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Pleomorphic adenoma of the septum*

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SUMMARY *Pleomorphic adenoma, the most frequently seen tumour of the salivary glands, is extremely rare in the septum. In this publication a case of pleomorphic adenoma of the nasal septum is presented.*

Key words: mixed tumour, septum

INTRODUCTION

Despite the frequent occurrence of pleomorphic adenomas (mixed tumours) in the salivary glands, only occasionally case reports are mentioned in the literature. In this article a nasal mixed tumour is presented and the mode of presentation and treatment modalities are discussed.

CASE REPORT

A 47-year-old woman was seen with a left nasal obstruction which had been present for about 13 years and increased over the recent years. Apart from nasal discharge she had no pain, epistaxis, anosmia, nor visual changes. She had no history of prior intranasal surgery or irradiation therapy.

Upon examination a firm, smooth, rounded mass measuring 2 cm was observed, almost completely filling the left nasal cavity. It had a broad base originating from the cartilaginous nasal septum about 2 cm from the mucocutaneous junction. The right nasal cavity, post-nasal space and palate were normal. No lymph node could be palpated in the neck. X-rays of the sinuses were also normal. The tumour was excised by lateral rhinotomy removing the base completely with a 3-mm margin of septal mucosa around it. There was no excessive bleeding. During removal necrotic material came out from the tumour.

The histopathological diagnosis was pleomorphic adenoma. Underneath the respiratory epithelium was a well-circumscribed mass (Figure 1). The tumour consisted of epithelial islands in a myxoid stroma (Figure 2).

One week after surgery the patient was discharged. The septal mucosa healed completely after 3 weeks. Ten months after the operation there was no evidence of tumour in the nose.

DISCUSSION

The majority of the minor salivary gland tumours are malignant and seen in the oral cavity. According to Spirro et al. (1973) only 11.8% of the minor salivary gland tumours are benign and only 1% of the tumours are seen in the nasal cavity and nasopharynx. Nonetheless, only occasional case reports of nasal mixed tumours can be found in the literature (Majed, 1971).

In their clinicopathological study of 40 intranasal mixed tumours, Compagno and Wong (1977) stated that the majority of mixed tumours occurs in the third through the sixth decades. Females slightly outnumbered males. The presenting symptom was nasal obstruction in 75% of the patients.

The soft-tissue mass may cause a destruction of the surrounding bone, as may be evident from roentgenograms. Most of these lesions are usually larger than initially appreciated. Therefore, routine X-rays and computed tomography is very important in planning the treatment. In this patient no bone destruction was present.

The most important microscopical feature of intranasal mixed tumours is their increased cellularity reflecting a predominantly epithelial composition. This feature of the tumour in this location should be familiar to the pathologist. Although benign, Freeman et al. (1990) reported a metastasing pleomorphic adenoma of the septum. However, the microscopical appearances of both the primary and the metastatic lesions were benign.

Treatment of these tumours is either by local excision or radical procedures. Compagno and Wong (1977) have reported a relatively low rate of recurrence (10%) by local excision as compared to recurrence rates as high as 25% for intra-oral mixed tumours. Therefore, they suggest that *local* but adequate surgical excision should be the treatment of choice. On the other hand, Batsakis (1974) states that "for practical purposes all minor salivary gland tumours of the sinonasal tract, regardless of their histological composition, behave in an aggressive manner." Similarly, Mathew et al. (1944) and Stevenson (1932) consider recurrence in the nasal cavity a frequent complication and suggest that mixed tumours in this area should be treated as malignant tumours, stressing radical resection. Local adequate resection seemed to be satisfactory in our patient.

