MUCOEPIDERMOID CARCINOMA EX-PLEOMORPHIC PRESENTING AS A PARAPHARYNGEAL SPACE MASS

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INTRODUCTION

Pleomorphic adenoma (PA) is the most common salivary gland neoplasm, accounting for 63% of all parotid gland tumors (1). Most tumors originate in the superficial lobe though these tumors may involve the deep lobe of the parotid gland, growing medially and occupying the infratemporal fossa and possibly the parapharyngeal space (2). There may be significant parapharyngeal extension before the onset of symptoms, such as facial nerve deficit, changes in consistency, more rapid growth, and pain (3). Symptoms may herald malignant transformation with a 1-7% incidence of malignant transformation each year (4, 5).

CASE REPORT

A 71 year old male presented with a left level II neck mass gradually enlarging over several months. An MRI with gadolinium as well as PET-CT confirmed a left level II neck mass and revealed a 3x2cm mass in the left parapharyngeal space inseparable from the deep parotid lobe. Needle aspiration of the level II mass showed metastatic squamous cell carcinoma. Due to this tumor’s high grade nature with predominant epidermoid component, the initial fine needle aspiration of the metastatic neck mass gave a false diagnosis of squamous cell carcinoma.

The final pathology of the parapharyngeal space mass revealed a high-grade mucoepidermoid carcinoma arising from a pleomorphic adenoma nodule. Although only one of thirteen nodes excised was positive, the level II node was determined to be metastatic mucoepidermoid carcinoma. (See Figure 4).

The patient was referred to radiation oncology and was recommended to have six weeks of intensity modulated radiation therapy of roughly 60 gray. The patient decided against radiation therapy due to fear of side effects despite extensive communication about the indications for post-operative radiation despite appropriate counseling. The patient has been compliant with serial surveillance examination and PET scans, which have remained normal after two years.

REFERENCES