

Letter to the Editor

Oncocytic cystadenoma and oncocytic cysts of the parotid gland occurring synchronously with a pleomorphic adenoma

Sir,

Synchronous tumours that arise ipsilaterally in the parotid gland are rare. We describe what is to our knowledge the first report of both oncocytic cysts and an oncocytic cystadenoma adjacent to a pleomorphic adenoma of the parotid gland.

Oncocytic cystadenoma is an unusual tumour that is most common in the minor salivary glands. It is rarely found in the parotid.¹ There are two subtypes, papillary and mucinous, and the lesion is typically seen in women in their sixth decade of life.

Oncocytic cysts are most commonly seen in the larynx, although they are rare, and we know of only a few reports of them in the parotid.² They are lined by oncocytes, typically in a monolayer, and occur most commonly as solitary lesions in elderly patients.

Synchronous tumours are unusual in the parotid, and classically involve the contralateral gland with ipsilateral synchronous tumours of differing histological types accounting for less than 0.3% of salivary neoplasms.³

A 36-year-old man of Indian descent presented to the outpatient unit of the Royal Perth Hospital Maxillofacial Department with a progressively enlarging mass in the left parotid. He had been aware of the lesion for approximately 10 years, and noted that it had slowly enlarged over the past two years. He was free of symptoms and had no relevant medical or family history.

On examination there was a mobile mass about 3 cm in diameter in the left preauricular region. The facial nerve was normal. Computed tomography showed a heterogeneous mass of the superficial left parotid with some associated satellite lesions.

Fine needle aspiration under ultrasound guidance suggested an epithelial or mixed epithelial/myoepithelial neoplasm. Malignancy was neither confirmed nor excluded.

The patient was treated by superficial parotidectomy with no complications. The specimen weighed 29.5 g and measured 55 × 48 × 25 mm, and macroscopic examination

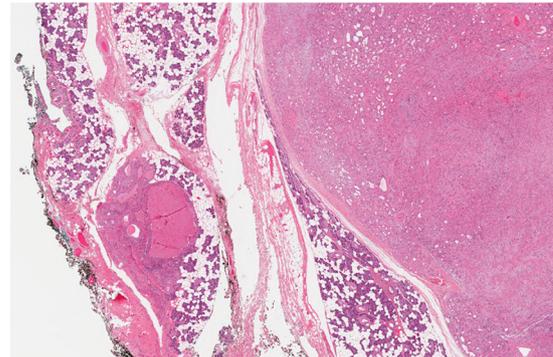


Fig. 1. Pleomorphic adenoma (right) with small oncocytic cystadenoma adjacent (left) seen as a multiloculated lesion with cysts lined by bland dual-layered oncocytic epithelium without associated lymphoid stroma (haematoxylin and eosin, original magnification ×2).

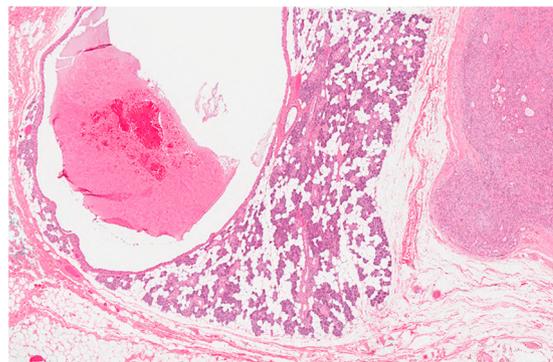


Fig. 2. Pleomorphic adenoma (right) with adjacent unilocular oncocytic cyst (left) lined with bland oncocytic epithelium and containing prominent crystalloids (haematoxylin and eosin, original magnification ×2).

showed a well-circumscribed, pale, lobulated lesion measuring 25 mm at its widest point.

Microscopically the primary lesion was a pleomorphic adenoma, and additional lesions included an oncocytic cystadenoma 2 mm in maximum diameter (Fig. 1), and two oncocytic cysts, each of which measured 4 mm in maximum diameter, and one of which contained intraluminal crystalloids (Fig. 2).

We know of only one previously documented occurrence of a synchronous cystadenoma and pleomorphic adenoma of

the parotid.⁴ Oncocytic cysts are not known to occur synchronously with a pleomorphic adenoma or cystadenoma. We think that this may be the first report of the three types of tumour within the one gland. While the pathology of the lesions in this case was benign, it serves to remind clinicians – first of the need for thorough histological examination of salivary gland tumours as synchronous tumours (including malignant ones) can coexist within the same specimen^{3,5} and, secondly, that fine needle aspiration has its limitations as a diagnostic tool.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

The patient's consent has been obtained.

References

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