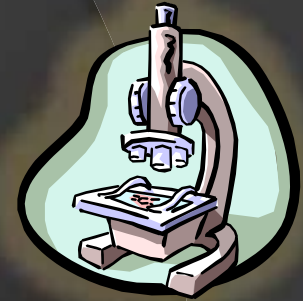


Module plan

- Topic : **Salivary Gland Tumor**
- Subject: Oral Pathology
- Target Group: Undergraduate Dentistry
- Mode: Slide Seminar ppt
- Platform: Institutional LMS
- Presenter: Dr Bhupesh Bagulkar

CASE PRESENTATION



PRESENTED BY

Dr. Bhupesh Bagulkar

Asso. Prof.

**Dept. of Oral and Maxillofacial Pathology and Microbiology
Sri Aurobindo College of Dentistry, Indore (M.P)**



- A 52 yrs old , Male patient reported with a chief complaint of swelling on the right back side of palate since 10 - 11 months .



History of Present Illness

- **Swelling** - initially pin point size , 10-11 months back & slowly progressed to present size (Bean size)
- H / o associated **Ulceration** 4-5 months back , which regressed spontaneously (No previous treatment / medication is been sought in this regard)
- No H / o associated bleeding , pain , (or) trauma



PAST MEDICAL HISTORY

- H /o **Hypertension** since 5 yrs & is under regular medication.
- H /o **Diabetes mellitus** since 7 yrs & is under regular medication



HABITS

Habit of Tobacco chewing : 4-5 times daily since 18-20 yrs.

Habit of Betel nut : 3-4 times daily since 20 yrs



INTRAORAL EXAMINATION



- **INTRAORAL FINDINGS**

INSPECTION :

Pinkish – red , well circumscribed swelling extending antero – posteriorly from mesial of 5 to the distal of 7



On Inspection :

Number - Solitary

Site - Right Posterolateral aspect of
Hard Palate

Size - 3 x 2.5 cm

Shape - Oval shaped

Borders - Well defined

Pulsations - Absent



PALPATION :

- Surface texture - Smooth
- Consistency - Firm
- Pulsations - Absent
- Tenderness - Absent
- Reducibility - Absent
- Fluctuation - Absent
- Compressibility - Absent

Relation to underlying

- Structures - Fixed
(not movable)





DIFFERENTIAL DIAGNOSIS



DIFFERENTIAL DIAGNOSIS

- BASED ON CLINICAL FINDINGS
- D / D
 - Pleomorphic Adenoma
 - Myoepithelioma
 - Mucoepidermoid Carcinoma



