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Myoepithelioma of Minor Salivary Gland: A Case Report

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ABSTRACT

Introduction: **The myoepithelioma is a rare form of salivary glands tumors. The conservative surgery is the treatment of choice.**

Case Report: **49 years old male with a submucosa mass of the inferior lip with over 20 years of evolution without progressive growth, bleeding or pain. The patient had no risk factors except history of smoking (34 pack-years). At physical examination the patient presented a consistent submucosa mass of the inferior lip at the right, mobile, painless and without visual signs of abnormal mucosa over the mass. An excisional biopsy was performed and the piece had a reniform shape and rubberish consistency with 30 x16 mm dimension. The histology exam revealed a myoepithelioma of minor salivary gland.**

Discussion: **Tumors with an exclusive constitution of myoepithelial cells are rare. The majority is located at parotid gland.**

Conclusion: **Myoepithelioma of minor salivary glands are rare and the number of reported cases is limited. The differential diagnosis with pleomorphic adenoma is important.**

Keywords: Mouth neoplasms, myoepithelioma, oral, surgery.

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I. Introduction

The myoepithelioma is a rare form of gland tumor, representing 1% of all salivary glands [1], [2].

The etiology of benign salivary tumors remains uncertain but has been linked to many factors such as radiation, smoking, trauma, viruses, and genetics [3].

The clinical presentation resembles any other tumors, there for it can confer a challenge to clinicians and pathologists [4].

The conservative surgery is the treatment of choice [1], [2].

II. Case Report

49 years old male comes to ours Stomatology Unit with a submucosa mass of the inferior lip with over 20 years of evolution without progressive growth, bleeding, or pain. The patient had no risk factors except history of smoking (34 pack-years).

At physical examination the patient presented a consistent submucosa mass of the inferior lip at the right, mobile, painless and without visual signs of abnormal mucosa over the mass (Fig. 1). It didn't have any other abnormalities.

A surgical exploration was performed in order to do an excisional biopsy. After the procedure the piece had a reniform shape and rubberish consistency with 30×16 mm dimension (Fig. 2). The histology exam revealed characteristics compatible with myoepithelioma of minor salivary gland.

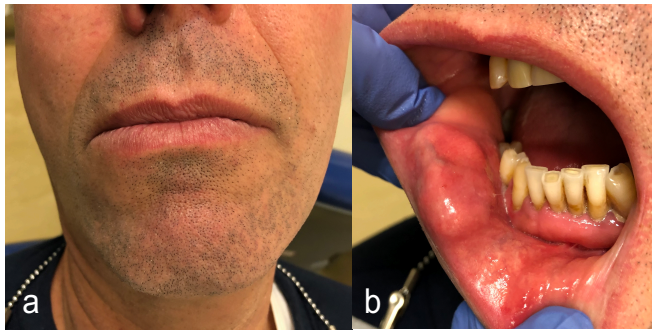

Fig. 1a. Extra-oral view. and 1b. Intra-oral view.

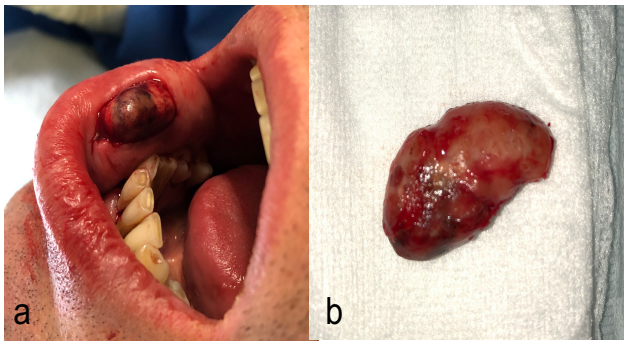

Fig. 2a. Perioperative photograph, and 2b. Photograph of the lesion.

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III. Discussion

Tumors with an exclusive constitution of myoepithelial cells are rare and represent less than 1% of all salivary gland tumors [1]. It's known that the majority is located at parotid gland, but it can also occur on submandibular and minor salivary glands [1], [5]-[8].

The classical definition, by decrescent order of prevalence, is characterized by 3 types: plasmacytoid, epithelioid and myxoid. However, this classification it is not accepted by everyone because of morphological and phenotype complexity characteristics. Because of cytogenic and histologic similarities theses tumors are frequently miss diagnosed as pleomorphic adenoma [1].

The recurrence rate varies between 15 and 18%, with malignant transformation in recurrent and long-term tumors [6]. After surgical excision the patient must be subsequentially reevaluated. In the case of our patient, by the time we are writing this paper, the patient is still in study.

IV. Conclusion

Myoepithelioma, in particular the minor salivary glands, are rare. The number of reported cases is limited and ours is the first in our unit.

The differential diagnosis with pleomorphic adenoma is important, by histologic and cytogenic similarities [1]. It is important to use the proper immunohistochemistry tests in order to aim to a correct diagnose, treatment and follow-up [1].

Conflict of Interest

Authors declare that they do not have any conflict of interest.

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