

## Sialolipoma of Minor Salivary Gland in Uvula

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### Abstract

Lipomatous lesions of the salivary glands are rare, accounting for less than 0.5% of all parotid gland tumours. Distinct microscopic variants of lipoma of the salivary glands, e.g. angiolipoma, fibrolipoma, pleomorphic lipoma and spindle-cell lipoma have been reported. A 45 year-old male patient with mass on uvula was presented. The specimen was capsulated, yellow coloured, soft tissue with 1.3 cm in greatest diameter. Whole-mount section showed tumor composed by mature adipocytes, salivary gland parenchymal tissue and lymphoid follicles surrounded by a fibrous capsule. Salivary gland component consist acinar and ductal elements. In some areas, glandular components were atrophic. Lymphoid follicles and focal fibrosis were seen. Oncocytic, sebaceous, and squamous metaplasia were not observed. Sialolipomas were composed predominantly of adipose tissue and showed expansive growth with fibrous capsule. Sialolipomas were reported at parotid gland, submandibular gland, hard and soft palate. To our knowledge, such a case in uvula localization was not previously presented.

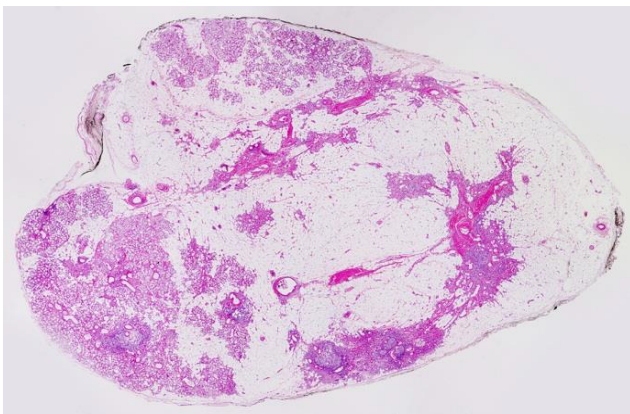
**Keywords:** Sialolipoma; Minor salivary gland; Uvula

### Introduction

Lipomatous lesions of the salivary glands are rare accounting for less than 0.5% of all parotid gland tumours [1]. Although distinct microscopic variants of lipoma of the salivary glands, e.g. angiolipoma, fibrolipoma, pleomorphic lipoma and spindle-cell lipoma have been reported [2-5]. Term of sialolipoma was first used by Nagao et al. [6]. The patients were from birth to 84 years old, and average of age was 55.7 years [6-11]. Male cases were slightly more common than female ones<sup>6</sup>. Sialolipoma was reported to occur in both major and minor salivary glands [1-5].

### Case Report

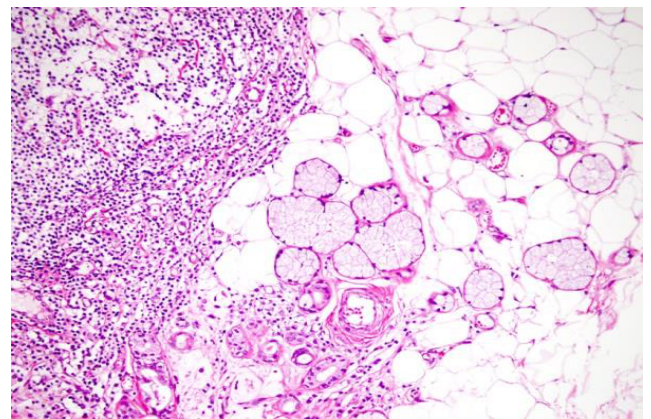
A forty five-year-old male patient was presented with a mass on uvula. The specimen was a capsulated, yellow coloured, soft tissue, 1.3 cm in greatest diameter. Cut surface was solid and yellow. Whole-mount section showed that tumor composed by mature adipocytes, salivary gland parenchymal tissue and lymphoid follicles surrounded by a fibrous capsule. Salivary gland component consists acinar and ductal elements (Figure 1). In some areas, glandular components were atrophic. Lymphoid follicles and focal fibrosis were seen (Figure 2). Oncocytic, sebaceous, and squamous metaplasia was not observed.



**Figure 1:** Capsulated nodular lesion have lots of mucinous acinus between mature lipocytes(H&E, whole section, original magnification x40).

### Discussion

Sialolipomas were predominantly composed of adipose tissue and showed expansive growth with fibrous capsule. Sialolipomas were previously reported at parotid and submandibular glands [11,12] and can occur almost any site other than the salivary glands [6,10]. Qayyum et al. reviewed 35 cases and documented that sialolipoma of minor salivary gland were reported only in adults [10]. The glandular components closely resembled the normal salivary gland parenchyma without any atypia, albeit with the presence of minor metaplastic changes [6]. In our case, metaplastic changes were not observed but contain



**Figure 2:** Mucinous glands and mononuclear inflammatory infiltrate (H&E, original magnification x200).

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inflammatory infiltration with lymphoid follicles. Immunohistological and ultrastructural studies confirmed that the glandular components become entrapped during lipomatous proliferation, rather than representing true neoplastic elements [6]. These findings suggested sialolipoma as a distinct variant of salivary gland lipoma.

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