



Primary Squamous Cell Carcinoma of Parotid Gland

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ABSTRACT

Primary squamous cell carcinoma of the parotid gland is a rare aggressive malignancy. It is a rapidly advancing lesion which, if not recognised and treated early, results in high morbidity and mortality. Despite radical surgery and adjuvant radiotherapy, prognosis of this cancer continues to be poor. Careful clinical and histological examination is mandatory to differentiate this tumour from metastatic squamous cell carcinoma and other primary malignancies of the parotid. The authors hereby report the case of a 55-year-old female patient who presented with a progressively increasing, painless mass in parotid region of 3 months duration. A histopathological examination confirmed that the tumour was squamous cell carcinoma. As no other primary source could be demonstrated in the patient, a final diagnosis of primary squamous cell carcinoma of parotid was made. Currently the patient is on regular follow-up without any signs of recurrence.

Keywords: *squamous cell carcinoma, parotid tumors*

INTRODUCTION

Most squamous cell carcinomas in parotid region represent metastases in intraparotid lymphnodes of Tumors located in the oral cavity, some other region in the upper aerodigestive tract or skin.^[1]

Primary squamous cell carcinoma (SCC) originating in the parotid is rare. The reported incidence of SCC of the salivary gland is only 0.3% to 1.5%.^[2]

CASE: A 55 years female presented with ear discharge and blockage in right ear since 3 months. The discharge was mucoid in nature .After antibiotic medication, discharge was relieved but patient developed a swelling in right infraauricular region (parotid), swelling was small and round in shape about 8 mm in size . No neck nodes were palpable. Patient being a non smoker and had no significant medical or surgical history in past. She denied any history of weight loss or similar swelling in past. No history of previous radiation exposure was there. Patient subsequently went for FNAC that showed normal acinar cells only (inconclusive) .Patient’s swelling progressed and reached to size of 2 cms. The swelling was smooth, spherical at right parotid region, which was normothermic, non-tender, firm in consistency. Regional lymph nodes were not palpable.

USG neck showed a lobulated hypoechoic lesion 18×15mm in relation to parotid.

CT scan revealed a heterogenous mass lesion infiltrating both deep and superficial lobes of parotid gland.

Blood examination revealed hemoglobin 10.2 gm/dl. Blood chemistry was normal. Chest X-ray was normal. Patient was again subjected to FNAC and smears were cellular showing pleomorphic squamous cells and also some mucous cells and case was reported as mucoepidermoid carcinoma.(fig 1 &2)

Patient underwent radical parotidectomy with superior node dissection.

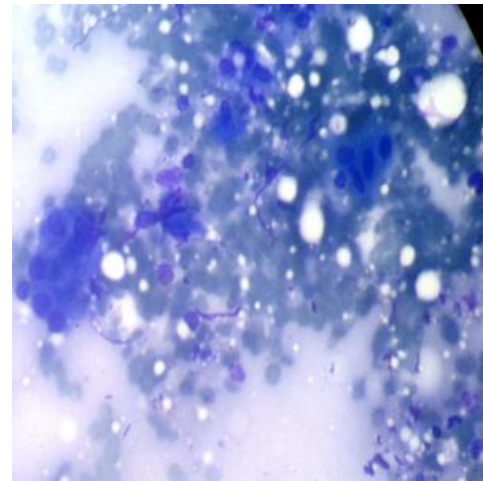


Figure 1

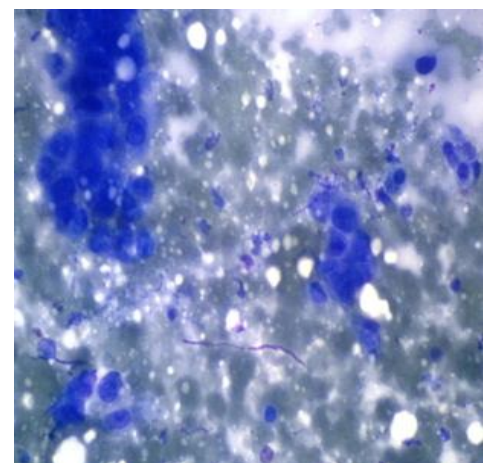


Figure 2

Figure 1and 2- shows pleomorphic squamous cells and some mucous,

After receiving parotidectomy specimen, cut section revealed a grey white to yellowish lobulated growth measuring 4× 3cms(fig 3& 4).

