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Clinical Image

Recurrent Pleomorphic Adenoma of the Parotid Gland

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Clinical Image

A 50-year-old male presented with a swelling in the left side of the upper part of the neck below the ear lobule, which was first

observed a year ago and has been gradually increasing ever since (Figure 1). He had developed a similar swelling at the same loca-



Figure1: A 10cm × 6 cm swelling (A – front view and B – side view) in the left side of the upper part of the neck below the ear lobule

tion 4 years back which had been operated then. He had no pain over the swelling and no history suggestive of facial nerve paralysis. On examination, there was a firm swelling in the right parotid region 10 cm × 6 cm in size, with a smooth surface except for a scar denoting previous surgical excision, well defined and rounded margins, free from the skin and underlying structures. The ear lobule was pushed upwards and the swelling had filled the furrow

in between the posterior border of the mandible and the mastoid process. There was no evidence of facial nerve palsy. There were no palpable lymph nodes in the neck. History and clinical examination suggested this to be a benign tumor. The tumor was excised. Histopathological evaluation of the specimen confirmed the diagnosis of pleomorphic adenoma of the parotid gland (Figure 2).

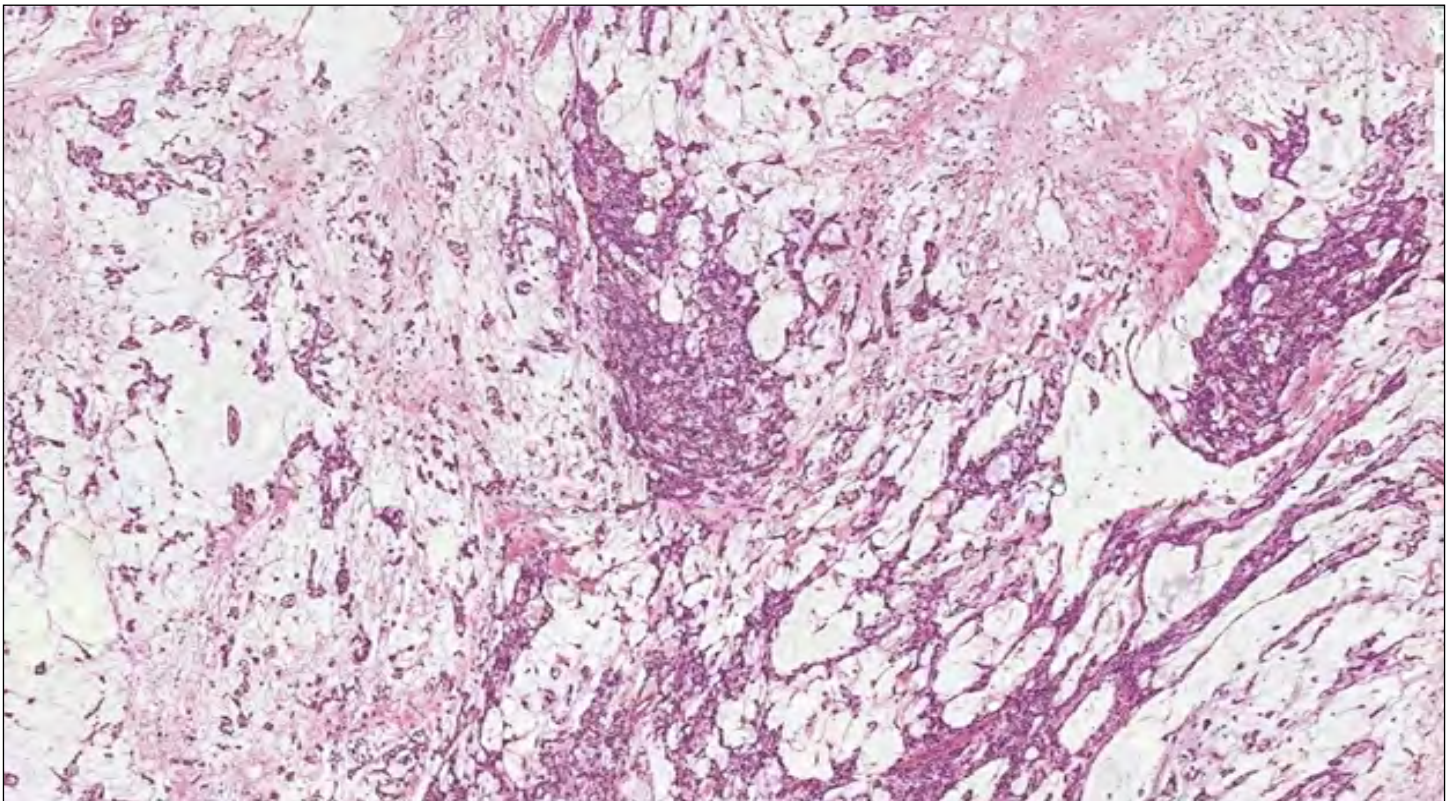


Figure 2: Histopathology showed epithelial, myoepithelial and stromal components. It shows a well-demarcated tumor with a lobulated growth pattern. The tubular and acinar structures formed by the epithelial component are admixed with myoepithelial cells in a background of a myxoid stroma