

CASE NOTE

Giant parotid mass

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Carcinoma ex-pleomorphic adenomas arise from long-standing pleomorphic adenomas, and their malignant elements are epithelial only. We describe the case of a man with a huge parotid mass that was diagnosed histologically as a carcinoma ex-pleomorphic adenoma.

CASE REPORT

Our patient, a farmer from rural England, presented with a giant parotid lump that had grown over 40 years (Fig. 1). In spite of the massive enlargement, he refused to seek medical help. Repeated requests from family members initially failed to persuade him to seek help, but after 6 months of pain that eventually became unbearable, he finally sought advice.

He underwent total parotidectomy with preservation of the facial nerve. Excision was complete, and postoperatively facial nerve function was normal (Fig. 2).

Histologic examination of the excised specimen revealed pleomorphic adenoma with areas of malignant change without invasion of the capsule (Fig. 3). The diagnosis was carcinoma ex-pleomorphic adenoma.

Carcinoma ex-pleomorphic adenoma is the most common malignant mixed tumour variant; 75% of such tumours occur in the parotid gland.¹ They arise from long-standing pleomorphic adenomas and differ from true malignant mixed tumours in that their malignant elements are purely epithelial. True malignant mixed tumours, known as carcinosarcomas, contain both epithelial and mesenchymal malignant elements.



Fig. 1. Preoperative appearance of the parotid mass.



Fig. 2. Appearance after removal of the giant parotid tumour.

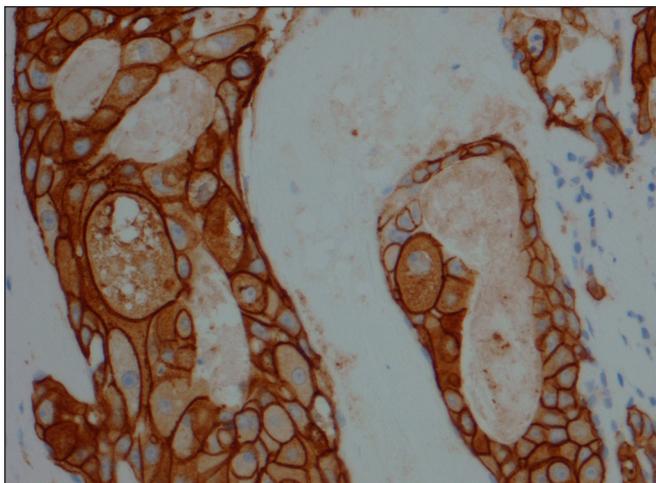


Fig. 3. Histologic view demonstrates malignant change in an ex-pleomorphic adenoma (Her2 neu positive immunostain; original magnification $\times 400$).

This case is of additional interest for 2 reasons. First, there is anecdotal evidence that long-standing pleomorphic adenomas undergo malignant change, with the initial sign being pain followed by facial nerve palsy. It took nearly 4 decades for such changes in our patient, who, on presentation, described pain without facial dysfunction. Second, this case demonstrates that even when a giant parotid tumour is present, the mass can be totally excised and the facial nerve completely preserved.

Competing interests: None declared.

Reference

1. Concus AP, Tran TP, DeLacure MD. Malignant diseases of the salivary glands. In: Lalwani A, editor: *Current diagnosis & treatment in otolaryngology — head and neck surgery*. 2nd ed (Kindle edition). 2007. p 311-22.