

## Core Biopsy Diagnosis of Adenomatoid Hyperplasia of Minor Salivary Gland

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### ABSTRACT

*Adenomatoid hyperplasia (AH) of minor salivary gland is as such as an unusual entity. Clinically it simulates pleomorphic adenoma. Core biopsy and meticulous histopathological examination can be used as an effective diagnostic tool to arrive at correct pathological diagnosis. Herein, we are reporting a similar interesting case diagnosis of which was done on core biopsy.*

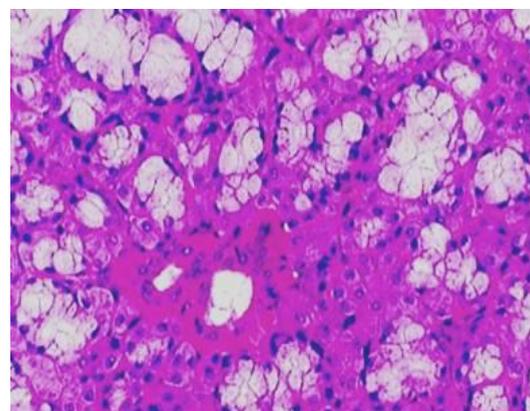
**Keywords:** Adenomatoidhyperplasia, pleomorphic adenoma, Core biopsy

### INTRODUCTION

AH is a non-neoplastic lesion of minor salivary glands clinically simulating salivary gland tumor. This was first described by Giansanti *et al* in 1971.<sup>[1]</sup> In such circumstances careful histopathological examination is important to hit the correct pathological diagnosis<sup>[2]</sup>.

minor salivary gland in sharp contrast with the clinical diagnosis

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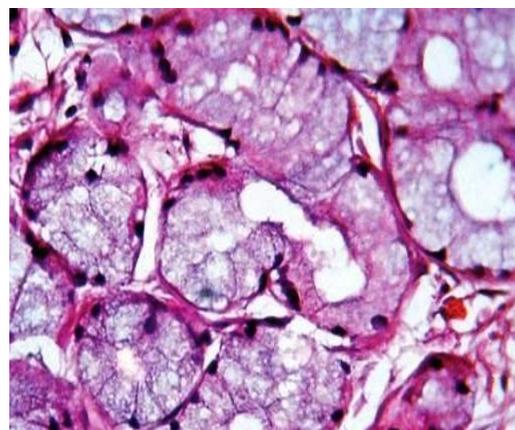


**Fig. 1: H and E section showing hyperplasia of mucinous acini**

### CASE –HISTORY

A 35-year-old female patient presented to YCR hospital, Latur came with painless nodular swelling over hard palate since last 6 months. The swelling was gradually increasing in size, reaching up to present size of 3x2 cm. On clinical evaluation the swelling was single, soft to firm and well circumscribed. There was high clinical suspicion of pleomorphic adenoma. The core biopsy of the lesion was planned and performed and was sent for histopathologic examination. The differential diagnoses included, minor salivary gland neoplasm, lymphangioma, hemangioma, and benign lymphoepithelial lesion

Microscopic examination revealed lobules of mucinous acini separated by delicate fibrous septae. The myoepithelial cells are evident [Fig. 1]. No evidence of dysplasia or of malignancy. Mucicarmine stained demonstrated the presence of intracellular mucin [Fig. 2]. Thus, the case was finally diagnosed as adenomatoid hyperplasia (AH) of



**Fig. 2: Mucicarmine stain demonstrating intracellular mucin**

## DISCUSSION

Clinically, AH lesion appears to be misdiagnosed as mucoepidermoid carcinoma, Pleomorphic adenoma or other soft tissue tumors like lymphangioma, hemangioma and neurofibroma.<sup>[3]</sup> The condition is usually idiopathic. The other causes for asymptomatic enlargement, of major salivary gland include endocrine disturbances, nutritional deficiencies, drugs and neuropathies; usually these are not affecting the minor salivary glands. Buchner *et al* suggested a probable role of chronic irritations like local trauma, smoking and prosthesis in this reactive hyperplasia. The lesion is not considered as hamartoma as usually occurs late in the third decade<sup>[4]</sup>. The condition is called as Idiopathic Hyperplasia of Salivary Gland. Exact incidence or prevalence of the condition is not known<sup>[5]</sup>.

There are several reported cases of adenomatoid hyperplasia of the minor salivary glands. Only 3 large series have been reported by Arafat *et al.*, Buchner *et al.* and Barret *et al.* with 10, 40 and 20 cases respectively.<sup>[2,3,6]</sup> Approximately 90 cases have been reported in the English literature so far.<sup>[2,3,6-7]</sup> Palatal mucosa is the most common localization for the lesion. It can be found both in soft and hard palate. Other sites such as retromolar area, lip and mouth floor are also seen to be affected.<sup>[2,3,6,9]</sup> Buccal mucosa localization was only reported for 2 cases in all English literature<sup>[3]</sup>. The reason of the rarity of buccal localization may be explained with the low amount minor salivary tissue in this region. Meticulous histopathological examination can differentiate it from other lesions of the region. The differential diagnosis of the lesion must include benign and malignant salivary glands neoplasms such as mucoepidermoid carcinoma, adeno cystic carcinoma and pleomorphic adenoma. Since the lesion has no specific clinical appearance, the certain diagnosis should be done microscopically<sup>[10]</sup>.

Thus, one should keep in mind this uncommon entity as a differential diagnosis of other commonly occurring lesions at hard palate and meticulous histopathological examination is mandatory to arrive at correct diagnosis. The pathologist should keep in mind this rare condition to prevent untoward complications related to disease and treatment for the sake of accurate pathological diagnosis.

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