A Histopathological Study of Salivary Gland Lesions

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Abstract: Lesions of the salivary glands present an interesting subject matterbecause of their great histologic diversification. This study was carried out to study the histopathological spectrum of salivary gland lesions and to know their pattern of distribution. The study was done with retrospective data from August 2012 to September 2014 and in the department of Pathology Siddhartha Medical College, Vijayawada. Out of total 53 cases, 41(77.35%) were neoplastic and 12(22.64%) were non neoplastic. Predominance of females was observed with M: F ratio of 0.8:1. The mean age observed was 46.7 years with age range of 12 to 75 years. Benign tumors outnumbered the malignant ones. Parotid was the most common site for the location of tumors (73.5%) and Pleomorphic adenoma was the commonest salivary gland tumor observed in both sexes. Muco-epidermoid carcinoma was the most common among the malignant salivary gland tumors followed by adenoid cystic carcinoma. Owing to the complex features exhibited by salivary gland lesions histopathological examination is the mainstay for diagnosis and categorization.

Keywords: Histopathology, Salivary gland, Pleomorphic adenoma, Mucoepidermoid carcinoma.

I. Introduction

Salivary gland lesions are not so common, especially neoplasms, which constitute less than 1% of all tumors and about 4 percent of all epithelial neoplasmsencountered in the head and neck region ^[1]. These comprise a wide variety ofbenign and malignant neoplasms, non-neoplastic lesions which exhibit difference notonly in biological behavior but in prognosis as well. Tumours of salivary glandshave continuously interested medical profession, pathologists in particular because of a number of peculiarities of the subject. Approximately 80% of the salivary gland tumors are found in the Parotid glandand 10 to 15% in the submandibular gland. Majority of Salivary gland tumours are ofbenign histology (80-85%), with pleomorphic adenoma being the most common, ⁽²⁾ constituting 70% of benign tumours. The probability of malignancy is relatively inversely proportional to the size of the gland. Overall, benign tumours of the salivaryglands tend to present somewhat earlier than malignant ones. The etiology, prognostic factors and risk factors are poorly defined. Many of these lesions behavein an indolent fashion and some of the histologic types tend to recur late. Thus there is a call for follow up to improve the ability of the clinician to draw conclusion about the efficacy of treatment. Due to a lack of long term follow up, screening andregistration, risk factors and prevention are poorly known ^[2]. A diagnosis of salivary gland neoplasm must be considered in any patientwho presents with a mass in the parotid or submandibular region or a sub mucosalmass in the oral cavity or pharvnx. A preoperative sonography combined with FNAC, CT scan and MRI in some cases provides necessary clues prior to surgery^[1]. Although FNAC is a tool for pre-operative evaluation, Histopathology still remains the gold standard in giving the final diagnosis.

I. Aim And Objectives

- 1. To study the morphological appearances of salivary gland lesions.
- 2. To observe the prevalence of salivary gland lesions.
- 3. To evaluate the incidence, age at occurrence, sex ratio among thepatients with salivary lesions who attended Government generalhospital, Vijayawada.
- 4. To compare and observe the results of this study with otherstudies in the contemporary literature.

Type of study:

II. Materials And Methods

A retrospective and cross sectional study to study the histopathological changes of biopsies of lesions of salivary glands that were conducted inDepartment of Pathology, Siddhartha medical college, Vijayawada from August2012 to September 2014.

Source of data:

The present study titled "A **Histopathological study of salivary glandlesions**" was conducted in the Department of Pathology, Siddhartha medicalcollege, Vijayawada from 1st August 2012 to September 30th 2014. The source ofdata is from the biopsies of lesions of salivary glands that were received atDepartment of Pathology through The Government General hospital, Vijayawada. A total of 53 cases were studied.

Sample size:

The study comprised of 53 cases that were received during the period August 2012to October 2014.

Methods of collection of data:

The study was made according to the pre designed proforma. A brief history wastaken and a thorough clinical examination including general, systemic and localexamination was done. The history and other details of clinical examination of the salivary glands was done and sent for histopathologicalexamination. The biopsies were carefully labeled, subjected to processing and stained with H&E.

Inclusion criteria:

- 1. Non neoplastic disorders of major and minor salivary glands.
- 2. Benign lesions of major and minor salivary glands.
- 3. Malignant lesions of major and minor salivary glands.

Exclusion criteria:

1. Inadequate and improperly fixed tissue biopsies.

III. Results / Observations

The present study includes all the cases of salivary gland lesions that reported in the Dept. of Pathology, Siddhartha Medical CollegeVijayawada over a period of two years that is from August 2012 to September2014. This study includes a total of 53 cases.

