

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Palatal Sialoadenoma Papilliferum.

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ABSTRACT

A 77 year old male was referred to the Department of Oral surgery due to the palatal lesion located on the border between hard and soft palate which was exophytic, asymptomatic and slowly growing. Excisional biopsy was performed, histopathological finding was consistent with diagnosis of sialoadenoma papilliferum. List of possible clinical and histological differential diagnosis is included.

Keywords: salivary glands, sialoadenoma papilliferum, benign palatal lesion.

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INTRODUCTION

Benign papillary lesions that arise from the ductal system of the salivary glands include ductal papilloma, inverted ductal papilloma and sialoadenoma papiliferum. Sialoadenoma papiliferum is a rare tumour of the salivary glands which has been for the first time described by Abrams and Finck in the year 1969 [1]. So far, there have been around 48 cases reported on the Pubmed. Sialoadenoma papiliferum represents as painless papillary tumor which is wellcircumscribed and usually located at the palate, however it may be found also on the lips, buccal mucosa, retromolar pads and parotid gland [2]. The surface is usually papillary and cauliflower-like and the lesion is always up to 2 cm in diameter. Usually it affects people in middle age however, a case occurring in adenoids in the 2 year old child has been reported [3]. The exact pathogenesis of SP is not clearly understood: some authors suggested that SP originates from intercalated salivary ducts [4], other reported its origin from the pluripotential basal cell [5] or the cells from excretory ducts [6].

Histologically, the tumor is composed of two distinct counterparts: the overlying hyperkeratotic, parakeratotic, and acanthotic stratified squamous epithelium, which makes up the exophytic papillomatous part of the lesion, and the tortuous, dilated, excretory ducts that may show intraluminal projections [1].

CASE REPORT

The patient 77 years old presented with cauliflower lesion on the right side at the border between hard and soft palate (Figure 1.). Otherwise, the patient suffers from hypertension for which he takes ramipril. The patient had signed the informed consent.

Figure 1: Clinical appearance of the lesion upon admission (Archive of the Department of oral surgery, School of Dentistry, University of Zagreb, Croatia).



Infiltrational anesthesia was done, 2 ampoules of articaine (Ubistesin™, 3M ESPE, Diegem, Belgium). Sulcular incision was used. After application of the photosensitizer, antimicrobial photodynamic therapy was performed using low power diode laser (LaserHF, Hager&Werken, Duisburg, Germany), in order to reduce the microbiota at the surgical site. Silk sutures with round needle (Mersilk 4.0, Ethicon, Scotland) were used. Area of the previously exposed bone was also sutured. The whole surgical area was finally covered with resorbable intraoral bandage (ResoPac, Hager&Werken, Duisburg, Germany). Sutures were removed eight days after surgery. Patient did not report any postsurgical complications during healing period, or subjective clinical signs and symptoms. Clinical examination revealed complete epithelisation of the wound.

Histopathological finding was consistent with diagnosis of sialoadenom papiliferum. The surface area was covered with stratified squamous epithelium and fibrovascular stroma. Within the base of the lesion, minor salivary gland was seen as well as focal glandular lesions which correspond to the excretory ducts with cylindrical epithelium.

DISCUSSION

Sialoadenoma papiliferum usually affects people older than 50 years with slight male predominance. This case is consistent with other case reports upon sialoadenoma papiliferum regarding age, gender, size and localisation of the lesion, as well as histological finding. The reason for predilection of this tumor for the palate is not clear. So far, one case of malignant sialoadenoma papiliferum has been reported [7]. In the case described by Solomon et al. [8] it had features of mucoepidermoid carcinoma. Out of all described cases two authors reported recurrence three years after surgery.

Histologic differential diagnosis includes papillary cystadenoma, salivary duct blockage, inverted ductal papilloma [9, 10]. Clinical differential diagnosis includes irritational fibroma, squamous papilloma, early or incipient verrucous carcinoma, warty dyskeratoma, necrotising sialometaplasia, peripheral giant cell granuloma, pyogenic granuloma, fibrosed mucocele, mucoepidermoid carcinoma, papillary cystadenomalike hyperplasias, papillary cystadenoma, Warthin's tumor, oncocytoma, etc. The exophytic growth pattern of sialoadenoma papiliferum contrasts markedly with most intraoral salivary gland tumors, which present as submucosal nodular swellings [11]. Surgical excision is the treatment of choice and follow up at regular intervals (every year) is required.

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