Sialadenoma papilliferum: case report and review of literature

Sialoadenoma papilífero: relato de caso e revisão da literatura

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Abstract

Sialadenoma papilliferum is a rare tumor benign of the salivary glands, that usually occurs in males older than 50 years. It's frequently found in junction of hard and soft palate, but others sites intraoral mucosa as lips, and parotid gland also can to be affected. A 46 year-old male patient was referred to the University Paulista for dental evaluation and was found a lesion besides of the midline in posterior region in hard palate. After biopsy had done the histopathology analyze and arrived the diagnosis of sialadenoma papilliferum. The patient was followed at 15 months and none evidence of recurrence was related.

Descriptors: Salivary gland neoplasms; Adenoma; Palate, hard

Resumo

O sialoadenoma papilífero é um tumor benigno raro de glândulas salivares que usualmente ocorrem em homens com mais de 50 anos de idade. Normalmente localiza-se na junção do palato mole com o palato duro, entretanto outros locais como lábios, mucosa jugal e glândulas parótidas também podem ser afetados. Paciente de 46 anos de idade, gênero masculino foi encaminhado à Universidade Paulista para avaliação dentária e foi observada uma lesão localizada na linha média em região de palato duro posterior. Após a biópsia e análise histopatológica chegou-se ao diagnóstico de sialoadenoma papilífero. O paciente está em acompanhamento há cerca de 15 meses sem sinais de recorrência.

Descritores: Neoplasias da glândula salivar; Adenoma; Palato duro

Introduction and Review of literature

Benign papillary lesions that arise from the ductal system of salivary glands include intraductal papiloma, inverted ductal papiloma and sialadenoma papilliferum[1]. All the three lesions are considered rare, less 1% when tabulated, but theirs presented typical histology features[2].

The sialadenoma papilliferum was first described by Abrams and Fink[1] in 1969 as a benign exophytic tumor of salivary gland origin. This name was proposed based on its gross and microscopic appearances, which closely resembled those of the syringocystoadenoma papilliferum of the sweat gland[3].

The exact histogenesis of this lesion has not been clarified, but some authors proposed that, the origin of the sialadenoma papilliferum arise the intercalated salivary ducts[4], others believe the pluripotential basal cell is the origin[2] or the cells of excretory ducts as the cells of origin of this tumor[5-6]. Herein, we are described one sialadenoma papilliferum case, in a 46 year male patient, which he were not known the presence of the oral tumor.

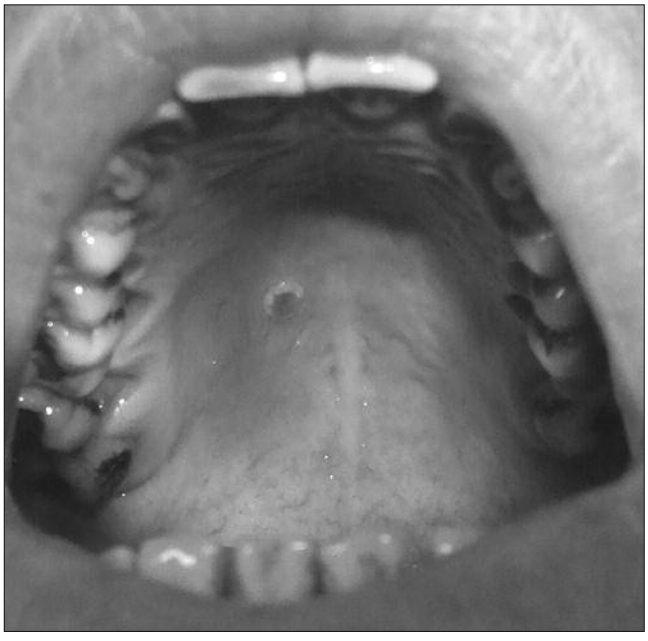

Figure 1. The intraoral exam demonstrated the presence of the ulcer at the hard palate beside midline

Case report

A 46 year-old male was referred to the Department of Oral Diagnosis in University Paulista for dental evaluation. In the intraoral examination was detected the presence of the ulceration at the hard palate beside midline with 0,5 x 0,5 mm of diameter. The lesion was asymptomatic and the patient were not know the presence of the pathology (Figure 1). Its was excised with suspected clinical diagnosis of inverted ductal papiloma, necrotizing sialometaplasia or traumatic ulceration.

