Annals of Psychiatry and Clinical Neuroscience

Case Report
Published: 23 Mar, 2020

Mucoepidermoid Carcinoma: Clinical Case Report

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Abstract

Mucoepidermoid carcinomas are rare and comprise 5% of head and neck malignancies and are seen in 2.6 cases for every 100,000 people. We report the case of a 49 year old blacksmith from Guadalajara, Mexico who presents to office and who is later diagnosed with a mucoepidermoid carcinoma located in the left side of the submandibular gland, tumor was treated with two surgeries for removal of the mass with patient now being seen under periodic moments.

Introduction

Currently mucoepidermoid carcinomas are very rare they count for less than 5% of head and neck tumor and most of them occur in Young adults and women, nowadays it can be divided into three types one for mucin producing cells, another one for intermediate or clear cells and squamous cells [1].

Three grades are given to classify the tumor which are grade 1 for a tumor that does not usually metastasize and that is cured by a appropriate surgery, grade two is given to tumors that are in a in between spectrum with grade 3 and that have a risk for developing disease progression and a certain mortality rate, and finally a grade 3 tumor is one with a major risk for presenting positive lymph nodes and disease progression and related mortality [1,2].

Case Presentation

A 49 year old man presented to office in the San Martin Clinic located in Guadalajara, Mexico with a history of 6 month halitosis, as well as 2 year history of swelling in his lower left side of the retro molar region, the swelling had increase in size gradually, with medical and dental history being normal until now patient did not have any chronic illness or history of smoking, he drank occasionally and had no major problem in his personal background, he was performed an intraoral examination a solitary well defined oval shaped erythematous swelling on the left side of the retro molar area is seen with a size of about 2.0 cm × 1.5 cm with irregular borders, it was not painful to the touch and had a firm tenderness (Figure 1).

A Computed Tomography Scans for Head and Neck with contrast material revealed a gang ion located in the submandibular gland a 1b stage pair of ganglions augmented in size located in suprahyoid and infrahyoid muscles with a size of 18 mm × 14 mm located anterior to the

Figure 1: Clinical photograph of solitary swelling mass in left side of retro molar region.

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Received Date: *24 Feb 2020*
Accepted Date: *18 Mar 2020*
Published Date: *23 Mar 2020*

Citation:
Gabriel MN, Luis Gilberto GF, Alejandro Yamil PD, Diana Guadalupe GR. Mucoepidermoid Carcinoma: Clinical Case Report. Ann Psychiatr Clin Neurosci. 2020; 3(1): 1023.

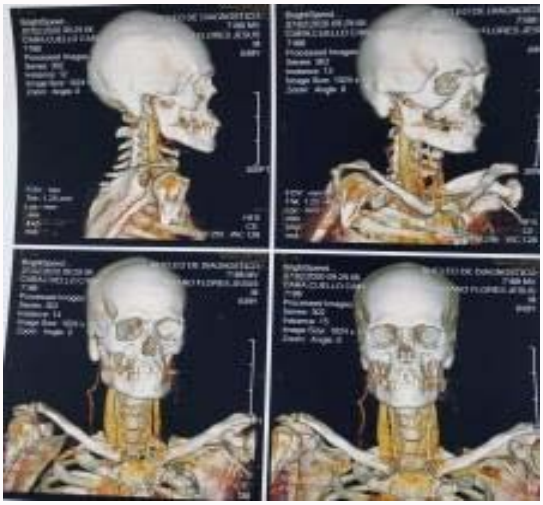

Figure 2: CT of head and neck showing swollen lymph nodes in submandibullary gland.

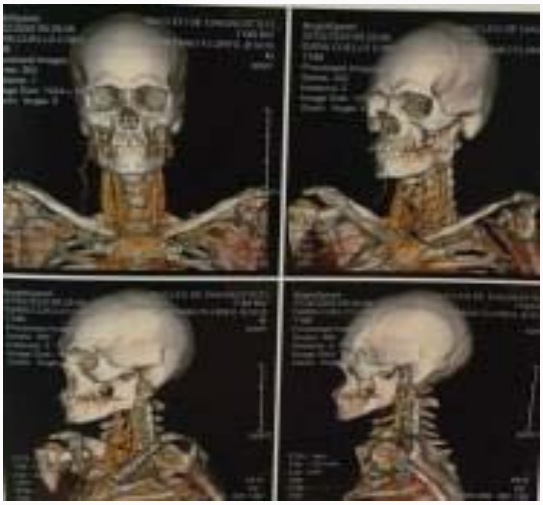

Figure 3: CT of head and neck showing swollen lymph nodes in submandibullary gland.

submandibular gland the other ganglions observed had a diameter of 10 mm or below (Figures 2-4).

Treatment

After evaluation patient was schedule to perform two surgeries for removal of the tumour which were carried out on the San Martin Clinic, surgical intervention included wide excision of the tumour located the submandibular gland and second surgery included wide excision of lymph nodes located in adjacent areas in the suprahyoid muscles and infrahyoid muscles reconstruction.

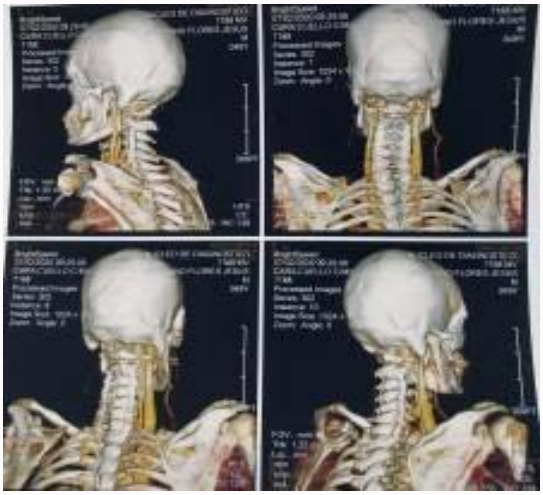

Figure 4: CT of head and neck showing swollen lymph nodes in submandibullary gland.

Pathology

A biopsy was taken during surgery and it was analyzed by a pathologist where it as diagnosed as a low grade stage I malignant mucoepidermoid carcinoma with dimension of 2 cm × 3 cm × 1 cm with granulomatous chronic periferic inflammatory process.

Discussion

These type of tumors are very rare they comprise only 5% of neoplasms and are seen in 0.4 to 2.6 for every 100,000 cases around the world, the mucoepidermoid tumour affects parotid and minor salivary glands in adults and is mostly seen in women and Young adults, most of the cases arise in the parotid gland with this case accounting for only 2% to 4% of the cases because it was seen in the submandibular gland, this patient is currently under treatment he was performed two surgeries for removal of ganglions located in neck and in the submandibular gland, highs prevalence for this type of tumour is around the fifth decade of life and they can be asymptomatic like in this case with the patient having few to no symptoms. It has a pluripotent cell origin and as we mention can be classified into three stages [3].

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