



Exophytic Tumor of the Parotid Gland

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Abstract

Introduction and Aim: Parotid gland tumours represent 3% of all head and neck tumours. They are complex neoplasms with a broad histological range. The WHO classification of salivary gland tumours recognizes 24 different malignant subtypes. Epidermoid carcinoma of the parotid gland is an uncommon tumor, which generally affects older patients. Here we bring as example the case of a epidermoid carcinoma that reaches big dimensions.

Clinical Image: A 74-year-old woman with two large fungating exophytic masses that occupied the parotid region. Imaging studies described a solid tumor and a bilateral lymphadenopathy. Parotidectomy, neuroorrhaphy of VII cranial nerve, bilateral neck-dissections and of a myofascial flap of the left trapezius muscle was performed. Histological analysis showed epidermoid carcinoma. The patient had a great recovery without complications.

Discussion: once the diagnosis of a parotid neoplasm was performed, more than 20 years have passed before the patient decided to remove it surgically. This tumor has grown locally over the years without any sign of metastasis.. In any case, the massive growth required an extensive and complicated surgical treatment.

Conclusion: Treatment of this tumor is primarily surgical, consisting of adequate excision of the primary site with radical neck dissection. When the patient with carcinoma is free of distant metastasis, only surgical therapy is sufficient.

Clinical Image

A 74-year-old woman presented with 20-year history of a parotid neoplasm. It had grown over the past five months with pain, deficiency of VII cranial nerve and lymphadenopathy on the same site [1]. The CT scan showed extension at the level of masticator space and over and inside the zygomatic region, infiltration of the masseter, temporal and pterygoid muscles and compression of the vascular space. Moreover, it infiltrated the prestyloid and posterior cervical space, the soft tissue under the skin and the skin of left lateral cervical region. It was present at the level of the glenoid cavity of the left temporo-mandibular joint. The CT scan showed bilateral lymphadenopathy. The patient underwent surgery consisting of: enlarged left radical parotidectomy (surgical specimen of 382 gr), neuroorrhaphy of VII cranial nerve, bilateral neck-dissections and of a myofascial flap of the left trapezius muscle [2] (Figure 1). The definitive histological examination showed epidermoid

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Figure 1: A) clinical presentation showing two large fungating exophytic masses; B) the case after wide resection; C) excised tumor; D) the case after myofascial flap of the left trapezius muscle.

carcinoma. 2 months after surgery the patient has deficiency of VII cranial nerve (slowly improving), is feeding orally and a prosthetic ear is scheduled.

References

1. Papadogeorgakis N, Goutzaris L, Petsinis V, Alexandridis C. Management of malignant parotid tumors. *Oral Maxillofac Surg.* 2012; 16: 29-34.
2. Kopeć T, Mikaszewski B, Jackowska J, Waśniewska-Okupniak E, Szyfter W, Wierzbicka M. Treatment of Parotid Malignancies-10 Years of Experience. *J Oral Maxillofac Surg.* 2015; 73: 1397-1402.