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CanalicularAdenoma of Palate -A Rare Case and Review

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ABSTRACT

Canalicular adenoma is a rare benign tumor of the minor salivary glands that is the most prevalent in older adults (mean age, 60 years). The upper lip is the most commonly affected site, followed by the buccal mucosa and palate. It presents as a nodular lesion without a tendency for recurrence. Here, we describe a case of canalicular adenoma presenting as a nodular, painful mass in the left side of a 62-year-old woman . Fine needle aspiration biopsy yielded inconclusive results but excluded malignancy. The lesion was enucleated, and a definitive diagnosis of canalicular adenoma was established by histologicaly. No signs of recurrence were noted at the 22-month follow-up examination.

Key words: *Palate, Adenoma, Salivary gland neoplasm, Canalicular Adenoma*

INTRODUCTION

The canalicular adenoma is an uncommonbenign salivary gland tumour, almost exclusively occurring in intraoral glands1. The upper lip is the most common site accounting for 70%of all reported sites followed by buccal mucosa then 2 thpalate2. The peak incidence of occurrence is 6th and 7t decade.it predominantly occurs in females3 . Commonly palatal canalicularadenoma shows the features of lack of encapsulation, multi lobularity, presence of ulceration due to trauma, may be mistaken as a malignant lesion4. Microscopically they are well circumscribed lesion composed of monomorphic epithelial cells frequent l y columnar in appearance and arranged in a bilayeredstrandsand ducts in a loose and rather fibrous stroma5 . Lesions recommended to excise conservatively, recurrence of later occurrence of new tumour in different site from the primary mass have also been described mainly

in multifocal lesion. However it would be prudent to keep the patient under review. In this paper we reported a case of canalicular adenoma involving the least common site – palate, treatment of same.

CASE REPORT

A 62 year oldfemale patient reported with complained of swelling in the left side hard palate for the past 3 months. On examination a soft fluctuant swelling measuring roughly about 1: 1.5 cm approximately was observed on left side of hard palate in relation to, mucosa over the swelling was normal (fig1). Occlusal (fig2)andpanaromic radiographs (fig3) revealed no bone destruction.Incisional biopsy diagnosis given by them was palatal adenoma.Tumour excised completely without removing overlying mucosa (fig4) and histopathalogicalexaminations confirms the diagnosis ofcanalicular adenoma. The patient is free of recurrence from last 22months.