Investigations

● Hematological

Hb → 12.8 gm %

TLC → 8,800/cu mm

DLC : P → 61%

E → 1%

B → 0 %

L → 36%

M → 2%



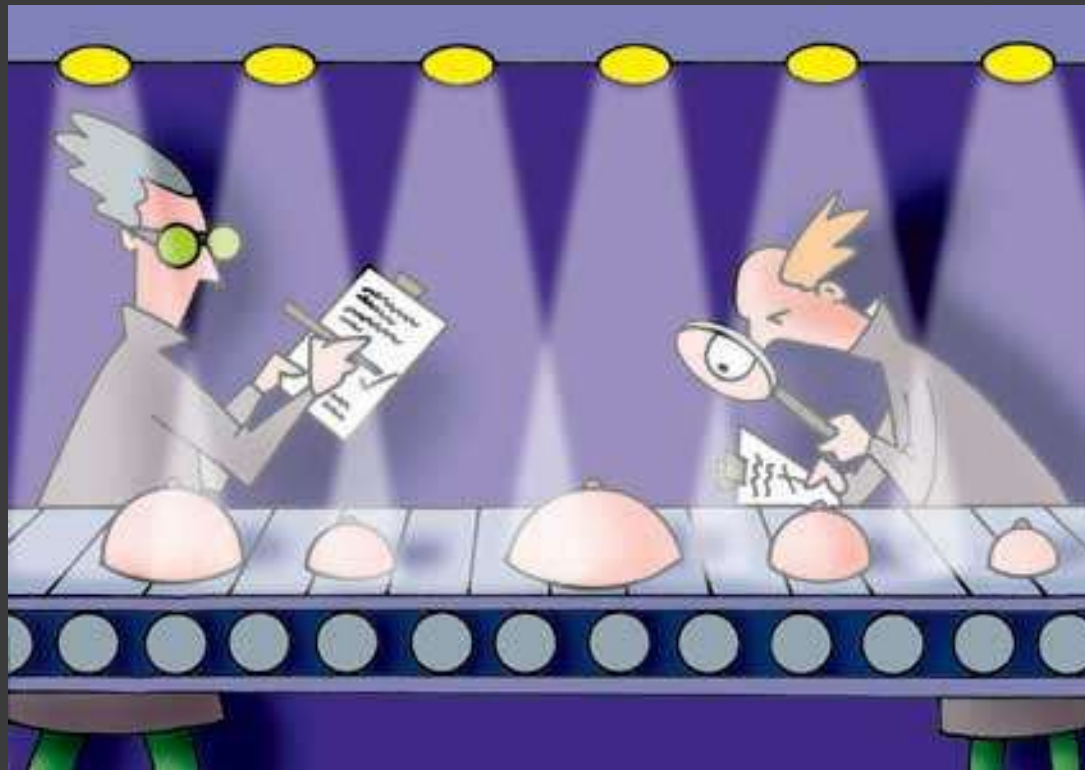
RADIOLOGICAL FINDINGS



- The lesion is confined to soft tissues & **No significant Bone Involvement / Bony Pathology** can be appreciated



Gross / Macroscopic Examination



ON EXCISIONAL BIOPSY



Irregular masses with well defined borders , measuring 3 x 2.5 cms (approx)

Light Brownish – creamish coloured

The surface appears rubbery , nodular & glistening with a homogeneous tan



Histopathological Examination



Scanner

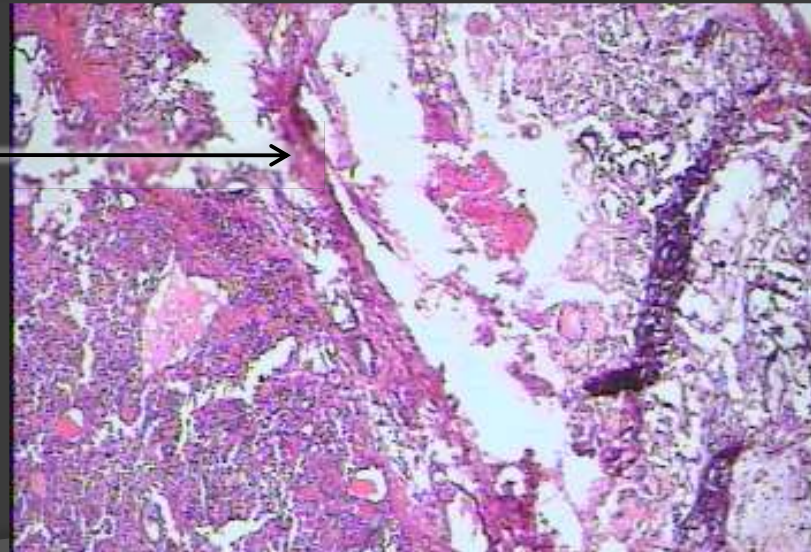
(H & E)



- Normal minor salivary gland tissue separated from lesional tissue by fibrous capsule.

