

Salivary gland tumors

- Salivary gland tumors affect both the large and small salivary glands.
- The parotid gland is most often affected .
- They mainly affect adults.
- Clinically, they may manifest as a rigid, painless enlargement of the gland.

Classification

Benign epithelial tumors

- Pleomorphic adenoma.
- Monomorphic adenoma (eg papillary cystadenolymphoma).

Malignant epithelial tumors

- Mucoepidermoid carcinoma.
- Acinocellular carcinoma.
- Adenoid cystic carcinoma.
- Adenocarcinoma.
- Epidermoid Carcinoma.
- Undifferentiated carcinoma.
- Carcinoma in pleomorphic adenoma.

Mesenchymal tumors

- **Benign** – lipoma, hemangioma, hemangioendothelioma, lymphangioma, neurinoma, neurofibroma.
- **Malignant** – lymphoma, Sarcoma.

Metastases of malignant tumors of other organs

- These are most often metastases of malignant melanoma , squamous cell carcinoma or kidney cancer.

Benign tumors of the salivary glands

- Benign tumors of the salivary glands are very variable.
- Occurrence is independent of gender.
- They usually grow slowly and painlessly.
- Epithelium is more common than mesenchymal.
- The therapy is surgical.
- The most common are pleomorphic adenoma (mixed tumor, myxochondroepithelioma) and papillary cystadenolymphoma (Warthin's tumor).

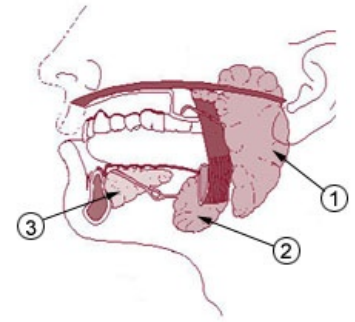
Here are some types of tumors:

Pleomorphic adenoma

- The so-called myxochondroepithelioma .
- The most common tumor of the salivary glands.
- Epithelial tumor, most often in the parotid gland (and also the most common gl. Parotis tumor).
- Especially in old and middle age, it is slowly growing.
- Possible recurrences.
- The tumor often grows into the capsule, which increases the possibility of malignancy.
- Clinically, it manifests as painless swelling.
- In the histological picture, several components alternate - an epitheliomatous component with trabecular, ductal, acinous or solid treatment, as well as a myxoid and chondroid component.

Papillary cystadenolymphoma (Warthin's tumor))

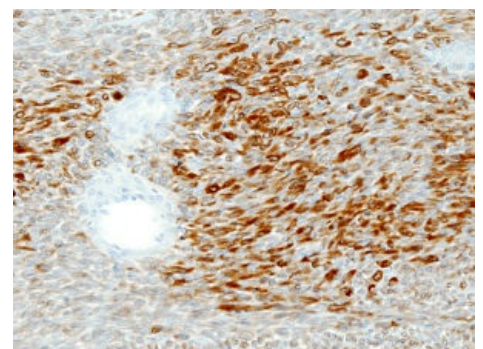
- The second most common benign salivary gland tumor.
- Occurrence mainly in gl. parotid and submandibular glands (9% of tumors in the parotid gland).
- After the age of 40, more often men.
- It is usually limited, rigid, well-moving against the base, spherical, it



1. Parotid gland 2. Sublingual gland 3. Sublingual gland (sublingual gland)

File:Parotid Tumor.jpg
Parotid gland tumor

File:Mixed Tumor of the Salivary Gland
Pleomorphic adenoma of the salivary gland



Pleomorphic adenoma, S-100 positive

- can imitate a cyst on sonography.
- It grows slowly.
- 10% recurrence, malignant reversal is very rare.
- It is formed by the proliferation of epithelial inclusions in the intraparotid lymph nodes.
- The characteristic histological picture is dominated by bilayer epithelium with nuclei facing the lumen, the stroma is formed by lymphatic tissue.

Basal cell adenoma

- 70% in gl. parotid, 20% small lip glands.
- Maximum occurrence in the 7th decade.
- Possible transition to basal cell carcinoma .

Myoepithelioma

- Rare.
- It mainly affects gl. parotis.
- It can progress to malignancy.
- Unlike pleomorphic adenoma, they do not form ductal structures.

Oncocytoma

- Occurrence in the 6th to 7th decade, more often in women.
- It grows slowly, is mobile, small (up to 2 cm).
- Creates a case, gray-red in cross section.
- There are no recurrences, malignancies are very rare.
- Eosinophilic finely granulated cells with increased mitochondria are evident in the histological picture.

Channel adenoma

- Occurrence over 50 years.
- Usually in the upper lip.

Sebaceous adenoma

- Rare.
- Well demarcated, cystic, various sizes.

Ductal papilloma

- Not very common.
- It arises from the epithelium of the small salivary glands

Malignant tumor of the salivary gland

Malignant tumors of the salivary glands are divided into epithelial and mesenchymal. The most common are Acinocellular carcinoma , mucoepidermoid carcinoma , adenoid cystic carcinoma (cylindrical) and pleomorphic adenoma . The therapy is surgical - radical. Patients with Sjögren's syndrome have an increased incidence of salivary gland lymphomas.

Malignant epithelial tumors

They come from the glandular parenchyma. These include acinocellular carcinoma , mucoepidermoid carcinoma, adenoid cystic carcinoma.

Acinocellular carcinoma

- The most common malignant tumor from salivary gland acins (the following cancers are from ductal / myoepithelial cells).
- Finding mainly in gl. parotis.
- More common in women.
- Mucoepidermoid carcinoma
- They make up about 5% of salivary gland tumors.
- It consists of mucus-producing cells, epidermoid bb and bb of the transitional type, and is usually imperfectly *encapsulated.
- Low malignant - well-differentiated, cystic structures lined with mucous bb.
- Highly malignant - low-differentiated, solid epidermoid bb, mucus bb are in the minority.
- Prognosis: 70-90% of patients survive 5 years.

Adenoid cystic carcinoma

- They make up 40% of glandular cancers.

- It occurs in three forms - glandular, solid and tubular.
- It consists of ductal and myoepithelial cells .
- Metastasizes to regional nodes and remotely to the lungs, skeleton.
- The prognostic depends on the extent of the tumor and the radicality of the surgical procedure.
- The solid form is the least favorable.
- It mainly affects the small salivary glands of the palate, less often the large salivary glands.
- It also spreads perineurally, sometimes intraneurally.

Carcinoma in pleomorphic adenoma

- It is caused by a malignant transformation of a benign tumor.
- This is reported to be 3-4%.
- We distinguish according to the histological structure into true, malignant and mixed.
- Acceleration of growth will indicate a malignant transformation.

Malignant mesenchymal tumors

Benign mesenchymal tumors such as hemangioendothelioma, lipoma , neurinoma, neurofibroma most often appear in the salivary glands . Of the malignant tumors, only malignant lymphoma is included . Malignant lymphoma is divided into two categories according to etiology: primary, arising in Sjogren's syndrome, or secondary in generalization.

Links

References

- PAZDERA, Jindřich. *Základy ústní a čelistní chirurgie*. 1.. edition. Olomouc : Universita Palackého v Olomouci, 2007. 0 pp. ISBN 978-80-244-1670-0.