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Case Report

Myxoma of parotid gland: report of a rare case

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ABSTRACT

Myxomas of head and neck and especially parotid gland are rare. These insidious soft tissue tumours have obscured pathogenesis, can occur at any age, mostly located in the cheek, palate or floor of mouth. They often present with non-specific symptoms like painless slow growing localised swelling in the cheek or around the jaw. Complete excision remains the mainstay of treatment with rare recurrence, no distant metastases and excellent prognosis. Here we reported a case of right sided parotid gland myxoma in a 37 years old man. There were no specific clinical, laboratory or radiological features. Fine needle aspiration cytology was reported as adenoid cystic carcinoma of right parotid gland. Histopathological examination of the specimen confirmed the diagnosis of myxoma. Immunohistochemistry can be helpful, but not necessary to come to a diagnosis.

Keywords: Myxoma, Parotid gland, Histopathology

INTRODUCTION

Myxomas are benign tumour of mesenchymal origin with unknown etiology.[1,2] It arises either from the facial or external skeletal soft tissues.[2]

Myxomas of the parotid gland or head and neck region are rare entities with less than 100 reported cases in literature till date.[3,4] These should be considered as a differential diagnosis in the parotid gland tumours with excellent prognosis and rare recurrence following complete excision. We reported a case of right parotid myxoma.

CASE REPORT

Here we presented a case of parotid gland myxoma in a 37 years old man with complaint of a swelling on the right side of face for 3 months. There was no significant medical history. He was a known tobacco and betel nut chewer. On local examination, a mobile 2.5 cm soft swelling was noted on the right lower border of the mandible. There were no palpable neck nodes. In the oral cavity, fibrous bands were palpated in the right buccal mucosa. All the haematological parameters were within normal limits. USG neck revealed a well-defined hyperechoic lesion with septation measuring 2.4×1.8 cm in the subcutaneous plane near the angle of mandible. Fine needle aspiration cytology was reported as adenoid cystic carcinoma of right parotid gland. Wide local excision and right supra-omohyoid neck dissection was done and the specimen was sent for histopathological examination.

We received a globular, encapsulated soft tissue specimen measuring 2.6×2.6×1.2 cm. Cut surface was mucinous. Distance from the capsule was 0.1 cm. We also received fibrofatty tissue measuring 3.8×3.6×2 cm. 6 lymph nodes were dissected out, largest measuring 0.7×0.6×0.3 cm. On histopathological examination, sections showed a well-circumscribed mass of predominant myxoid stroma with occasional stellate cells and many branching delicate blood vessels (Figure 1). No atypia or mitosis was seen. Isolated 6 lymph nodes were free of tumour (0/6). The final report was given as myxoma of right parotid gland.

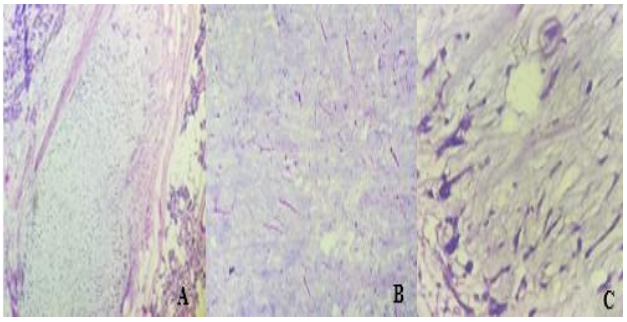

Figure 1: Scanner view (A) low power view; (B) high-power view; and (C) of myxoma.

DISCUSSION

The term myxoma was first coined by Virchow in 1981.[5]

Many studies have given different origin of such tumours like myxomatous degeneration in a fibrous tumour, true neoplasms made up of tissue resembling primitive mesenchyme, altered fibroblasts or myofibroblasts producing excess of mucopolysaccharides or dental papilla, dental follicle or periodontal membrane derived.[6-9] The clinical features are non-specific, often as painless slow growing mass in the cheek.[10] These tumours can occur in any age group with a peak in the fourth decade.[13] Radiologically as well, there are no specific findings due to its large water content and often described as a benign, circumscribed cyst. It is often misdiagnosed as fibromas, lipomas, fibroepithelial polyps, oral focal mucinoses, tumours of the minor salivary glands and sometimes, as malignant lesions.[6] Histopathology remains the mainstay of diagnosis.

Grossly, the tumour often appears encapsulated and slimy due to the abundant myxoid matrix. On microscopy, stellate cells and small vessels in myxoid stroma is diagnostic.

Immunohistochemistry can be done in these tumours to differentiate them from mucinoses or neural tumours with vimentin and S100 (myxomas are Vimentin positive and S100 negative). These tumours are not known to cause recurrence if completely excised with a margin of normal tissues.[12] Distant metastasis is not yet reported.[11]

CONCLUSION

Parotid gland myxoma are rare benign tumours. Awareness of such tumours is important so as to keep them them in the differential diagnosis of salivary gland neoplasms. And more such cases need to be published in literature to know about the epidemiology, tumour characteristics and prognosis.

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