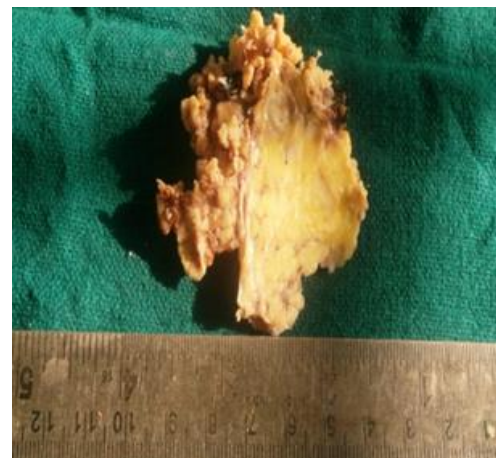


Figure3

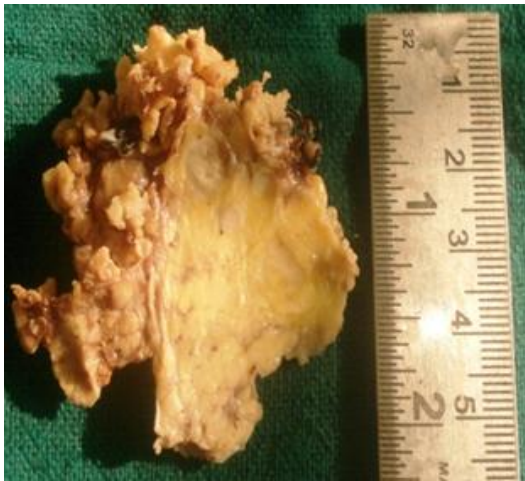


Figure 4

Figure 3 and 4 –shows grey white lobulated growth along with normal parotid gland.

Microscopic examination revealed well differentiated squamous cell carcinoma of parotid gland(fig 5,6 7).

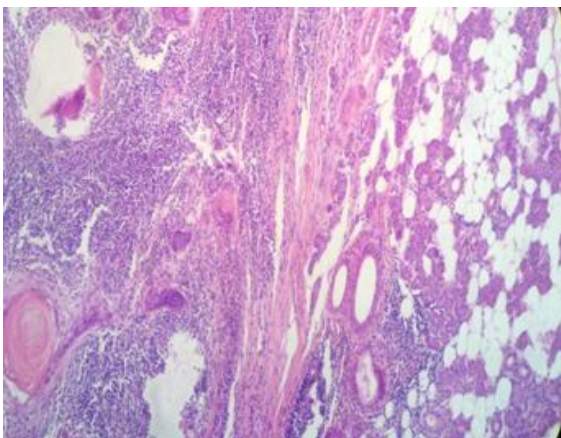


Figure 5

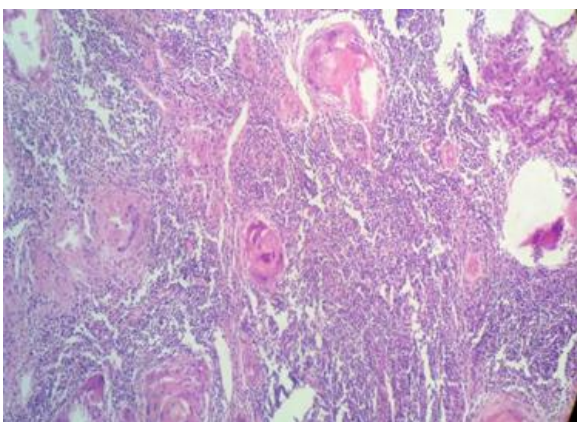


Figure 6

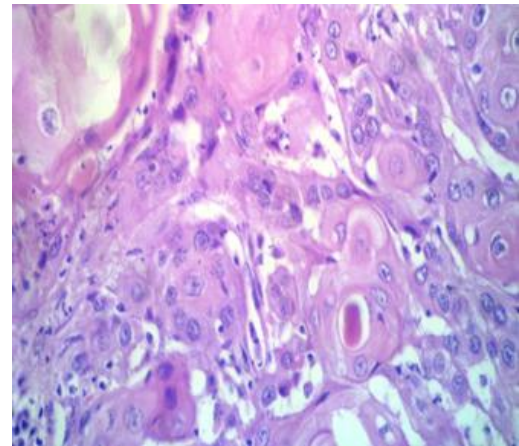


Figure 7

Figure 5 and 6[10x]- shows normal salivary gland acini and malignant squamous cells with well defined keratin pearls.

Figure 7[40x]-shows individual large pleomorphic squamous cells and areas of keratinization

After patient was screened with imaging (CT & PET scan) for primary at any other site, the tumor was labeled as primary squamous cell carcinoma of parotid gland.

Patient was treated with chemotherapy and radiotherapy and is disease free on follow up.

DISCUSSION

Tumors of the parotid gland are a histologically diverse group of neoplasms that exhibit a wide spectrum of biologic behaviors. True squamous cell carcinoma of parotid gland are very rare, some represent the malignant component of mixed tumor, and others are predominantly squamous cell types of high grade mucoepidermoid carcinoma.^[3]

The tumor usually occurs in patients aged 65 years or older. Half of the patients present with an asymptomatic parotid gland mass, and others present with a painful parotid mass, Facial

paralysis or neck mass. These tumors grow rapidly and infiltrate the surrounding structures. Deep fixation and facial nerve paralysis is associated with a poor prognosis. The treatment of choice is radical surgery but radiation therapy is also effective.^[4]

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