

Geriatric Hastanın Üst Dudağında İzlenen Mukoepidermoid Karsinoma

Mucoepidermoid Carcinoma on the Upper Lip of a Geriatric Patient

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Özet

Mukoepidermoid karsinoma, tükürük bezi dokusunun malign tümörleri arasında en sık görülen türdür; baş ve boyun bölgesinde, özellikle de parotis bezi ve palatinal bölgede sık görülür. Sunulan olguda, altmış beş yaşında erkek hastanın üst dudağında 2 yıldır değişiklik göstermeyen asemptomatik lezyon bulunmaktaydı. Lezyonun eksizyonundan sonra histopatolojik tanı mucoepidermoid karsinoma olarak koyuldu. Bu yaşta, üst dudakta izlenen mucoepidermoid karsinoma klinikte az rastlanır bir durumdur. Her ne kadar nadir görülse de yaşlılarda mucoepidermoid karsinoma ayırıcı tanıda göz önünde bulundurulmalıdır. Biyopsi ve hastanın takibi bu tip lezyonların tedavisinde şarttır.

Anahtar Kelimeler: Mukoepidermoid karsinoma, biyopsi, üst dudak

Abstract

Mucoepidermoid carcinoma is the most common malignant tumor of salivary tissue. These tumors occur commonly in the head and neck regions, mainly located in the parotid glands and palate. In the present case, a 65-year-old male had an asymptomatic lesion on the upper lip. The patient stated that the mass had been present for 2 years and there was no change in lesion size over time. After excision of the lesion, the histopathologic diagnosis was mucoepidermoid carcinoma. Although mucoepidermoid carcinoma on the upper lip, at this age, is a clinical rarity, it should be taken into consideration in the differential diagnosis of an upper lip mass in the elderly. Biopsy and follow-up is mandatory for such lesions.

Key Words: Mucoepidermoid carcinoma, biopsy, upper lip

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Salivary gland lesions have complex clinicopathological characteristics and distinct biological behaviors.¹ These tumors comprise 3 to 10% of all head and neck neoplasms.¹ Worldwide epidemiological series show geographic variation in the relative incidence of salivary gland tumors, with discrepancies among clinicopathological aspects.²

Mucoepidermoid carcinoma is the most common malignant tumor of salivary tissue and comprise less than 0.5% of all tumors.³ Mucoepidermoid carcinomas occur commonly in the head and neck region and they are mainly located in the parotid gland.³ The mucoepidermoid carcinoma of the upper lip is a rare entity. In 1982, Owens and Calceterra⁴ reported five cases of upper lip mucoepidermoid carcinoma found among 307 salivary gland tumors of the lip. This case report presents a 65-year-old male patient with a mucoepidermoid carcinoma on the upper lip.

CASE REPORT

A 65-year-old man without a systemic problem, was referred to our department by a dentist. The patient had an asymptomatic lesion on the upper lip (Figure 1). The patient stated that the mass had been present for two years and there was no change in lesion size over time.

Extraoral examination revealed a healthy mucosa and a non-ulcerated nodule, with a diameter of 1.5 cm, on the upper lip. There were no enlarged neck lymph nodes. The patient was advised to have the mass excised under local anesthesia.

The mass was excised under local anesthesia and the wounds were closed primarily. On gross examination, the lesion consisted of a firm, hard mass (Figure 2). The differential diagnosis included canalicular adenoma and pleomorphic adenoma



Figure 1. An asymptomatic, papillary, skin colored and sessile lesion on the vermilion border of the upper lip



Figure 2. An irregular shaped, dark red lesion

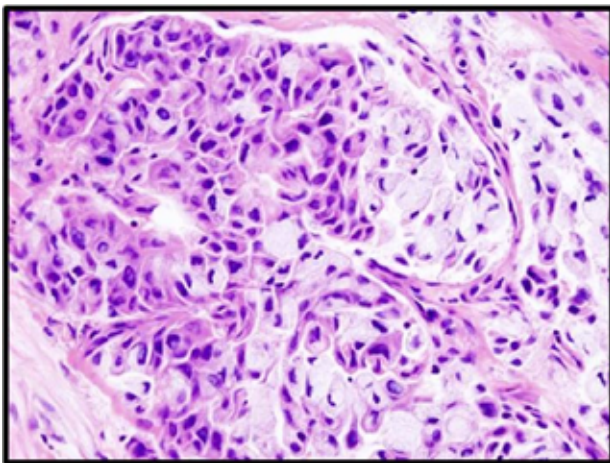


Figure 3. Presence of intermediate-type squamous cells and mucus-secreting cells (hematoxylin and eosin stain; magnification x200)



Figure 4. Post-operative view of the patient 5 days after the surgery

because of the characteristics and the location of the lesion and the patient's age. The specimen was sent for histopathological examination.

