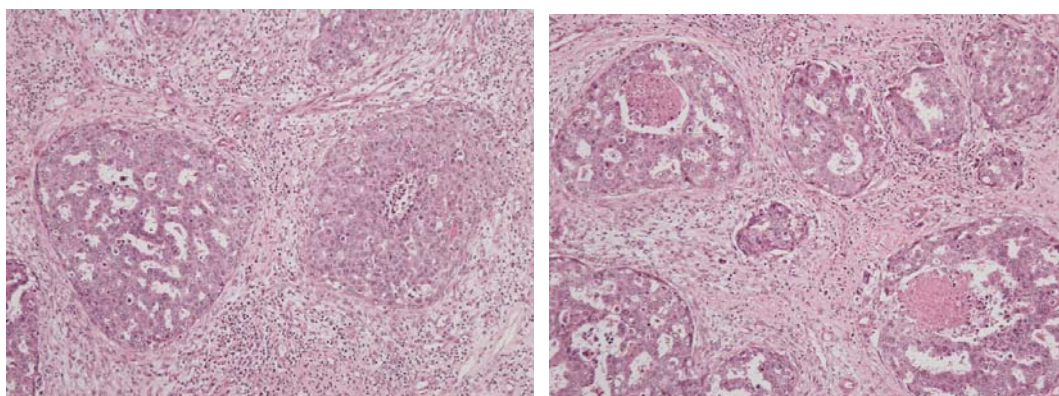
Case Report

- A. A case of SDC that arose from the minor salivary gland in the palate and was treated at the early phase
- B. Age/gender: 82/male
- C. Present illness: a 2-month history of painless swelling on the palate, the right-sided paramedian posterior end of the hard palate. A smooth surfaced pedunculated discoid mass of 15mm in diameter was observed. X-ray examination revealed no abnormality of the palatal bone. (Fig)
- D. Impression: benign salivary gland tumor
- E. Treatment course: excision. Wide resection 3 weeks later than the pathological report announced.
- F. Eventless so far at the 24 months follow-up period.



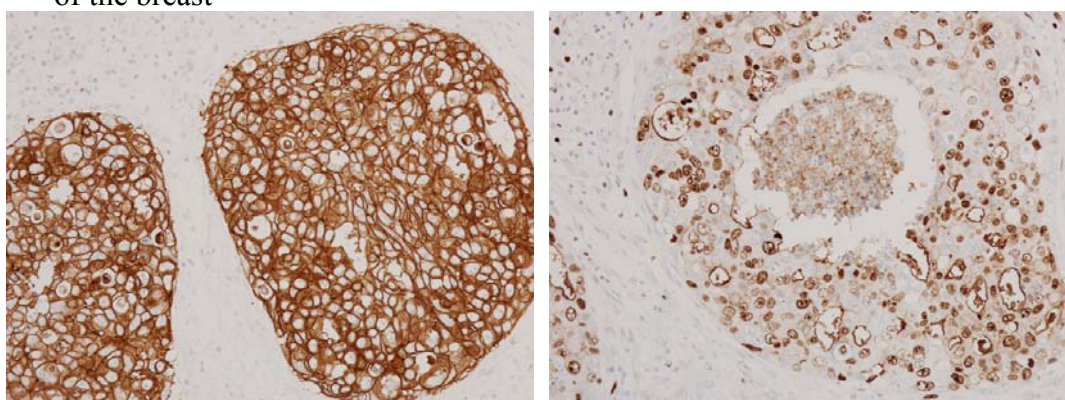
Pathological findings

- A. Whitish medullary and rather well circumscribed in the mucosal loose connective tissue.
- B. Situated in the mucosal propria without any proper minor salivary gland components.
- C. The covering mucosal surface was widely eroded and coated with fibrinous exudate instead
- D. Various-sized carcinoma cell nests presenting solid to cribriform growth pattern with scanty interlacing stroma, and comedonecrosis was seen in some larger carcinoma nests (Figs).
- E. Vascular and lymphatic invasions were evident. Peripheral infiltration was not prominent



vimentin	S-100 protein	α -smooth muscle actin	P53	CEA	EMA	PCNA	Her2/neu	Ki-67	GCDFP-15
-	-	-	-	+	+	+	+	+	+

- gross cystic disease fluid protein (GCDFP)-15 usually applied for duct carcinoma of the breast



Discussion

- The tumors with exophytic growth in the upper respiratory tract or the esophagus are known as rather benign in prognosis, even in case of histological malignancy.
- Histologically, the comedonecrosis in some carcinoma nests has been pointed out as a characteristic feature of SDC as well as cribriform growth pattern of Roman bridge architecture, both of which come from scanty or no interlacing stroma development within the carcinoma nests.
- Gross cystic disease fluid protein (GCDFP)-15 usually applied for duct carcinoma of the breast
- The expression of PCNA and Ki-67 were useful for the evaluation of the growth potential of tumor cells. Some reports also suggest that tumors with Her2/neu, PCNA and p53 expression are linked to early local recurrence, distant metastasis, and survival rate
- The death rate in SDC has been reported to be as high as 60–80% of the patients, and the death in most cases occurred within 5 years after the diagnosis
- The clinical feature of SDC has been characterized as remarkably rapid enlargement in size , and in our case the tumor size increased approximately 2.5 times during about two months prior to the patient’s visit to our hospital. On the other hand, there are some reports of those occurring in the minor salivary glands that the tumor growth was relatively less aggressive and carried a better prognosis. Most of these cases showed intraductal growth pattern or low-grade SDC
- The third WHO classification of salivary gland tumors describes low-grade SDC

- as low-grade cribriform cystadenocarcinoma
- H. The location and exophytic growth in the oral cavity must provide a favorable situation for the early detection and surgical treatment. Minimal peripheral invasion suggests having been in the early stage of tumor development. However, a careful long clinical follow-up is essential, because of its inherit property.

題號	題目
1	Which of the following diseases is the most possibly synonymous with salivary duct carcinoma? (A) Acinic cell adenocarcinoma (B) Adenoid cystic carcinoma (C) Polymorphous adenocarcinoma (D) Warthin tumor
答案(B)	出處：Oral and maxillofacial pathology (3e) P.495~496
題號	題目
2	Which of the following is uncommon in the answer above? (A) Vascular invasion (B) Lymphatic invasion (C) Peripheral invasion (D) Perineural invasion
答案(C)	出處：Oral and maxillofacial pathology (3e) P.496~497