A 53 year-old female was referred to Geisinger Medical Center for evaluation of a large tongue base tumor. Surgical excision of the mass was performed, and was consistent with a low grade salivary gland tumor, likely a myoepithelial neoplasm.

Minor salivary gland neoplasms are rare, and those arising in the tongue base even more scarcely encountered. For this reason, treatment guidelines have yet to be established.

This case report serves to highlight our experience with a rare salivary gland neoplasm of the tongue base.

Malignant salivary gland neoplasms are rare, comprising only about 6% of all head and neck malignancies. Of these tumors, a mere 10-15% arise from the minor salivary glands, usually in the palate. A small number arise from the salivary glands of the tongue base, accounting for 1-2% of all tongue base tumors.

Epithelial-Myoepithelial carcinoma (EMC) is a low-grade, malignant salivary neoplasm that is predominantly encountered in the parotid gland, and is rarely seen in the minor salivary glands. There is no clear gender predilection, and it usually occurs in the sixth or seventh decades of life.

Our recent experience with such a salivary gland neoplasm illustrates a successful course of treatment for a rare tumor of the tongue base.

EMC is a rare malignant neoplasm that was first characterized in 1972 by Donath et al., and recognized as a distinct entity by the World Health Organization classification in 1991.

These tumors are comprised of an outer myoepithelial layer and an inner epithelial layer. Immunohistochemical stains are valuable in distinguishing salivary tumors, which are arguably the most histologically heterogeneous group of tumors in the human body. S-100 staining is invariably positive in EMCs, and cytokeratin and smooth muscle actin stains are almost always positive.

No clear treatment guidelines exist for dealing with most minor salivary gland tumors, as often only sparse case reports exist in the literature.

Experience with treatment of EMC in major salivary glands, such as the parotid, has shown surgical excision to be the mainstay, with some clinicians choosing to add irradiation in light of a 30-50% local recurrence.

Our experience with EMC of the tongue base has shown a favorable outcome with surgical excision alone. Long-term recurrences have been described for many salivary gland neoplasms, and close follow up with serial imaging seems prudent. Kumai, et al., described a similar experience in 2005, and our case supports the assertion that primary surgical excision with close clinical follow up should be the treatment of choice for this rare subclass of tongue base malignancies.

REFERENCES