The histopathology feature reveled a growth papillary esophytic, with the surface covering by squamous epithelium and was in continuity with a double-cells layering, a columnar cells layer on the top and other of the cuboidal cells in the basal layer limiting multiples

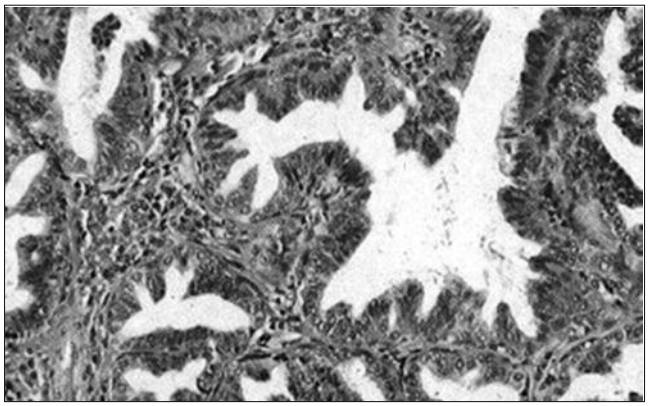

Figure 2. The histological feature showed the growth papillary exophytic with squamous epithelium. Observed the double layering of cells, a columnar cells on top and other of cuboidal cells in the base limiting multiples dilated lumens

ductal lumens. This proliferation occurred in supporting fibrous connective tissue that contained focal areas infiltrate inflammatory, without signal of atypical cells (Figure 2). A diagnosis of the sialadenoma papilliferum was made. After the excisional biopsy had been did and none additional treatment was instituted. The patient was followed at 15 months and none evidence of recurrence was observed.

Discussion

Sialadenoma papilliferum is a rare tumor benign of the salivary glands that usually occurs in males older than 50 years. It's frequently found at the junction of hard and soft palate[2,7], but others sites intraoral as buccal mucosa, lips, and parotid gland also can to be affected[6,8-12].

The lesion is mostly slowly growing, usually painless, and the majority well-circumscribed, the surface is papillary and in clinical examination this can to be confused with others papillary lesions such as squamous papilloma[13]. The exophytic growth of sialadenoma papilliferum contrasts markedly with most intraoral salivary gland tumor, which presented as submucosal nodular swellings[12,14].

Our patient presented a nodular mass whose growth time was unknown for her. It was asymptomatic, and well circumscribed with 0,5 x 0,5 mm of diameter in posterior region of the hard palate, beside the midline. The lesion had red color and white side, was sessile of plain surface.

The histological features described by Abrams and Finck[1] (1969), the lesion is composed of two distinct components: the superficial squamous epithelium making up the exophytic papillomatous part of the lesion and the tortuous widely dilated ductilike structures with the typical double layering cells. Lesions not exhibiting a proeminent subepitelial ductal element and the exophytic squamous epithelium cannot by definition be considered as sialadenoma papilliferum[1]. As mentioned before, the histological feature of the our biopsy present the growth papillary exophitic with o squamous epithelium making up the second component, that is the double layering of cells, a columnar cells on top and a of cuboidal cells in the base limiting multiples dilated lumens.

Conclusion

The recurrence is rare second the literature, but Rennie *et al.*[7] (1984) related the recurrence of a lesion three years after of the surgery and Pimentel *et al.*[14] (1995) too related other recurrence third years after of the surgery of the case her. The malign transformation has been related in literature by Shimoda *et al.*[15] (2004) and Solomon *et al.*[12] (1978) that related the transformation in mucoepidermoid carcinoma[7,12,14-15]. The treatment of choice is the conservative local excision, but follow-up at regular intervals is required[16]. The prognosis is generally very good.

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