Table 1: Showing Site Of Lesion

Maximum number of cases are seen in Parotid gland constituting 39 cases(73.5%) followed by Submandibular gland constituting 9 cases (16.9%).

	Parotid Gland	Submandibular Gland	Minorsalivary Gland	Total
Total	39	9	5	53
Percentage	73.5	16.9	9.4	

Table 2: Age And Sex Incidence

Maximum number of cases are seen in 41-50 year age group(24.52%) followed by 31-40 year age group(16.98%) and 61-70 years age group (16.98%).

	No: Of Cases	Percentage
Male	24	45.28
Female	29	54.71
Total	53	

The above table shows female preponderance with M: F Ratio - 0.8:1.

Table 3: Nature Of Salivary Gland Lesions

Maximum numbers of salivary lesions are neoplasms- 41cases (77.35%)

	Nonneoplastic	Neoplastic	Total
No: Of Cases	12	41	53
Percentage	22.64	77.35	

Table 4: Incidence Of Salivary Neoplasms

Maximum numbers of salivary neoplasms are benign neoplasms - 31 cases(75.61%).

	No: Of Cases	Percentage
Benign	31	75.61
Malignant	10	24.39
Total	41	

Table 5: Morphological Spectrum Of Lesions

Pleomorphic adenoma constitutes the most common lesion with 24cases (45.28%) followed by cystic lesion -9 cases (16.98%).

Lesion	No Of Cases	Percentage
Cysts	9	16.98
Sialadenitis	3	5.66

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Pleomorphic adenoma	24	45.28
Monomorphic adenoma	3	5.66
Myoepithelioma	1	1.88
Warthin's	3	5.66
Mucoepidermoid carcinoma	5	9.43
Adenoid cystic carcinoma	2	3.77
Salivary Duct carcinoma	1	1.88
Carcinoma- ex Pleomorphic	1	1.88
Poorly differentiated carcinoma	1	1.88
TOTAL	53	100

Table 8: Morphological Spectrum Of Benign Neoplasms

Lesion	Number	Percentage
Pleomorphic adenoma	24	77.41
Monomorphic adenoma	3	9.67
Warthin's	3	9.67
Myoepithelioma	1	3.22
TOTAL	31	

Table 9: Morphological Spectrum Of Malignant Neoplasms

Out of the total 10 malignant neoplasms, maximum cases are Muco-epidermoid carcinoma-5 cases (50%) followed by Adenoid cystic carcinoma2 cases (20%).

Lesion	Number	Percentage
Mucoepidermoid carcinoma	5	50
Adenoid cystic carcinoma	2	20
Salivary duct carcinoma	1	10
Carcinoma ex pleomorphic	1	10
adenoma		
Poorly differentiated carcinoma	1	10
TOTAL	10	

Table – 10: Site Wise Distribution Of Salivary Lesions

Majority of cases are seen in the Parotid gland -39 cases, of whichpleomorphic adenoma constitute the maximum number of cases in parotidgland-28 cases (71.79%) followed by mucoepidermoid carcinoma 5 cases(12.82%).

Lesion	Parotid	Submandibular	Minor	Total
Cysts	3(5.66%)	1(1.88%)	5 (9.43%)	9(16.9%)
Sialadenitis	-	3(5.66%)	-	3(5.66%)
Pleomorphic adenoma	28(52.83%)	5(9.43%)	1(1.88%)	34(45.28%)
Monomorphic adenoma	3(5.66%)	-	-	3(5.66%)
Myoepithelioma	1(1.88%)	-	-	1(1.88%)
Warthin's	3(5.66%)	-	-	3(5.66%)
Mucoepidermoid	5(9.43%)	-	-	5(9.43%)
Adenoid cystic	1(1.88%)	-	1(1.88%)	2(3.77%)
Salivary duct carcinoma	1(1.88%)	-	-	1(1.88%)
Carcinoma ex pleomorphic adenoma	1(1.88%)	-	-	1(1.88%)
Poorly differentiated	1(1.88%)	-	-	1(1.88%)
TOTAL	39	9	5	53

Gross Pictures





Basal Cell Adenoma: Gross And Cut Section



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Muco Epidermoid Carcinoma: Gross And Cut Section



Salivary Duct Carcinoma

Microscopy



Pleomorphic Adenoma: Showing Tubular Structures And Myxoid Stroma (Lp) And Glands In Myxoid Stroma (Hp)



Mucoepidermoid Carcinoma: Showing Squamous And Mucinous Components (Lp), Showing Mucinous Components (Hp)



Chronic Sialadenitisshowing Glands And Lymphoplasmacytic Infiltrate

IV. Discussion

The salivary gland disorders represent a distinct group of disorders affectingboth the major and minor glands. These conditions range from inflammatory disorders of infectious, granulomatous, auto immune etiology to obstructive, developmental, idiopathic disorders and neoplasm.