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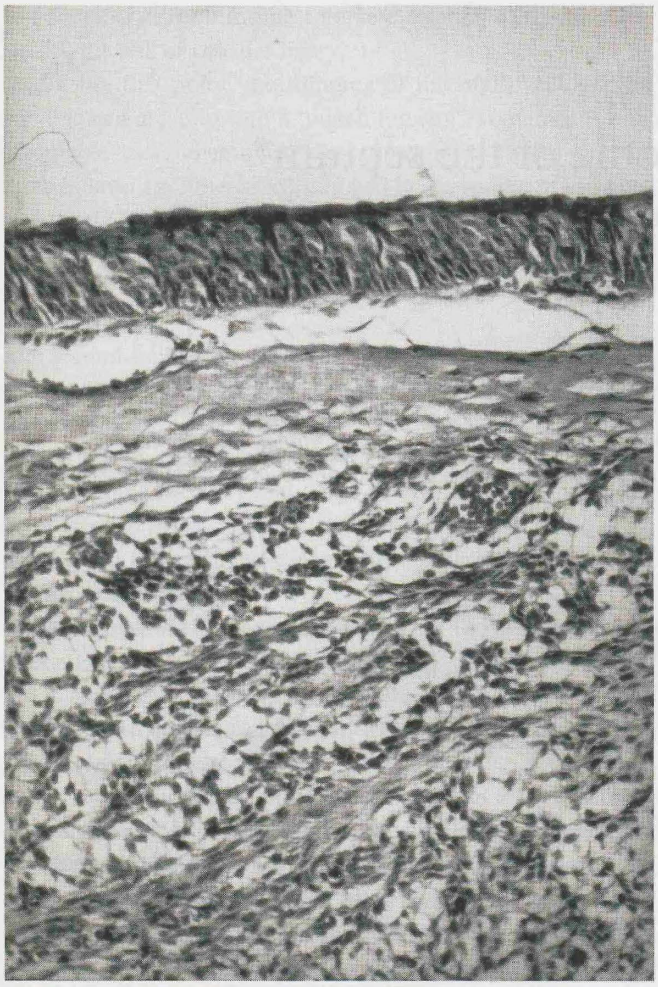

Figure 1. Underneath the respiratory epithelium a well-circumscribed mass is seen. Haematoxylin and eosin staining (x230).

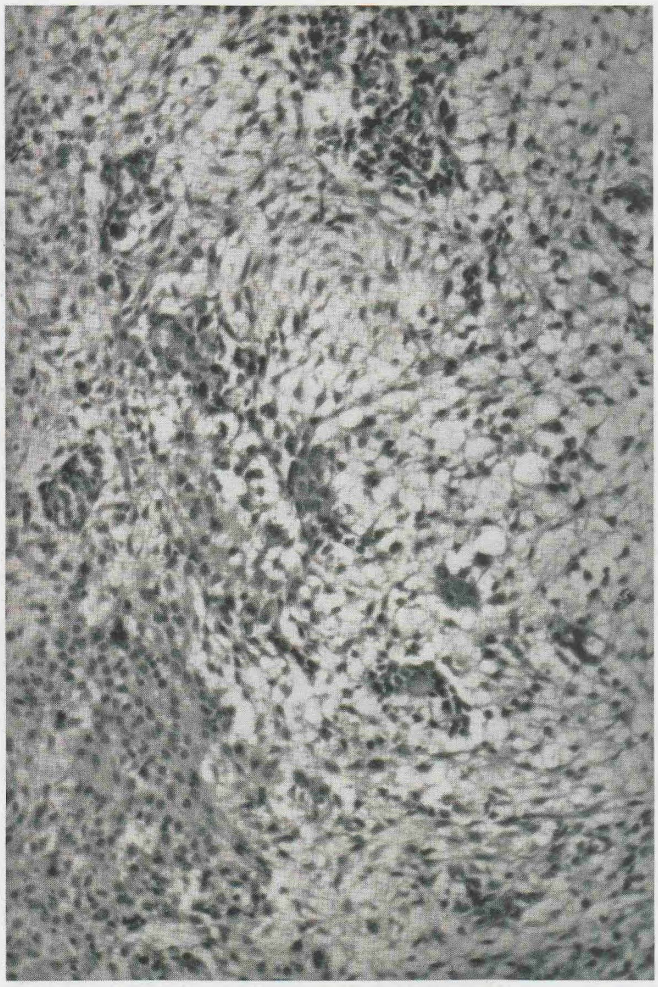

Figure 2. Epithelial islands in a myxoid stroma. Haematoxylin and eosin staining (x230).

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