**CASE REPORT**

**PLEOMORPHIC ADENOMA OF THE UPPER LIP**

Mathew Ouseph Mampilly, S Vijay Kumar, Ushass Puthalath, Mahija Janardhanan

**ABSTRACT**

Pleomorphic adenoma is the most common neoplasm of the minor salivary glands and the upper lip is a relatively rare site of occurrence compared to palate. This paper reports a case of pleomorphic adenoma in a 42-year-old male patient presented as a painless mass on his upper lip managed by surgical excision.

Keywords: Adenoma; Lip; Pleomorphic Adenoma; Salivary Glands

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**Introduction**

Pleomorphic adenoma (PA) (benign mixed tumor; mixed tumor) is comprised of a salivary gland neoplasm with a benign nature. This tumor comprised of ductal epithelial and myoepithelial cell proliferations in a mesenchymal stroma exhibiting ostensible histomorphologic diversity. The majority of oral soft tissue masses have benign nature. However, appearance of these benign masses may resemble the malignant tumors. Thus, distinguishing benign masses from the malign masses is critical to further prognosis and treatment. This paper reports a case of pleomorphic adenoma in a 42-year-old male patient presented as a painless mass on his upper lip managed by surgical excision.

**Case Report**

A 42-year-old male patient reported with a complaint of painless swelling just beneath the upper lip for last one year. History reveals of trauma of upper lip from fall 20 years back. His medical and family history was non-contributory. On intra examination, a painless, firm, mobile mass measuring approximately 12mm x 4mm was noticed left side of upper lip obliterating the muco buccal fold. The overlying mucosa was of normal colour with no ulceration or hyperemia (Figure 1). FNAC was non-productive and after obtaining an informed consent from the patient; an excisional biopsy was performed under local anesthesia. A transverse incision parallel to the inferior border of the upper lip was placed to expose the lesion and excisional biopsy was performed and suture placed. (Figure 2,3). The biopsy specimen measured 12mm x 5mm in its larger dimensions (Figure 4). The histopathological examination revealed the glandular structures having basal myoepithelial components on the chondromyxoid background, confirmed the diagnosis of pleomorphic adenoma (Figure 5). The patient recovered uneventfully and clinical follow-up for one year after resection shows no recurrence.

**Discussion**

Pleomorphic adenoma appears as a firm, painless and slow growing mass that is commonly diagnosed long after the lesion has become present. Pleomorphic adenoma occurs most commonly in the major salivary glands, 63% arising in the parotid gland. The palate, tongue, upper lip and buccal mucosa, were the sites commonly affected by benign neoplasms in a descending order.

Pleomorphic adenoma appears as a firm, painless and slow growing mass that is commonly diagnosed long after the lesion has become present. It can appear at any age, and is more common in subjects with ages ranking from 30 to 50 years. Toida et al, after conducting a study in 82 patients to determined frequency and distribution of different types of salivary gland tumors, reported that benign tumors showed affinity for women, and malignant tumors for men. In our case of pleomorphic adenoma was located on the upper lip and found in a male. This location is a rare site of occurrence for pleomorphic adenoma. Al-Khateeb et al evaluated the relative frequencies, types and distribution of benign oral masses in North Jordanians.

In general the treatment of pleomorphic adenoma was wide resection with negative margins, because, almost half of all tumors originating from minor salivary glands are proclaimed as malignant. A recurrence rate of 2-44 % has been declared in the literature since 1939. Krolls et al asserted that inefficient first surgical intervention was the main cause of recurrences. However, Dongre et al propounded that simple excision was the only treatment for it. A total excision for the mass of the presented case was decided as the line of treatment. The treatment of choice for pleomorphic adenoma is surgical excision. The patient recovered uneventfully and no recurrence was observed during a clinical follow-up for 12 months.

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**Figure 1. Preoperative Lesion, Figure 2. Incision, Figure 3. Excision, Figure 4. Surgical Specimen, Figure 5. Histopathology Slide**
Conclusion

In conclusion, tumors of the minor salivary glands are uncommon among entire salivary glands tumors. Even though, the lip is a rare site of occurrence for pleomorphic adenoma, clinician must differential diagnosis of pleomorphic adenoma for a mass on the lower lip as fifty percent of all tumors derived from the minor salivary glands are malignant.

Authors Affiliations

1. Mathew Ouseph Mampilly, MDS, Assistant Professor, Department of Oral and Maxillofacial Surgery, Amrita Institute of Medical Sciences, Kochi, Kerala, India, 2. S Vijay Kumar, MDS, Assistant Professor, Department of Community Dentistry, Amrita Institute of Medical Sciences, Kochi, Kerala, India, 3. Ushass Puthalath, MDS, Professor, Department of Oral and Maxillofacial Surgery, Amrita Institute of Medical Sciences, Kochi, Kerala, India, 4. Mahija Janardhanan, MDS, Professor, Department of Oral and Maxillofacial Pathology, Amrita Institute of Medical Sciences, Kochi, Kerala, India.

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Address for Correspondence

Dr. Mathew Ouseph Mampilly, MDS, Assistant Professor, Department of Oral and Maxillofacial Surgery, Amrita Institute of Medical Sciences, Kochi, Kerala, India.
Email: mathewom@yahoo.com

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