Among the salivary lesions studied, maximum cases were neoplasms - 41 cases (77.35%) and the nonneoplastic cases were 12 (22.64%). Among the neoplasms studied, 31(75.61%)cases were benign and 10 (24.39%) were malignant. This observation wascomparable to most of the studies including case series by Nepal et al ^[3], Ali NSet al. ^[5], and Moghadam SA et al. ^[4] where they noted a predominance of benigntumors over the malignant ones. The Table 11 shows that majority of the lesions were benign neoplasms and is similar to the other studies in literature.

Among the neoplastic lesions, maximum incidence was seen with benignneoplasms. Among the neoplasms, pleomorphic adenoma was frequently seenfollowed by warthin's and monomorphic adenoma. Muco-epidermoid carcinoma wasthe most common malignancy studied.

	Shrestha S et al., (2014) ^[6]	Bashir S et al, (2013) ^[7]	Naeem Sultan Ali (2011) ^[5]	Present study
Benign	62.5%	61.5%	73.21%	75.61%
Malignant	37.5%	38.75%	26.78%	24.39%

In this study of 53 lesions, among the neoplastic lesions pleomorphic adenoma was the commonest while among non-neoplastic lesions commonest were cysts. Out of 12 non neoplastic cases there were 9 cystic lesions (75%) & 3 inflammatory lesions (25%). Majority of cystic lesions occurred in parotid gland. Among the cysts in the minor salivary glands, mucus retention cysts were common. Benign salivary gland tumors were more common in age group of 41 to 50 years with a mean age of 43.63 years. The youngest age of occurrence of benign salivary neoplasms was 12 years and the oldest age observed was 75 years. Boththe cases were Pleomorphic adenomas. The peak age incidence observed for malignant salivary gland tumours was61 to 70 years. The mean age for malignant tumours is 52.7 years. The youngestage for the occurrence of malignancy observed in the present study was 33 yearsand the oldest age observed was 70 years.

Table	Table 12: Snowing Comparision Of Age Incidence Of Salivarylesions				
Age	Shrestha S et al. (2014) ^[6]	Bashir. S. et al (2013) ^[7]	Present study		
0-10y	0	0	0		
11-20y	5.68	6.25	15.09		
21-30y	12.5	16.25	13.20		
31-40y	21.59	12.5	16.98		
41-50y	26.13	22.5	24.52		
51-60y	12.5	27.5	11.32		
61-70y	13.63	15	16.98		
71-80y	7.95	0	1.88		
Total	100	100	100		

Table 12: Showing Comparision Of Age Incidence Of Salivarylesions

Shrestha S et al. (2014)^[6] Have done a retrospective study of 176 cases of salivary gland tumors at B.P.Koirala Memorial Cancer Hospital, Nepal. The meanage observed was 44.76 years with age range of 12 to 75 years. Pleomorphicadenoma was found to be the commonest benign tumor (72.7 %), followed byWarthin tumor (15.1%), monomorphic adenoma (3.0 %) and basal cell adenoma(3.0 %).Dr. Shazia Bashir et al conducted a combination study was done withretrospective data of eight years and prospective data of two

years. Out of total 80cases, 49(61.25%) were benign and 31(38.75%) were malignant. Predominance ofmales was observed with M: F ratio of 2.3:1. The mean age observed was 44.76years with age range of 12 to 75 years. Benign tumors outnumbered the malignantones. Parotid was the most common site for the location of tumors (65%) followed bysubmandibular (25%) and minor salivary glands (10%). Pleomorphic adenoma wasthe commonest salivary gland tumor observed in both sexes. Mucoepidermoidcarcinoma was the most common among the malignant salivary gland tumorsfollowed by adenoid cystic carcinoma. The sex incidence varied with respect to different lesions of the salivaryglands. In the present study there were 24 males (45.28%) and 29 females (54.71%), with a Male:Female ratio of 0.8:1. Dandapat et al. ^[8] and Rewsuwan et al. ^[9] alsoreported a female preponderance in their series Parotid was the commonest site of lesion (73.5%) in this series followed bysubmandibular gland (16.9%) and minor salivary glands (9.4%). This is in conformity with other workers, viz., Gore et al.^[10], Richardson et al [90] and Dandapat et al ^[8]. Among the lesions of parotid gland majority were benign tumours (66.03%). Pleomorphic adenoma was the most common lesion with 28 cases (52.83%).