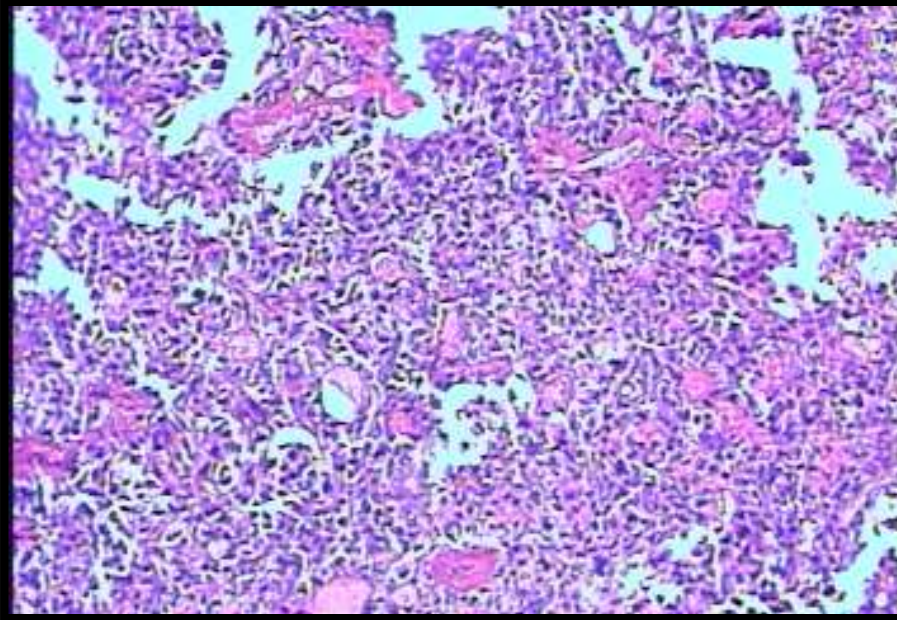
Fibrous capsule

Fibrous capsule

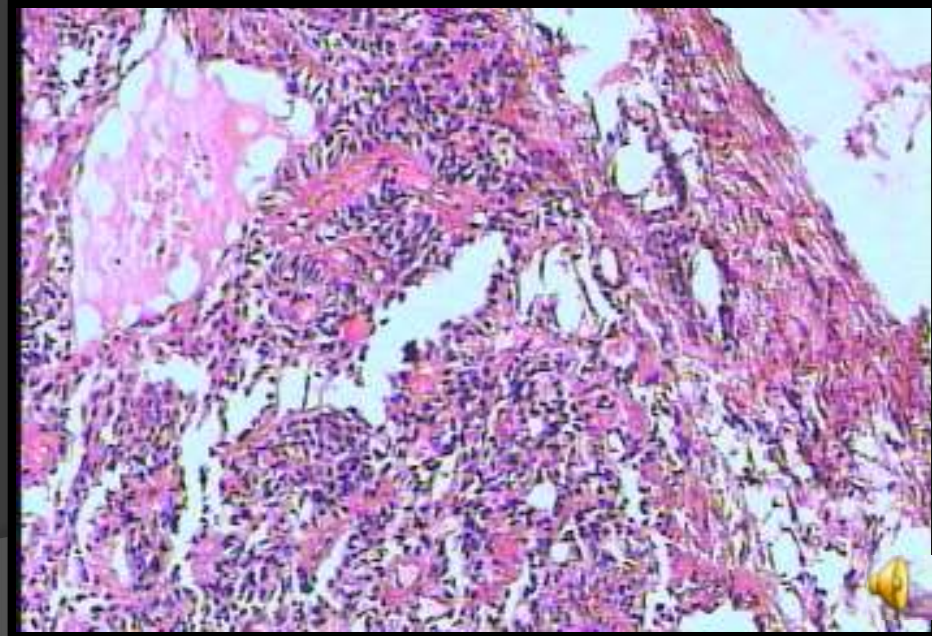


Low Power

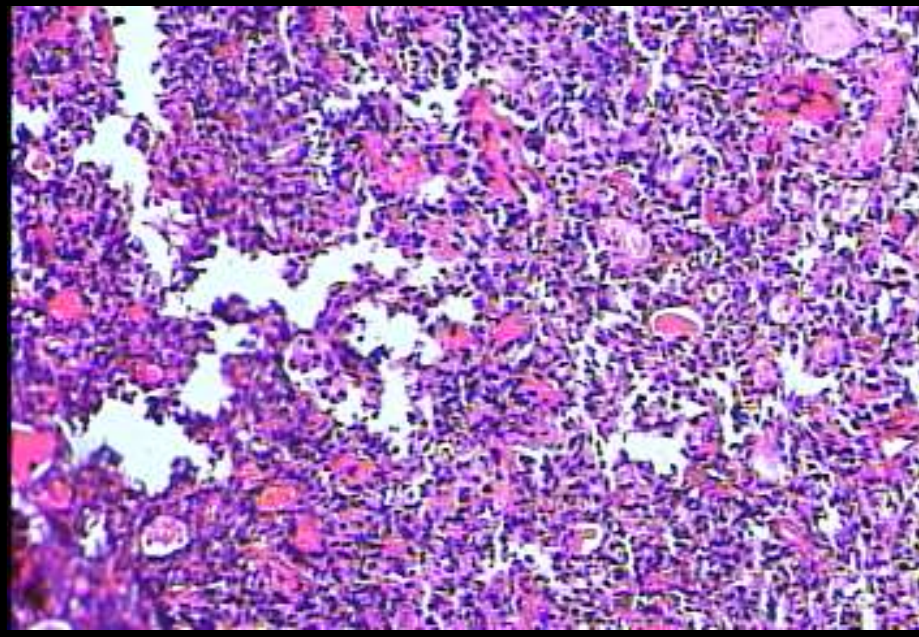
(H & E)



- Lesional tissue shows proliferation of neoplastic glandular epithelial cells mainly in the form of ducts & sheets

