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RECURRENT PLEOMORPHIC ADENOMA OF NASAL VESTIBULE

ABSTRACT

Introduction: Pleomorphic adenoma in nasal cavity is rare and extremely rare in nasal vestibule.

Case: Fifty-year old male patient came with recurrent swelling in the right nasal vestibule who had undergone excision twice in past with diagnosis of pleomorphic adenoma.

Discussion: Only with high index of suspicion can diagnose pleomorphic adenoma and hence can avoid recurrence from tumour spillage or incomplete excision as repeated surgery involving the ala and nasal vestibule can lead to poor cosmetic outcome.

Keywords: Nasal vestibule, Pleomorphic adenoma, Recurrent

INTRODUCTION

Pleomorphic adenoma is the most common benign salivary gland tumour occurring mainly in major salivary glands. They also occur in areas where minor salivary glands are present and there have been case reports of pleomorphic adenoma occurring in aerodigestive tract like nasal cavity, paranasal sinuses, nasopharynx, oropharynx, hypopharynx and larynx.¹ In nasal cavity, they most commonly occur in nasal septum followed by lateral nasal wall.^{2,3,4} Only few cases of pleomorphic adenoma occurring in nasal vestibule have been reported in literature.^{5,6,7,8} Here we present a case of recurrent pleomorphic adenoma of right nasal vestibule.

CASE REPORT

A 50 years old male presented with history of swelling in the right nasal vestibule for 14 years. The mass was painless and slowly increasing in size (Figure I). He had history of excision of similar mass at the same site twice in the past

which was around 15 years back at an interval of about 15 months. The first excision was done by ENT team and second time excision was done by plastic surgery team. The histopathology report of that time was pleomorphic adenoma. On examination, there was 2x2 cm firm swelling on right lateral vestibule and the overlying vestibular skin was normal. There was scar from



Fig. I : Firm globular swelling in the right nasal vestibule.



Fig. II: Excised mass from the right nasal vestibule

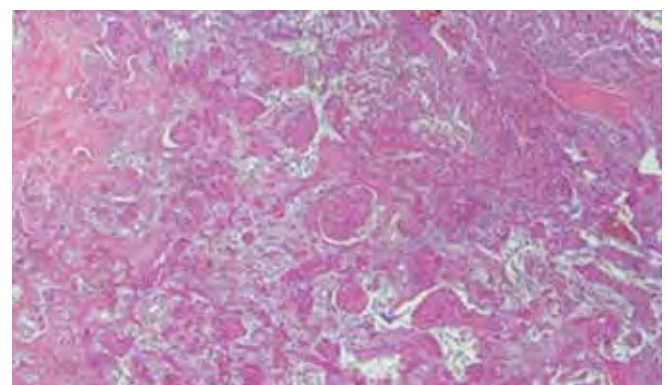


Fig.III: Histopathological picture of the excised mass showing both epithelial and stromal components, H&E stain, Magnification x40.

previous surgery on alar groove. So, diagnosis of recurrent pleomorphic adenoma was made and planned for excision under general anesthesia. The mass was excised via lateral rhinotomy approach and about 2x1.5 cm firm encapsulated mass was excised completely (Figure II). The histopathological report of the excised mass was Typical of the pleomorphic adenoma (Figure III).

DISCUSSION

Pleomorphic adenoma is a benign tumour having biphasic appearance due to mixture of epithelium and stroma. There have been case-series of pleomorphic adenoma occurring in nasal cavity which showed majority of them occurring in nasal septum and less commonly on lateral nasal wall however there was no mention of the pleomorphic adenoma arising in the nasal vestibule.² Pleomorphic adenoma occurring in nasal vestibule is extremely rare and we could find only four case reports from different countries.⁵⁻⁸ Two were from Korea, one each from Japan and India. Three patients were female and detail of one patient could not be ascertained as article was in Korean Language. The two female patients were middle aged and one was in young female. In our case, it was in middle-age male patient. The diagnosis is usually clinical and there are other common diagnoses like dermoid, chondroma or epidermoid cyst.⁸ The diagnosis can be confirmed by fine needle aspiration cytology from the swelling or histopathological examination of the excised tissue.

The treatment is surgical with wide local excision of the mass with histologically clear margin. All these patients were treated surgically by wide local excision and we also excised tumour via lateral rhinotomy approach as it was recurrent tumour. The recurrence rate is very rare and usually no further treatment is required. According to Tan et al, the Pleomorphic adenoma in nasal cavity is different from that in other site by having higher epithelial component than myxoid stroma and hence leading to the lower rate of recurrence due to less chance of tumour spillage during surgery.⁹ The recurrence in our case could be due to incomplete excision of the tumour or spillage of tumour during surgery. Alar mass removal can lead to cosmetic deformity if the alar cartilage

is traumatized and it can be the reason for the compromise in the complete excision. When the previous histopathology report was reviewed, there was no mention whether the margin of the excised mass was free from tumour or not. So, complete excision of the tumour could not be ascertained.

The histological picture in our case was typical of the pleomorphic adenoma occurring in the salivary glands. The pleomorphic adenoma in nasal vestibule may originate from sebaceous gland, sweat gland or ectopic salivary gland.^{7,8}

CONCLUSION

Although rare, a mass in nasal vestibule could be pleomorphic adenoma and its preoperative diagnosis help in proper handling so as to avoid spillage during surgery and hence its recurrence.

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