Table 13: Comparision Of Site Of Salivary Lesions					
	Bashir. S. et al (2013) ^[7]	Erik G. Cohen et al (2004) ^[15]	T.Chatterjeeet al (2000) ^[13]	Present study	
Parotid gland	65.30%	74	77	73.5	
Submandibular gland	20.40	26	9	16.9	
Minor gland	4.08	-	14	9.4	

Table 13: Comparision Of Site Of Salivary Lesions

The above table shows that Parotid gland is the frequent site in the presentseries among the salivary glands to have lesions as compared to the similar studiesin literature. T. Chatterjee et al conducted a retrospective study for 23 years and 315salivary gland specimens were received. There were 192 (61%) benign neoplasmsand 123 (39%) malignancies. Among the benign ones, Pleomorphic adenoma wascommon and among malignancies, Adenoid cystic carcinoma was common. Parotidgland is the frequent site followed by Submandibular gland. Maximum Benign caseswere seen in the third decade and malignancies in the 5th decade.Out of 53 cases studied there were 24 cases of pleomorphic adenoma, 9cases were of cysts, 5 cases were mucoepidermoid carcinoma,3 cases weremonomorphic adenoma and warthin'stumour, 2 cases of Adenoid cystic carcinoma, carcinoma ex Pleomorphic adenoma.Out of 9 cysts received 3 cases were seen in the parotid gland, 1 case was inthe submandibular gland, and 5 cases were in the minor salivary glands.Those in the major salivary glands were salivary duct cysts and retention cysts. Inthe present study, mean age for the occurrence of cysts was 41.1 years with agerange of 12 to 70 years. There were 41 cases of salivary tumors, out of which 31 cases were benign tumorsand 10 cases were malignant tumors

Table13 shows that pleomorphic adenoma is the most frequently encountered neoplasm of the salivary glands in the present study and is comparableto the similar studies by Sreshta et al, Erik G. Cohen et al, Naeem Sultan Ali. According to Foote and Frazell (1954)^[12] and G.G.Potdar,^[13] 65 to 75 % of the tumours are pleomorphic adenomas. 24 cases (45.28%) encountered in parotid, submandibular and minor salivary glands. Most of these cases occurred in the parotid gland (82.35%). Potdar and Paymaster ^[13] reported 183 cases of pleomorphic adenomas,out of which 101 were involving parotid gland. In the present study, mean age for pleomorphic adenoma was 43.53. In the present study, mean age for pleomorphic adenoma was 43.53 years with age range of 13 to 75 years. Out of all reported cases of pleomorphic adenoma, 32 were males and 12 were females with a male to female ratio of 2.6:1 There were 10 cases of malignant salivary neoplasms, of which 5 wereMucoepidermoid carcinoma, 2 were Adenoid cystic carcinoma, 1 case each of Salivary duct carcinoma, Poorly differentiated carcinoma, carcinoma ex Pleomorphicadenoma.Mucoepidermoid carcinoma was the most common malignant salivary glandtumor occurring in the salivary glands constituting 5 (50%) of all malignant salivarygland tumors in the present study. Mucoepidermoid carcinoma was reported to bethe most common malignant salivary gland tumor of parotid by Richardson et al ^[11]and Ali et al ^[5]. There were 2 cases of Adenoid cystic carcinoma. It is the second mostcommon malignancy of the salivary glands in the present study. It was also reported to be the second most common malignant salivary gland tumour in the series reported by Vergas et al^[14]. In contrast to the present study, Lima et al and Rewsuwan et al^[9] reported adenoid cystic carcinoma to be the most common malignant salivary gland tumor in their series. 1 case each was seen in the Parotid and in the minor salivary glands. It is the only malignancy which is reported in the minor salivary glands in the present study.

V. Summary & Conclusion

The Present study is a prospective study of lesions of salivary glandscarried out in the Department of Pathology, Siddhartha Medical College, Vijayawada, of the cases that attended to Government General Hospital, Vijayawada from August 2012 to September 2014. The approach was to study the various

histopathological types of salivary gland lesions, their classification and thorough study of lesions of salivary glands and to compare the observed findings to similar studies inrelation to incidence, age, sex and risk factor distribution.Following observations are noted.

- 1. During the specified period, total of 53 cases of salivary glandlesions were studied.
- 2. Mean age observed was 46.7 years with an age range of 12 to 75 years.
- 3. There were 24 males (45.28%) and 29 females (54.71%), with aMale:female ratio of 0.8:1.
- 4. Parotid was the commonest site of lesion (73.5%)
- 5. Maximum cases were neoplasms 41 cases (77.35%) and the non-neoplastic cases were 12 (22.64%).
- 6. Majority of cases among non-neoplastic lesions were cysts,
- 7. Among the neoplasms studied, 31(75.61%) cases were benign and 10 (24.39%) were malignant.
- 8. Pleomorphic adenoma was the most frequent histological type ofbenign neoplasm.

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