**Salivary Gland Tumors**:

**Benign Tumors:** - Pleomorphic Adenoma

- Monomorphic Adenoma

- Papillary Cystadenoma Lymphomatosum

- Oncocytoma

- Others

**Malignant Tumors:** Include the following ……..

- Mucoepidermoid Carcinoma.

- Adenoid cystic carcinoma.

- Acinic cell carcinoma.

- Adenocarcinoma.

- Lymphoma.

The majority of salivary gland tumors (about80%) arise in the parotidglands, the submandibular glands (10 to 15% of tumors), and the remaining tumors develop in the sublingual or minor salivary glands.

- Any tumors arising from salivary duct epithelium are adenocarcinomas. For minor salivary glands, pleomorphic adenoma is the most common benign tumor.

-The mucoepidermoid carcinoma is the most common malignant tumor and the risk of malignancy for all salivary tumors increases as the size of the tumor decreases.

**PLEOMORPHIC ADENOMA**:

Is the most common tumor of the salivary glands (about 60% of all salivary gland tumors.( . It is often called a mixed tumor because it consists of both epithelial and mesenchymal elements. Pleomorphic adenomas may occur at any age, but the highest incidence is in the fourth to sixth decades of life. It also affects the children.

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**Clinical Presentation**:.

- slow growing painless, firm, and mobile masses.

-usually occur in the posterior inferior aspect of the superficial lob, while in the submandibular gland present as well-defined palpable masses.

- It is difficult to distinguish these tumors from malignant neoplasms and indurated lymph nodes. Pleomorphic adenomas can vary in size, depending on the gland in which they are located.

- In the parotid gland, the tumors are usually several centimeters in diameter but can reach much larger sizes if left untreated. Intraoral, mostly occur on the palate, followed by the upper lip and buccal mucosa.

**Treatment:**

-Surgical removal with adequate margins is the principal treatment. Because of its microscopic projections, this tumor requires a wide resection to avoid recurrence.

-A superficial parotidectomy is sufficient for the majority of this lesion.

**MONOMORPHIC ADENOMA:**

A monomorphic adenoma is a tumor that is composed predominantly of one cell type, as opposed to a mixed tumor (pleomorphic adenoma), in which different elements are present.

Management is the same as pleomorphic adenoma.

**Papillary cystadenoma lymphomatosum:**

-It is known as Warthin’s tumor, is the second most common benign tumor of the parotid gland.

- It represents ≈6 to 10% of all parotid tumors and is most commonly located in the inferior pole of the gland, posterior to the angle of the mandible.

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**Clinical features:** well-defined, slow-growing mass in the tail of the parotid gland. It is usually painless unless it becomes superinfected.

-Surgical removal, recurrences is rare

**Malignant Tumors:-**

**MUCOEPIDERMOID CARCINOMA:**

-It is the most common malignant tumor of the salivary glands mainly in the parotid gland and the second tumor in the submandibular gland, after adenoid cystic. The palate is the second most common site .Men and women are affected equally by this tumor, and the highest incidence occurs in the third to fifth decades of life.

-Mucoepidermoid carcinoma consists of both epidermal and mucous cells.

-The tumor is classified as of either a high grade or a low grade, depending on the ratio of epidermal cells to mucous cells. The low-grade tumor has a higher ratio and is a less aggressive lesion whereas the high-grade form is considered to be a more malignant tumor and has a poor prognosis.

**Clinical Presentation**:

-The clinical course of this lesion depends on its grade. The high-grade mucoepidermoid carcinomas often demonstrate rapid growth and a higher likelihood for metastasis,

- Pain and ulceration of overlying tissue are associated with this tumor.

-If the facial nerve is involved, the patient may exhibit a facial palsy.

**Treatment:**

-A low-grade mucoepidermoid carcinoma can be treated with a superficial parotidectomy if it involves only the superficial lobe.

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-High grade lesions should be treated by wide excision but the tumor may recur.

-Neck dissections may be necessary for lymph node removal and staging in high-grade lesions.

-Postoperative radiation therapy has been shown to be a useful adjunct in treating the high-grade tumor.

**ACINIC CELL CARCINOMA**:

Acinic cell carcinoma represents about 1% of all salivary gland tumors. This tumor occurs with a higher frequency in women.

**Clinical presentation:**

 -These lesions often present as slow growing masses.

 -Pain may be associated with the lesion but is not indicative of the prognosis.

 -The superficial lobe and the inferior pole of the parotid gland are common sites of occurrence.

 -Bilateral involvement of the parotid gland has been reported in approximately 3% of cases.

**Treatment**:

- Acinic cell carcinomas initially undergo a relatively benign course,the treatment consists of superficial parotidectomy, with facial nerve preservation if possible.

-When these tumors are found in the submandibular gland, total gland removal is the treatment of choice.

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**ADENOID CYSTIC CARCINOMA:**

Adenoid cystic carcinomas make up about 6% of all salivary gland tumors and are the most common malignant tumors of the submandibular and minor salivary glands. The tumor affects men and women equally and usually occurs in the fifth decade of life.

**Clinical presentation:**

Adenoid cystic carcinoma usually presents as a firm unilobular mass in the gland. The tumor is painful, and parotid tumors may cause facial nerve paralysis in a small number of patients. Unfortunately, the tumor’s slow growth may delay diagnosis for several years.

**Treatment:**

Because of the ability of this lesion to spread along the nerve sheaths, radical surgical excision of the lesion is the appropriate treatment.

Radical surgery refers to the removal of blood supply, lymph nodes and sometimes adjacent structures of a diseased organ or tumor during surgery.

**CARCINOMA EX PLEOMORPHIC ADENOMA:**

Carcinoma ex pleomorphic adenoma is a malignant tumor that arises within a pre-existing pleomorphic adenoma. The malignant cells in this tumor are epithelial in origin and this tumor represents 2 to 5% of all salivary gland tumors.

**Clinical presentation**:

These tumors are slow growing and present for 15 to 20 years before they suddenly increase in size and become clinically apparent. It occurs more often in pleomorphic adenomas that have been left untreated for long periods of time (It is for this reason that early removal of pleomorphic adenomas is recommended).

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**Treatment:**

-This is a malignant salivary gland tumor that has an aggressive course and that carries a very poor prognosis. Surgical removal with postoperative radiation therapy is the recommended treatment.

 -Early removal of benign parotid gland tumors is recommended to avoid the development of this lesion.

**Lymphoma:**

A salivary gland is the first clinical manifestation of the disease. Primary lymphoma of the salivary glands probably arises from lymph tissue within the glands It is a rare. The major forms of lymphoma are non-Hodgkin’s lymphoma (NHL) and Hodgkin’s disease.

**Clinical feature:**

A rapidly growing tumor with extensive local growth, invasion of surrounding tissues, cervical node metastasis but high rates of distant metastasis

**Treatment:**

Early and aggressive surgery with close follow up is required.

**THANK YOU**

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