Histopathological examination of the surgical specimen showed that the tumor was well circumscribed, full of cystic structures and infiltration of the tumor islands into minor salivary glands. The tumor was composed of mucoid cells that line cystic spaces. The definitive diagnosis was low-grade mucoepidermoid carcinoma because of low mitotic activity and nuclear pleomorphism. In addition, tumor cells were detected within the surgical borders (Figure 3).

Two weeks after, an intraoperative frozen section controlled excision was made under general anesthesia. Radiotherapy was not needed, because the carcinoma was low-grade. Twenty-four months follow-up showed well healing (Figure 4).

DISCUSSION

The lip cancers are easily detectable because of the highly visible location of the lips. The dentist should examine the lips for symmetry, color, contour and texture. The vermillion border and inner aspect of the upper and lower lips should then be examined. The lips should be examined both by inspection and palpation. Suspected lesions should be biopsied, and imaging with magnetic resonance imaging, computed tomography scans or positron emission tomography scans can be done.

Skin cancer accounts for nearly half of all cancers in the US.⁵ Basal cell carcinoma (BCC), squamous cell carcinoma (SCC) and melanoma are the three types of skin cancers and the first two types are known as nonmelanoma skin cancers (NMSC). NMSC can develop on the lips, especially the lower lip, owing to exposure to sunlight. In a 25-year retrospective study of 2,152 lip cancer patients, Abreu et al.⁶ showed that 81% occurred on the lower lip with a male to female ratio 3:1 in a total 2,152 lip cancer group. This male predominancy can be explained as high annual exposure to ultraviolet radiation from sun that is combined with greater tobacco and alcohol use.⁶⁻⁷

In this case report, the patient was 65 years old and had a painless, slow growing mass on the upper lip for two years. The differential diagnosis was canalicular adenoma and pleomorphic adenoma. Both of these tumors have a striking predilection for the upper lip.³ These tumors appear as a painless, slowly growing, firm mass. Canalicular adenoma occurs in older adults, with a peak prevalence in the seventh decade of life, while pleomorphic adenoma occurs in young

adults. The clinical picture was likely of these two tumors, but histopathologic examination revealed mucoepidermoid carcinoma. Histopathologic examination may indicate different results from the clinical diagnosis.

Most studies show that mucoepidermoid carcinoma is the most common malignant salivary gland neoplasm. It makes up 10% of all major gland tumors and 15% to 21% of minor salivary gland tumors.³ The tumor occurs fairly evenly over a wide age range, extending from the second to seventh decades of life. However, mucoepidermoid carcinoma is the most common malignant salivary gland tumor in children.³

In salivary gland tumors, palate (38%) is the most frequently involved site and mucoepidermoid carcinoma (33%) is the most common malignant tumor of the minor salivary glands.³ Mucoepidermoid carcinoma can be also seen in the skin, airway, breast, pancreas, and thyroid but they are rare.³ The signs and symptoms differ from basal cell carcinoma (BCC), but arise at the same location on the upper lip. Mucoepidermoid carcinoma may arise from minor salivary glands of the lip.³

Treatment of mucoepidermoid carcinoma is predicated by the location, histopathologic grade, and clinical stage of the tumor.³ Local recurrence rate can be decreased by wide field surgical excision. In low grade tumors, recurrence is not seen after aggressive local surgical excision. Postoperative radiotherapy is reserved for cases that show high grade histology, large size, bone invasion, cervical lymph node metastasis, positive margins or perineural invasion of named nerves. In the case presented, the tumor was excised under local anesthesia, because it was thought as a benign, well defined lesion; but histopathologic examination revealed tumor cells at the borders of the specimen, therefore a second operation was made under general anesthesia. Wide aggressive local surgical excision and frozen section biopsy was made. The second histopathologic examination showed tumor-free margins and low-grade tumor and therefore, radiotherapy was not needed.

The patient had no complaints twenty-four months after the operation. He had a scar tissue on his upper lip, but he had no cosmetic concerns. Long term follow up is planned for this case.

In summary, mucoepidermoid carcinoma on the upper lip, at this age, is a clinical rarity. Nevertheless, mucoepidermoid carcinomas should be taken into consideration in the differential diagnosis of an upper lip mass in elderly. Biopsy and follow-up is mandatory for such lesions.

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