

## Adenomatoid hyperplasia in the mandibular retromolar area. Case report

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### Abstract

This paper reports a case of adenomatoid hyperplasia of minor salivary glands in the retromolar area, with a unique symptom of painful swelling. This appears to be the first reported case in the Chinese population. It would be useful for clinical dentists to be aware of this tumour.

**Key words:** Adenomatoid hyperplasia, retromolar area, minor salivary gland, case report.

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### Introduction

Adenomatoid hyperplasia of minor salivary glands is an uncommon clinicopathologic lesion characterized by a clinically evident, nodular, non-painful swelling usually mimicking a salivary gland neoplasm or a fibroma that is histologically comprised of normal-appearing minor salivary gland lobules.<sup>1</sup>

The purpose of this article is to report an additional case of this rare entity involving the retromolar area with a unique symptom of painful swelling in a Chinese patient.

### Case report

A 49 year old Chinese male presented to the dental clinic of Kaohsiung Medical College Hospital with a firm, painful nodular swelling, measuring about 10×10 mm in diameter, on the left retromolar area distal to a decayed third molar, which had been present for several months (Fig. 1). Radiographic findings were unremarkable except for a carious third molar. No other abnormalities and no cervical

lymph node enlargement were found on further examinations. Additionally, no history of trauma was noted. The past medical history was unremarkable. The provisional clinical diagnosis was a benign soft tissue tumour (fibroma or neurofibroma). Subsequently, the lesion was entirely removed and the decayed third molar was extracted simultaneously under local anaesthesia. The post-surgical period was uneventful. One year after excision, the patient was healthy with no evidence of local recurrence. Histologic examination revealed that the specimen, covered with normal surface mucosa, was composed of lobules of mucinous salivary acini separated by fibrous septa (Fig. 2). The architecture and cytology of the glandular tissues were essentially normal. Inflammatory infiltrates were minimal. The acini were stained positive for periodic acid Schiff (PAS) and mucicarmine. Therefore, the swelling was due to the adenomatoid hyperplasia of the mucous glands of the retromolar area.

### Discussion

Since the first report by Giansanti *et al.*,<sup>2</sup> less than 70 cases of adenomatoid hyperplasia of the minor salivary glands have been recorded in the literature,<sup>2-18</sup> with the two largest series from Araft *et al.*<sup>5</sup> and Buchner *et al.*<sup>1</sup> respectively. Reviewing these previously reported cases,<sup>1-18</sup> all lesions were asymptomatic except one.<sup>15</sup> Indeed, many patients were unaware of the lesion until it was noted on routine dental examination. However, the present lesion showed an unusual chief complaint of a painful swelling.

Fifty-eight cases (84 per cent) of the lesions occurred on the palate.<sup>1-5,7-16,18</sup> Other intra-oral sites such as the mandibular retromolar area (5 cases),<sup>1,5,6,17</sup> buccal mucosa (2 cases),<sup>1</sup> lips (2 cases),<sup>1</sup> and tongue (2 cases)<sup>1</sup> have occasionally been involved. The present lesion is an additional case in the uncommon location of the mandibular retromolar area.

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Fig. 1. – An exophytic swelling over the left retromolar area.

The lesion may have a difference in incidence among races.<sup>18</sup> In a review of the previously reported cases, most patients were Caucasians. It is uncommon in Asians, with only eight Asian patients (all Japanese) being reported.<sup>3,8,11,13,16-18</sup> The present lesion appears to be the first reported case in the Chinese population.

This lesion is predominant in male patients with a ratio of about 1.5:1. It is found in patients of all ages, but more frequently between the fourth and sixth decades. No specific local or systemic aetiologic factors could be identified in most cases although local chronic irritation or trauma may have been a factor in some cases.<sup>1</sup> As the lesion is confirmed to be an adenomatoid hyperplasia of minor salivary glands on excisional biopsy, no further treatment is required because this lesion does not recur. The present case is consistent with all of these findings.

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Fig. 2. – Hematoxylin and eosin stain of the lesion covered with normal surface mucosa, composed of lobules of mucinous salivary gland acini separated by fibrous septa.  $\times 100$ .

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