

## Pleomorphic Adenoma of the Palate: Rare Localization

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### Abstract

The pleomorphic adenoma is a benign tumor of the salivary glands. Its extra-parotid localizations are rare. We report a case of localization in the palate. The extra-parotid locations of the pleomorphic adenoma are dominated by the submandibular gland and accessory salivary glands of the palate and lips. Each location is distinguished by its clinical and therapeutic particularities.

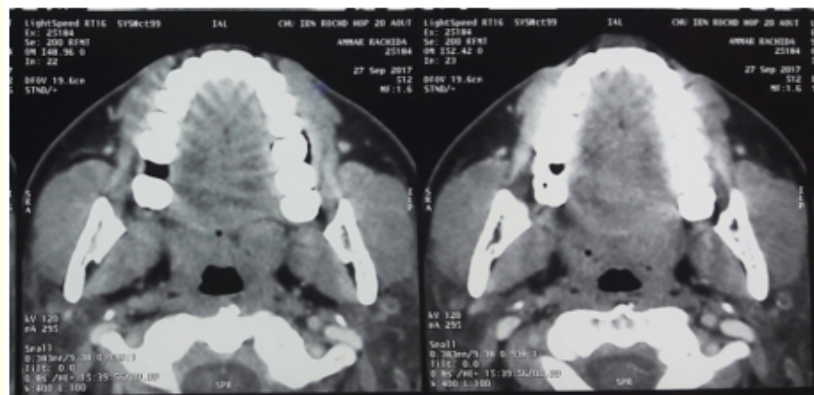
**Keywords:** Pleomorphic Adenoma; Palate; Extra-Parotid

### Introduction

The pleomorphic adenoma is the most common tumor of the salivary glands [1-3]. Its extra-parotid locations are rare [1,2]. They are distinguished from the parotid by their clinical, histological and therapeutic characteristics [2,4,5]. They are distributed between the submandibular gland and accessory salivary glands.

### Case Report

A 43-year-old female with no particular pathological history, presented 6 months ago a tumefaction in the left lateral soft palate, with no associated signs. The CT scan showed the presence of left soft palate tissue damage without any signs of aggression (Figure 1). The patient underwent a surgical excision and the histological anatomy was in favor of a pleomorphic adenoma (Figure 2).



**Figure 1:** The CT scan; tissue damage in the left soft palate.



**Figure 2:** Surgical excision.

### Discussion

Pleomorphic adenoma, or mixed salivary gland tumor, accounts for 40 to 70% of all salivary tumors [1,3]. It develops mainly at the level of the parotid [1]. The extra-parotid locations accounted for 35% of the cases. They were divided between the submandibular gland in 14% of cases and the accessory salivary glands in 21% of cases [1,3].

The palate contains the highest concentration of accessory salivary glands contained in the upper aero-digestive tract [3]. It is therefore the most common site of pleomorphic adenoma of the accessory salivary glands, followed by the upper lip, cheek, oral floor, larynx and trachea [2]. Other rarer localizations of pleomorphic adenoma of accessory salivary glands have been reported in the literature as the nasal septum, the nasolabial vestibule, the ear canal, the base of the tongue, the epiglottis, and the space para-pharyngeal [5,6].

The average age of discovery of pleomorphic adenomas reported in the literature varies between 36 and 47 years [1]. Whatever its seat, the pleomorphic adenoma usually evolves in a very slow and paucisymptomatic mode; it is often discovered after a few years of evolution, in the form of an isolated swelling of the region concerned [1,2,7].

Imaging is essential in the preoperative assessment of the pleomorphic adenoma. It is based mainly on CT and magnetic resonance imaging. It allows characterizing the tumor, evaluating its extension to neighboring tissues and searching for bone lysis [3]. Magnetic resonance imaging is the most effective examination for the exploration of salivary gland tumors [3,8]. The typical appearance of a pleomorphic adenoma is a lobulated, well-limited tumor with a hypo T1 signal and a hyper T2 signal that enhances homogeneously after injection of contrast medium [8]. Magnetic resonance imaging also makes it possible to differentiate tumors of the deep lobe of the para-pharyngeal parotid region from those of the accessory salivary glands contained in the para-pharyngeal space, showing for these a fatty border that separates the tumor. Parenchymal parenchyma [6,8]. The cytological puncture is interesting in the study of pleomorphic

adenomas of the submandibular gland with a reliability of 90% [1,9]. It has some limitations, however; it can miss a focus of malignancy within a pleomorphic adenoma. The cytological differential diagnosis is classically with adenoid cystic carcinoma [1,9]. The treatment of pleomorphic adenoma is surgical whatever its location. Exeresis can be performed under local or general anesthesia [2,4,7]. Tumors with labial localization are often operated under local anesthesia. Submandibulectomy under general anesthesia is indicated for tumors of the submandibular gland. While conventional approaches remain widely used, Guerrissi and Taborda reported two endoscopic submandibulectomy [10]. Palate tumors should have complete endovascular excision [3]. Tumors with para-pharyngeal localization can be operated by the end oral, cervical or mixed routes [6]. Whatever approach is taken, the removal of the tumor must be done in full avoiding the capsular rupture which is a source of recurrence [6,11].

### Conclusion

The pleomorphic adenoma is the most common tumor of the salivary glands with a predilection for the parotid. Its extra-parotid locations are dominated by submandibular gland and accessory salivary glands of the palate and lips. Each location is distinct by its clinical features, diagnostic means and surgical management.

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