



Case Report

Pleomorphic adenoma of lateral wall of nose: A case report

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ABSTRACT

Pleomorphic adenoma is a benign mixed tumour most frequently occurring in major salivary glands mainly parotid gland followed by minor salivary glands and lacrimal glands. It occurs rarely in skin and subcutaneous tissue where it had been previously termed as chondroid syringoma. Here we present a case of 22 years female presenting with a small subcutaneous swelling on left lateral wall of nose near medial canthus of left eye slowly progressing in size since 2 years and its histocytocorrelation. Complete excision and histopathology of such lesions is necessary as there may be recurrences and malignant transformation.

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1. Introduction

Pleomorphic adenoma of skin is a rare benign tumour of adnexal glands presenting as painless, slow growing swelling in the head and neck region more commonly in males than females.¹ It is a rare benign skin appendageal tumour, with reported incidence of less than 0.01%.² The terms pleomorphic adenoma and chondroid syringoma has been used interchangeably but term pleomorphic adenoma is more preferred as it tells its morphologic diversity.³ Pleomorphic adenomas show biphasic architecture consisting of epithelial cells forming ductal structures in a mesenchymal stroma (chondroid, myxoid, hyalinized, osteoid, sclerotic and lipomatous).⁴

In this report we present a case of pleomorphic adenoma of skin in an adult female present on left lateral wall of nose near medial canthus of left eye.

2. Case Presentation

A 22 years old female presented in outpatient department of department of Otorhinolaryngology, Shri Krishna Medical

College and Hospital, Muzaffarpur, Bihar, India with complain of swelling on the lateral wall of left nose near medial canthus of eye since 2 years. The swelling was gradually increasing in size. On examination the swelling was 2x1.5 cm, firm, non-tender, subcutaneous and skin over the swelling appeared normal. She had no history of any medical illness and no palpable lymphadenopathy.



Fig. 1: Swelling on the lateral wall of nose

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She was then sent to Department of Pathology for FNAC. Fine needle aspiration was done using 22G needle, smears made and air dried and stained with MGG. Cytosmears examined showed bimodal population of epithelial and myoepithelial cells. The cells were round to oval to plasmacytoid with abundant cytoplasm in chondromyxoid background and reported as suggestive of pleomorphic adenoma. She was operated and enucleation of swelling was done and tissue sent for histopathological examination.



Fig. 2: Grey brown firm tissue with bosselated surface

On gross examination a solid grey-white firm tissue 1.5cms x 1.5cms x 0.5cms with bosselated surface was received. On cut section it was solid grey white in colour with foci of calcification. Sections were taken, processing done and slides prepared which were stained with Haematoxylin and Eosin. Sections examined showed partially encapsulated tumour composed of tubules and clusters of epithelial and myoepithelial cells in chondromyxoid stroma. The tubules were lined by double layer of cells, inner epithelial and outer myoepithelial cells. Foci of calcification was also seen, there was no evidence of malignancy and was reported as pleomorphic adenoma.

3. Discussion

Pleomorphic adenoma are benign and occur most commonly in salivary glands followed by lacrimal glands. Diagnosis of pleomorphic adenoma is not considered if pleomorphic adenoma is not in the usual location for accessory lacrimal gland tissue or may be considered only if there is lacrimal gland tissue present outside pseudocapsule.⁵ Pleomorphic adenoma of skin (mixed tumour or chondroid syringoma) is rare benign adnexal

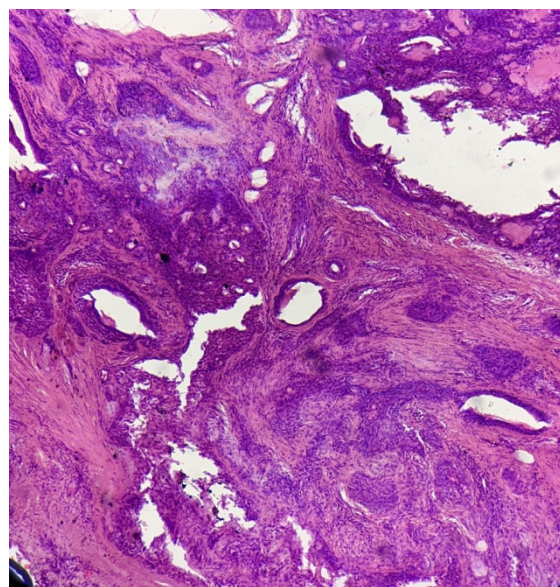


Fig. 3: Hematoxylin and eosin stained histopathology slides showing clusters and tubules of epithelial and myoepithelial cells in chondromyxoid stroma (400x)

tumour arising from sweat glands and is histologically similar to pleomorphic adenoma of salivary glands. In this case report the clinician thought it to be lipoma but on fine needle aspiration itself lipoma was ruled and features suggestive of pleomorphic adenoma was seen. Clinically it is similar to various lesions like dermoid cysts, lipomas, neurofibromas etc.⁶ Diagnosis of pleomorphic adenoma was confirmed on histopathology. Malignant forms of this tumour have also been observed more commonly in females with no age preference more commonly in extremities and torso. They can arise de novo or from incompletely resected benign tumour.^{7,8} In this case the patient is female however no malignant features were present on histopathological examination. Due to its malignant potential complete excision of chondroid syringoma must be done and patient should be followed up for recurrence. It should be included in the differential diagnosis of head and neck region swellings and histopathologic diagnosis should be done for diagnosis, and to rule to any malignant features.

4. Conclusion

In conclusion pleomorphic adenoma of lateral wall of nose is a rare tumour. Pleomorphic adenoma of skin should be included in differential diagnosis of such head and neck swellings. Due to its malignant potential, complete excision must be done. Histopathology diagnosis should be made to rule out malignancy. It is recommended further excision for clear margins should be done if not done initially. Further the patient should be followed up for recurrence.

5. Source of Funding

None.


6. Conflict of Interest

None.

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