



Lip pleomorphic adenoma

Adenoma pleomorfo en labio

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ABSTRACT

Benign tumors in major salivary glands are frequently found in the parotid gland in 70% to 80% of cases. Pleomorphic adenoma is the most common tumor of minor salivary glands, the palate being a commonly affected site. Other locations for this tumor within the oral cavity are: lips, oral mucosa, gums and tongue. Location in the lips pertains to 25% of all pleomorphic adenoma. This, according to frequency, places them in second place. Upper lips present higher frequency than lower lips.

Key words: Pleomorphic adenoma, lower lip.

Palabras clave: Adenoma pleomorfo, frecuencia, labio inferior.

RESUMEN

El adenoma pleomorfo es un tumor común de las glándulas salivales, presentándose más frecuentemente en las glándulas salivales mayores, en este artículo se reporta un caso de adenoma pleomorfo en glándula salival menor del labio superior que junto con el labio inferior representan el 25% de los adenomas pleomorfos de glándulas salivales menores.

INTRODUCTION

70 to 80% of benign tumors found in major salivary glands are located in the parotid gland. Pleomorphic adenoma is the most common tumor of major salivary glands, and the palate is the most commonly affected site.¹ Other locations within the oral cavity are: lips, oral mucosa, gums and tongue. Location in the lips pertains to 25% of all pleomorphic adenoma cases. From the frequency point of view this places them in second place. Location in upper lips presents higher frequency than in lower lips.²

The present article reports the case of a patient with pleomorphic adenoma located in the upper lip.

CASE REPORT

27 year old male patient, reporting no history of allergic systemic diseases. He was remitted from his assigned clinic, Iztapalapa «ISSSTE» to the Maxillofacial Surgery Service of the Regional Hospital General Ignacio Zaragoza ISSSTE for diagnosis and treatment.

The patient reported an asymptomatic progressive volume increase in the upper lip, ongoing for two years. Upon physical exploration, a volume increase of about 30 x 20 mm was observed. The lesion appeared indurated, mobile, superficial, well circumscribed and when palpated, elicited no significant pain (*Figures 1 and 2*).

A cytopathological study was selected as initial treatment, using BAAF technique (aspiration biopsy performed with a fine needle). Diagnosis reported was pleomorphic adenoma.

An excisional biopsy was performed under local anesthesia, using 2% lidocaine with epinephrine at a 1:100,000 ratio. A peri-lesional linear incision was performed (*Figure 3*) and the lesion was totally removed (*Figures 4 and 5*). The surgical site was cleansed with 0.9% physiological solution and polyglycolic acid suture was put into place.

The sample was sent to the laboratory for pathological studies to be conducted. Tests results confirmed the presence of pleomorphic adenoma in the upper minor salivary gland.

The patient was examined one week after surgical procedure. No data on infectious processes were found, and adequate healing of the surgical bed was observed (*Figures 6 and 7*).

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Figure 1. A slight volume increase of right upper lip is observed extra-orally.



Figure 3. Excision of lesion is performed with blunt dissection.



Figure 2. Intra-orally and indurated, mobile, well circumscribed mass is observed.



Figure 4. Lesion is removed in bulk.

DISCUSSION

Pleomorphic adenoma appears as a firm, painless and slow growing mass that is commonly diagnosed long after the lesion has become present. It can appear at any age, and is more common in subjects with ages ranking from 30 to 50 years.³

Minor salivary gland tumors represent less than 25% of all salivary neoplasia.⁴⁻⁶ Toida et al⁷ in 2004, conducted a study in 82 patients to determine frequency and distribution of different types of salivary gland tumors. They reported that benign tumors showed predilection for women, and malignant tumors for men. All benign tumors in this study report were pleomor-

phic adenoma, with the exception of one papillary cystoadenoma. These tumors show clear predilection for women. The male-female ratio was found to be 1:3.2.

Results described in the previous paragraph agree with results reported by several authors such as Eveson and Cawson, who in 1985⁸ informed of a study involving 336 tumors. Waldron et al in 1988,⁹ Loyola et al in 1995,¹⁰ Kussama in 1997¹¹ and Wei-Yung Yih in 2005¹² informed of similar results.

Pleomorphic adenoma most frequently develop, with a ration of 6:1 when compared to the upper lip. The probable reason for this ratio is due to the different embryological development and different trauma risk of both lips. It has been considered that potential



Figure 5. Lesion is divided. It presents a yellowish hue and hard consistency in its interior.



Figure 6. One week after surgery the patient presents adequate lip symmetry.

tumor cells are destroyed by the continuous presence of inflammatory cells in the lower lip due to their higher incidence of trauma.¹³

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Figure 7. Intra-orally, appropriate scarring is found. No material is produced upon digital pressure.

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