Case Report on Mucoepidermoid Carcinoma of Salivary Gland

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Background: The most prevalent kind of salivary gland cancer is mucoepidermoid carcinoma. The main clinical signs of Salivary gland mucoepidermoid carcinoma region is characterized by a lump in the face, neck, discomfort in the mouth, or trouble swallowing. The initial therapy is the surgical removal of the whole tumor. and in the final stage of chemotherapy, radiation therapy is also used. A 43-year-old male came to the medicine unit with complaints of edema all over the right-side face below the right ear since from 1 year. loss of appetite and disturbance in sleeping patterns. As per the patient’s verbalization, he was apparently alright before a year, and after that, he started to show swelling over the right side of the face and below the right ear for 1 year, for he took treatment in the primary health care center. But after 4 months it was not relieved so again, he went to the private hospital where he has treated with anti-inflammatory medications but still got no relief. Later this swelling was associated with the loss of appetite and disturbance in sleeping patterns now after a year he came to the tertiary care hospital for management. Salivary gland cancer represents 5% of total head and neck tissue cancers. Tumors. Small salivary gland tumors, which make up 10% to Approximately Malignant salivary gland neoplasms make up 15% of all cases. The second most frequent cancer type is mucoepidermoid carcinoma. tiny tumors of the salivary glands are common. (12–40 percent worldwide).

Keywords: Salivary gland; mucoepidermoid cancer Chemotherapy.

INTRODUCTION

Salivary gland cancer is a rare condition, clinically and anatomically diverse tumor kind (1). They combine. 5% or less of head and neck cancer cases (2). In 11 cases, the submandibular, sublingual, and parotid glands were affected. Less than 5% of head and neck cancers and then 0.5% of all cancer are seen in the ibular glands in 6, the oral cavity and 22, the oropharynx, and 3 each of the nasal passages and maxillary sinuses (3).

At presentation there were 23 T1-, 6 T2-, 5 T3-, and 8 T4 tumors among the 35 N0, 5 N1, and 2 N2 necks, all of which were M0. Resection was still lacking for nine people. In low-grade MECs, it was predicted to be 1%, whereas, in intermediate-grade tumors, it was projected to be between 3 and 4%. Tumor cell expression was higher in high-grade tumors (10%) (4).

In the head and neck, salivary gland tumors make up about 5% of cases. cancer cases. Small salivary gland tumors, which make up10% to 15% of all neoplasms of the salivary gland, are frequently cancerous. The Minor salivary gland has a mucoepidermoid cancer tumors are the second most common (12–40%) worldwide. (5)

CASE PRESENTATION

A 43-year-old male came to the medicine unit with the complaint of right-side swelling face below the right ear since from 1 year. loss of appetite and disturbance in sleeping patterns. As per the patient’s verbalization, he was apparently alright before a year, after that he started to show swelling over the right side of the face and below the right ear for 1 year, for that he took treatment in the primary health care center.
But after 4 months it was not relieved so again, he went to the private hospital where he had treated with anti-inflammatory medications but still got no relief. Later this swelling was associated with the loss of appetite and disturbance in sleeping patterns now after a year he came to the tertiary care hospital for management. In this case the past surgical history undergone right total parotidectomy.

On arrival, a physical examination was carried out which shows the swelling on the right side of the face and below the right ear along with a dull look. In above case local examination of patient clinical features manifest that, swelling of size 6×4 cm present over the right side of mandible near parotoid region, below the right side of ear over swelling is intact. touch, pain, vibration over right side of face is intact.

FNAC (fine needle aspiration cytology) sample was taken from right side facial swelling (parotoid) and send for the investigation, from this report a few macrophages, but has no mucous keratin flakes. A few of the cell shunt plasmacytoid with a little straddling of nuclei, but absence of third cell types present cytopathology suggestive of oncocytoidmyorithithoma. patients treated with antibiotics and anti-inflammatory medication as antaacid medication.

DISCUSSION

In similar case presenting that rare variation of mucoepidermoid carcinoma is salivary gland sclerosing mucoepidermoid carcinoma with eosinophilia (SMCE). This case reveled79-yearold man who had SMCE in his right submandibular gland. When atypical squamous epithelial cells were isolated using fine needle aspiration cytology, they were found to be grouped together with cells that contained eosinophils and intracytoplasmic mucus (6). The tumor's histological composition included epithelial nests with keratinizing cells strewn about, as well as peripherally positioned abnormal basaloid cells and a few cells that contain mucus placed deep into a fibrosclerotic stroma, and all of these features were accompanied by keratinizing cells. a noticeable eosinophilic and lymphoplasmacytic infiltration (7).

The tissue of salivary glands that are not cancerous next to the tumour likewise exhibited stromal fibrosclerosis and an inflammatory infiltration. Many plasmas cell showed immunohistochemical IgG4 positivity. IgG4 levels in the post-operative serum increased (8). A patient of meucoepidermoid of salivary gland had swelling over the right side below the right ear side of mandible near paratoidgland my case was treated with right total paratoidectomy as well as certain medication such as antibiotic and antiinflammatory my patient is on under certain investigation and further management is going on (9-15).

It is estimated that children and adolescents account for 1-5% of all tumours of the salivary glands. a proportion of non-cancerous tumours is greater than the percentage of malignant tumours in the palate. The parotid gland is home to the majority of malignant salivary gland tumours in children and teenagers. Few tiny salivary glands have been properly investigated. salivary gland, minor epithelial neoplasms consist of about 15% of all salivary gland tumours. Excretory duct pluripotent reserve cells that can differentiate into squamous, columnar, and mucous cells are hypothesised to give rise to MEC. It has a female inclination and is to blame for 3% of all head and neck tumours. MECs are more frequently seen in the parotid glands and minor glands. most prevalent in children between the ages of 10 and 16. Most of the palatal MEC appears clinically firm. Painless swellings that mimic mucoceles or vascular lesions. Clinical observations and tests in this case indicated a surface lesion. The lesion's blue to red colour could be an indication that it originates from a vascular or salivary gland. (16-24).

There are several diagnostic uses for MES in this situation. Sclerosing MEC, unicystic MEC, sebaceous MEC, psammomatous MEC, spindle cell MEC, and goblet cell aggressive MEC are among the uncommon varieties documented in the literature, particularly in FNA fine needle aspiration cytology. because the salivary glands are affected by many oncocytic lesions. Without a remaining typical MEC, it would be difficult to detect it even during a histopathologic investigation. In light of this, Brannon and Willard advise setting the cutoff at 50% or more oncocytic cells in a tumour with a backdrop of the MEC's typical histological pattern. (25-29).

CONCLUSION

About Salivary gland cancer represents 5% of all tissue in the head and neck cancers tumours. Small salivary gland tumors, which make up 10% to Approximately Malignant salivary gland tumours make up 15% of all cases. Mucoepidermoid carcinoma
is the second very common kind of cancer. frequent small salivary gland tumor (12–40 percent worldwide). The differentiation of the tumors is categorized as being either good, moderately, or badly. Females are more likely to develop mucoepidermoid carcinoma, which often appears in the parotid gland in the fifth year of life.

REFERENCES