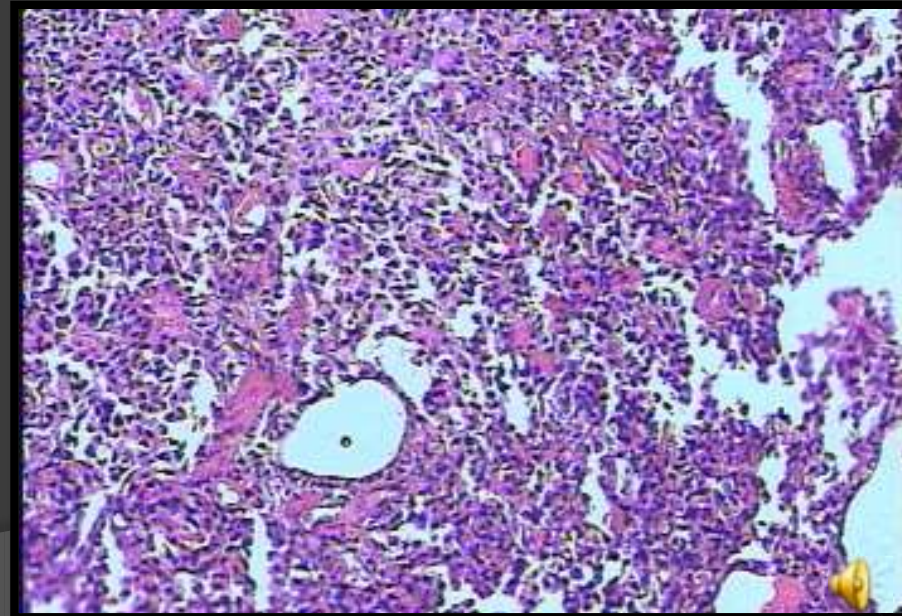


Low Power (H & E)

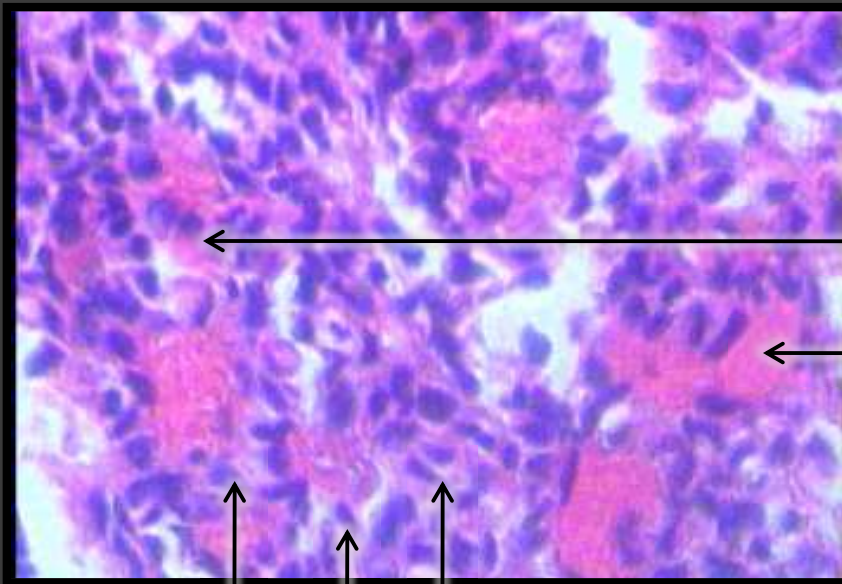


The duct like structures show the presence of hyalinized eosinophilic material

The connective tissue stroma is found to be scanty



High Power (H & E)

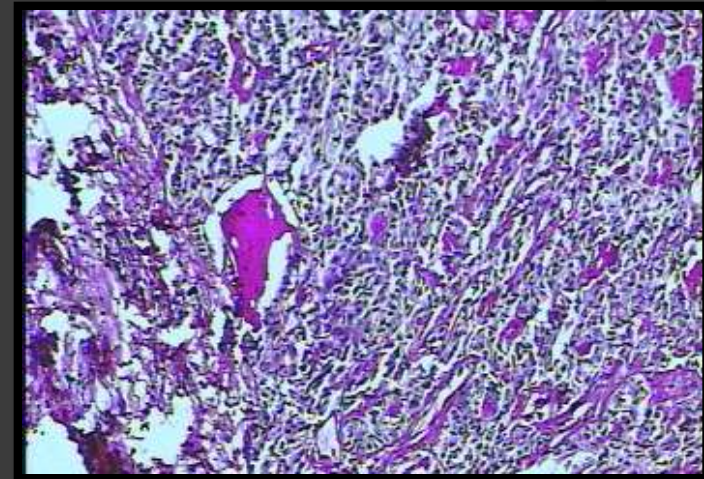


Plasmacytoid cell

Hyalinised eosinophilic material

Spindle shaped myoepithelial cells

PAS +VE



Hyalinised eosinophilic coagulum
within the ductal lumen



Final Diagnosis ????????



On the basis of Clinical , &
Histopathological findings –

Pleomorphic Adenoma

(Predominantly Cellular Variant)





.com

T H A N K Y O U

WALKS ERGO

WE'VE GOT THIS

WE WALK TO COMBAT IT

WE'VE GOT THIS

WALKS ERGO

We're on Track For a Cure