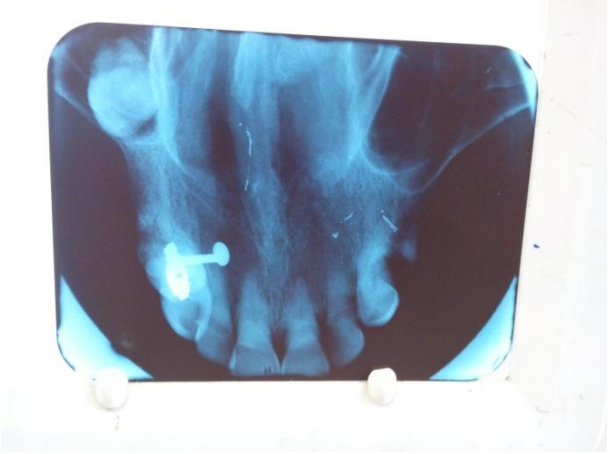

Fig 2. Occlusal view revealing no bone involvement

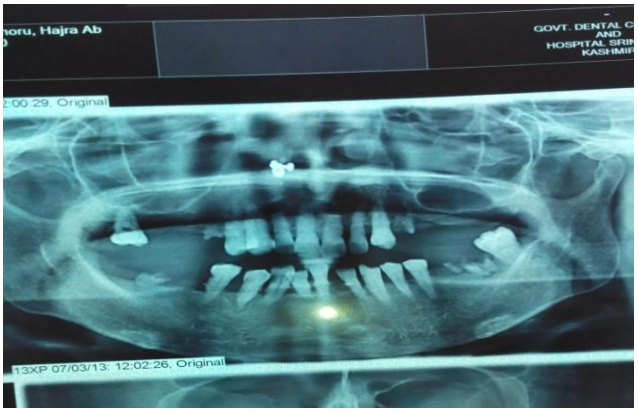

Fig 3,Opg of patient

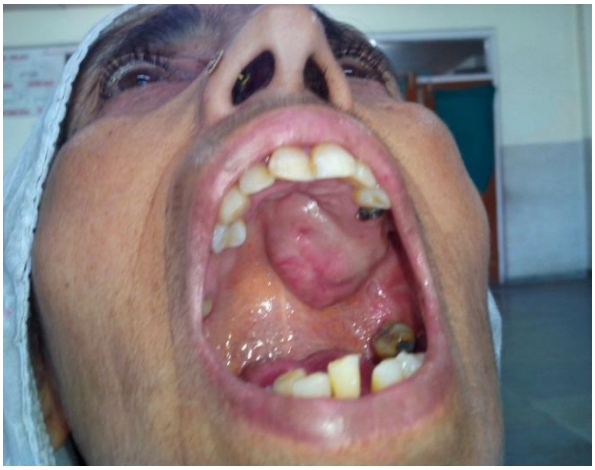

Fig 1. Palatal Swelling Left Side

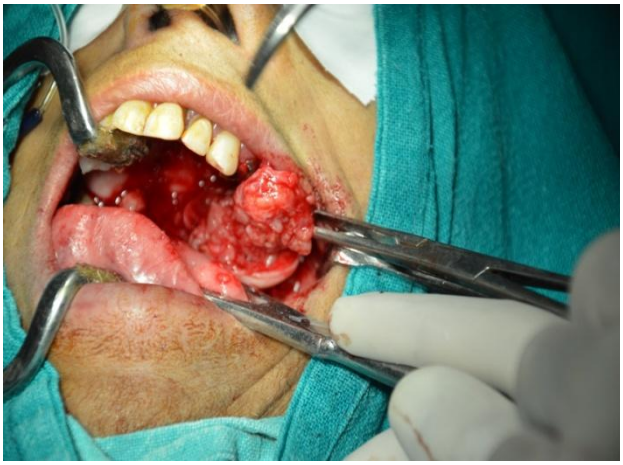

Fig 4. Surgicle excision of lesion

DISCUSION

Canalicular adenoma is a benign neoplasm of the salivary glands. The most common site of occurrence is the upper lip followed by the buccalmucosa. Its occurrence in palate is very uncommon5 .Parvizi et al had reported a palatal canalicularadenoma which had extensive ulceration, necrosis with bluish and erythematous discolouration6 . Present case had no signs of ulceration and the surface was smooth. Ellis and Auclairanalyzed 121 cases of Canalicular adenoma and that found only four (3.3%) arise in the palate3 . (Ellis) Bauer and Bauer used the term Canalicular adenoma in 1953; Bhaskar and Weinmann were the first to use the term to describe this lesion5 . The Canalicular adenoma was once considered to be a type of "monomorphic adenoma".1970 Rauch and colleagues classified benign salivary gland neoplasms into two broad categories, monomorphic and pleomorphic adenomaCanalicular adenoma and basal cell adenoma were once considered to be a type of monomorphic adenoma. 1972 WHO histological classification of salivary gland tumors puts them under other type of monomorphic adenoma7 . Among the "monomorphic adenomas" there are following varieties; warthinstumour (or) papillary cyst adenoma lymphomatosum, oncocytoma or oxyphillicadenoma. In 1981 Batsakis and Brannon had given histological classification of monomorphic adenoma8.

1. Tumours of terminal duct origin

A. Basal cell adenoma

B. Canalicular adenoma

2. Tumours of terminal or striated duct origin

A. Sebaceous adenoma

B. Sebaceous lymph adenoma

3. Tumours of striated duct origin

A. Oncocytoma

B. Papillary cyst adenoma lymphomatosum

4. Tumours of excretory duct origin

Sialadenomapapilliferumor inverted ductalpapilloma.

The basal cell adenoma and canalicularadenoma have relatively specific clinical and histopathological features, categorizing this tumourunder monomorphic adenoma is ambiguous9,10 . Microscopic features of the Canalicularadenoma fairly mimicks membranous type of basal cell adenoma but it is insignificant since both arebenignlesion with no remarkable recurrence rate. Recurrence is rare in case of excision of tumour along with gland irrespective of multilobularity of the tumorclinically or histopathologically11. Our case shows no evidence of cellular pleomorphism, single lobularityand no other dysplastic features, to conclude it's a clear cut case ofCanalicular adenoma of palate, recommended for excision.So complete removal of platal growth after reflecting palatal flap was done.patient closely followed up although recurrence is rare in single lobular benign canalicular adenoma.

REFERENCES

1. Neville BW, Damm DD, Allen CM, Bouquot JE. Oral and maxillofacial

pathology. Philadelphia: Saunders; 1995. p. 705.

2. Lélia Maria GuedesQueiroz ,Éricka Janine Dantas da Silveira , Maria de Lourdes Silva Arruda , Carlos César Formiga Ramos A rare salivary gland neoplasm: multiple canalicular adenoma -A case report. AurisNasus Larynx 31 (2004) 189–193
3. Rousseau. A, Mock.D, Dover. DG, multiple canalicularadenoma, a case report and review of the literature, oral surgery Oral pathology Oral medicine endo, 1999, 87: 346-50.
4. Patricasuarez, Hammond.HL, Luna.MA, palatal canalicular adenoma: report of 12 cases and review of literature, Ann. Diagnostic pethology, 1998; 2; 224-228.
5. Ellis. GL, Auclair PL, Gnepp DR, Kratochvicfscanalicularadenoma, surgical pathology of salivary gland.Philadelphia, WB Saunders, 1991. Page no. 202-224.
6. Parvizi F, RippinJW, Edmondson HD:Canalicularadenoma of the palatal mucosa. Br DentJ 1996; 18 t :27-28
7. Seifert G, Sobin LH. Histological classification of salivary gland tumours. In: World Health Organisation. International histological classification of tumours. Berlin: Springer Verlag; 1991.
8. Batsakis JG, Branon RB; Dermal analogue tumours of major salivary gland. J. Laryngolotol. 95, 155, 1981.
9. Anrosaferrete, Luciano lauria, Carvalho.DE. Basal cell adenoma; A case report. American association of oral and Maxillofacial surgeons: 55, 1323-25, 1997.
10. Sousa som, Melhdory, Araujo. NS, Immunohistochemistry of basal cell adenoma and canalicular adenoma of minor salivary gland. Oral surgery oral medicine oral pathology, 1995; 458
11. Youn. AJ, Beller.ED, Woo LV. Bilateral canalicularadenoma of the upper lip. Oral surgery Oral med Oral path Oral radiology endo, 2006; 102; 341- 343.