**ABSTRACT**

Sialolipoma is a rare tumor found within both major and minor salivary glands. Here we discuss sialolipoma of the parotid gland and briefly review the English literature. Including our case, a total of 35 sialolipomas have been reported, 18 within major salivary glands. Major gland sialolipomas most often presented in the parotid gland (77%) and those from minor glands were most often seen in the palate (41%). All lesions were well circumscribed and contained mature adipose tissue intimately admixed with benign salivary gland components. Treatment is surgical excision and is curative with no reports of recurrence.

**INTRODUCTION**

Benign fatty tumors of parotid gland (lipomas) are very unusual, accounting for less than 0.5% of all parotid tumors. Despite infrequent numbers, numerous histological variants of salivary gland lipoma have been described. Sialolipoma, a new distinct variant, is characterized by proliferation of mature adipocytes with secondary entrapment of normal salivary gland elements. A review of English scientific literature (PubMed) indicates 34 reported cases of sialolipoma, including 13 cases (38%) arising in the parotid gland, followed by 7 cases (21%) in the palate. Here we report the 14th case of parotid gland sialolipoma.

**CASE PRESENTATION**

A 69 year old white male presented with a 5-year history of a right parotid mass. There was no pain or facial weakness. A 2 x 2 cm soft mass was palpated in the right parotid bed which was nontender and mobile. CT scan showed a 1.9 x 2.3 cm encapsulated hypodense, hypoenhancing mass in the anterosuperior aspect of the right parotid gland [Figure 1]. Fine needle aspiration was performed twice, but was nondiagnostic. After superficial parotidectomy, histopathology showed a well-circumscribed pale, firm soft tissue mass. The lesion was composed predominantly (75-90%) of mature adipose tissue with interspersed aggregates of oncocytic cells in small acini and clusters. Sialolipoma was diagnosed [Figures 2-4].

**DISCUSSION**

Sialolipoma is a histological variant of lipoma typified by benign salivary gland parenchyma intimately admixed with mature adipose tissue. Oncocytic metaplasia with mild to moderate lymphocytic infiltrate are characteristic of these lesions. Glanular atrophy, periductal fibrosis, ductal dilatation and peripheral nerve involvement are additional features that have been reported in prior cases, but were not present in our patient.

In a tabulated analysis of 35 cases (including our own), we compared the features of sialolipoma within major and minor salivary glands [see Table 1]. The typical clinical presentation was that of a painless slow-growing mass, most commonly in parotid gland or palate. While the age distribution for major salivary gland sialolipomas was diverse (including 4 pediatric cases), minor salivary gland tumors were reported in adults only. Males (67%) were more often affected than females (33%) in major salivary gland sialolipoma, while minor salivary gland sialolipomas were more often seen in females (73% and 27% for females and males respectively). Major salivary gland lesions were larger (3.2cm) compared to minor salivary gland lesions (1.8cm).

Histopathological features were compared between major and minor salivary gland sialolipomas. Most lesions in either group were well circumscribed and contained mature fat intimately admixed with benign salivary gland components. Nerve entrapment was noted only in major salivary glands whereas myxoid degeneration was observed only in minor salivary gland tumors.

Definitive diagnosis can only be made after surgical excision. After extirpation there are no reports of recurrence.

**REFERENCES**