

Metastasizing Pleomorphic Parotid Adenoma: Massive recurrent parotid Pleomorphic Adenoma with Concurrent Ipsilateral Cervical Node Metastases

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Abstract

Aim : The purpose of our study is to show through, two observations of a rare massive recurrent parotid pleomorphic adenoma (PA) with concurrent ipsilateral cervical node metastasis, the epidemiological aspects and the management of this uncommon pathology.

Observation :

Case 1 : A 56-year-old male was referred to our center with a history of a right extrafacial parotidectomy for pleomorphic adenoma. One year later he presented a right facial nerve palsy with a huge parotid tumor. MRI was in favor of PA and showed multiple homolateral cervical adenopathies.

Case 2 : A 70-year-old male was referred to our center with a history of a left extrafacial parotidectomy for PA twice operated. 18 year later he presented with a huge parotid and cervical mass. MRI and SPECT-CT was in favor of a recurrent PA.

A non-conservative total parotidectomy with homolateral neck dissection were performed. The diagnosis of parotid gland PA with homolateral lymph node metastasis was confirmed in anatomopathological examination.

Conclusion : No clinical or histological criterion allows distinguishing between recurrent metastatic forms and non-recurrent metastatic PA. The metastatic mechanism is not clearly elucidated yet. The best treatment for metastases of a PA is surgical excision. Clinical rather than pathologic evidence seems to justify inclusion of metastasizing salivary pleomorphic adenoma in the group of low-grade malignant salivary tumors.

Aim

The purpose of our study is to show through, two observations of a rare massive recurrent parotid pleomorphic adenoma (PA) with concurrent ipsilateral cervical node metastasis, the epidemiological aspects and the management of this uncommon pathology.

Methods

We studied two cases of male patients presenting with metastasizing pleomorphic adenoma of the parotid gland.

Case 1: 56 yo ♂, right parotid gland swelling + facial asymmetry. History of extra facial right parotidectomy one year ago → pleomorphic adenoma → No postoperative complication.
Examination: Right painful enlargement of the parotid region.
+ Right facial nerve palsy grade 4 (House-Brackmann (HB) scale).
+ Right cervical lymph node enlargement (1 cm).

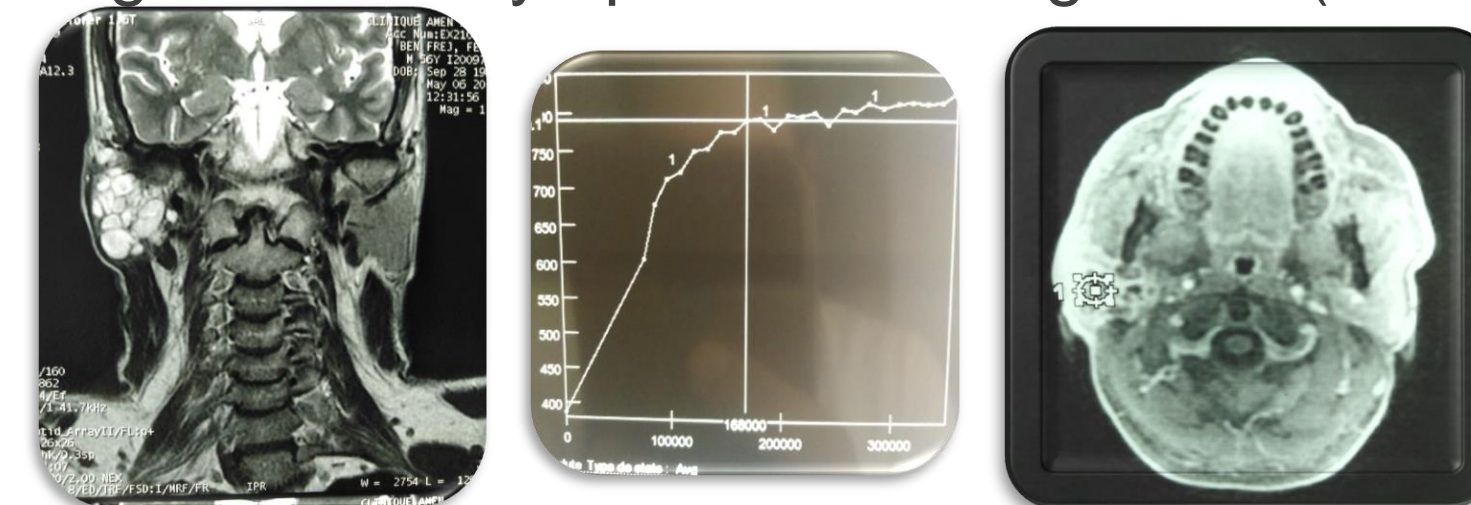


Figure 1:
MRI scans
→ Pleomorphic Adenoma

Treatment: Total parotidectomy with homolateral neck dissection of levels II, III and IV

Pathology: Hypercellular pleomorphic adenoma with one homolateral lymph node metastasis of level IIa
→ Patient disease free one year after surgical intervention.

Case reports

Case 2: 70 yo, ♂, High blood pressure + Renal failure, left parotid gland swelling + facial asymmetry.

Medical History: 2-stage total parotidectomy for recurrent pleomorphic adenoma 10 years ago
→ Facial paralysis affecting the lower part of the face.

Examination: Left parotid swelling (4 cm) polylobed firm fixed painless. Left cervical lymph node enlargement of 3 cm in sector III. Left facial nerve palsy grade 3 HB Scale



Figure 2: parotid and laterocervical swelling

MRI: Multifocal tissue process + several nodular lesions with a mass left external masseter muscle → left maxillo-orbital region + Zygomatic bone erosion and subcutaneous sinus extension.

Figure 3:
PET Scan Findings:
Hypermetabolic fixation

Conclusion

Metastasizing pleomorphic adenoma occurs in patients who underwent a salivary gland surgery in the past. The latency period between the first surgery and the recurrence, known to be above 10 years in literature was only one year in our case. The metastases are observed more frequently in bones, lung, and lymph nodes. One case of hepatic metastasis has been reported in literature. [1]

The treatment used in most cases was total parotidectomy, with surgical excision of the metastasis. No clinical or histological criteria predicts the recurrence and metastasis of pleomorphic adenoma. The metastasis mechanism: vascular implantation of tumour cells can occur during the first surgery causing metastasis by hematogenous route. [2]

References

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