Nasopharyngeal Pleomorphic Adenoma in the Adult Case Report

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Abstract

Pleomorphic adenoma is the commonest benign tumor of the salivary glands. It has rarely been reported arising in the nasopharynx. The treatment is most often surgical and requires complete removal regardless of its site, because of its risk of malignant degeneration. We reported a case of rare location of nasopharynx who was successfully removed by the oropharynx.

Keywords: Adenoma pleomorphic; Nasopharynx; Surgery

Introduction

Salivary gland tumors are rare, with less than 5% of all head and neck neoplasms forming in the salivary gland, commonly in the parotid [1].

The majority of these tumors are benign and about 70% are Pleomorphic Adenomas (PA). It mainly occurs in the parotid gland and submandibular gland. If the tumor occurs in the minor salivary glands, the most common site is the palate, but this tumor can also occur in other sites including the upper lip, cheek, pharynx, floor of the mouth, larynx, and trachea [2-4]. Exceptionally, pleomorphic adenoma may occur in ectopic locations such as nasopharynx [5]. We're reporting a rare case of nasopharynx localization.

Observation

The case study is about a 42-year-old patient, received at the ENT department of the regional hospital of Saint Louis (Senegal), for a voluminous pedicular polyp of cavum evolving for 7 years.

On clinical examination we showed a voluminous polypoid mass, mobile, visible in the oropharynx (Figure 1). It had clear limits, very firm consistency and mobile on deep planes. Surgical excision by the endo oral tract under general anesthesia. The surgical suites were simple. Histological reading of the operative piece had concluded to a pleomorphic adenoma of cavum.

Discussion

Pleomorphic adenoma of the minor salivary gland can arise anywhere along with the distribution sites of these glands with reports of the palate being the most common site (10%), followed by the lips (4%), larynx, sinonasal spaces, and epiglottis [6]. Deep localization as the nasopharynx is rare...
The rarity of ectopic localization of the pleomorphic adenoma should not make us forget its reality. A different study reported that the most common primary site for pleomorphic adenoma of sinonasal and nasopharyngeal spaces is the nasal septum, followed by the lateral wall of the nasal cavity and nasopharynx [7]. Two theories can explain this ectopic localization, the first is based on the pharyngeal prolongation of the parotid through the anterior parotid space or prestylian space as probably our case and the second by a scattering of the wage lobules from the salivary glands [8].

Pleomorphic adenoma of minor salivary glands is more common in females compared to males. Moreover, it was found that pleomorphic adenoma was common during the 3rd to 6th decades [7]. In our case report the patient was a 42-year-old. The main presenting symptom is nasal obstruction closed rhinolalia sometimes associated with unilateral or bilateral ear ache or hearing loss [9]. In our case the symptom was nasal obstruction closed rhinolalia. The Naso fibroscope allows visualizing the lesion in the cavum. Radiological imaging cannot certainly distinguish between benign and malignant salivary neoplasms [10].

Magnetic resonance imaging and computed tomography scans are commonly used as part of the assessment of pleomorphic adenoma ultrasound, magnetic resonance imaging and computed tomography scans are commonly used as part of the assessment of pleomorphic adenoma. Computed tomography and better Magnetic Resonance Imaging (MRI) help locate the tumor and assess its spread [11]. In our case, which does not have magnetic resonance imaging, it was the cervicothoracic CT scan that made it possible to locate the tumor in the cavum and evaluate its extension (Figure 2).

Treatment for nasopharyngeal pleomorphic adenoma comprises surgical. Excision with histologically clear resection margins. Various surgical approaches have been developed for the removal of nasopharyngeal lesions according to their extent and site, such as the transpalatal, transmaxillary, transmandibular, transpterigoid, facial translocation, maxillary swing and infra temporal fossa approaches. However, external approaches may lead to significant postoperative morbidity [8]. The development of endoscopic techniques and instruments has enabled lesions to be safely removed from the sinonasal cavity or nasopharynx without significant morbidity [8]. In our case the treatment is surgical and consists of a complete removal of the tumor by endoscopy oral route. Histological examination of the biopsy and the operating room confirms the diagnosis. In our case, the histological examination of the operating room confirmed the diagnosis (Figure 3). The surgical suites were simple with 2 years of recoil (Figure 4).

**Conclusion**

The tumors of the accessory salivary glands impose a complete excision whatever its site, because of its risk of malignant degeneration. Their treatment is surgical with prolonged and rigorous monitoring.

**References**


