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Accessory Parotid Gland Tumour - A Rare Case Report

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I. Introduction

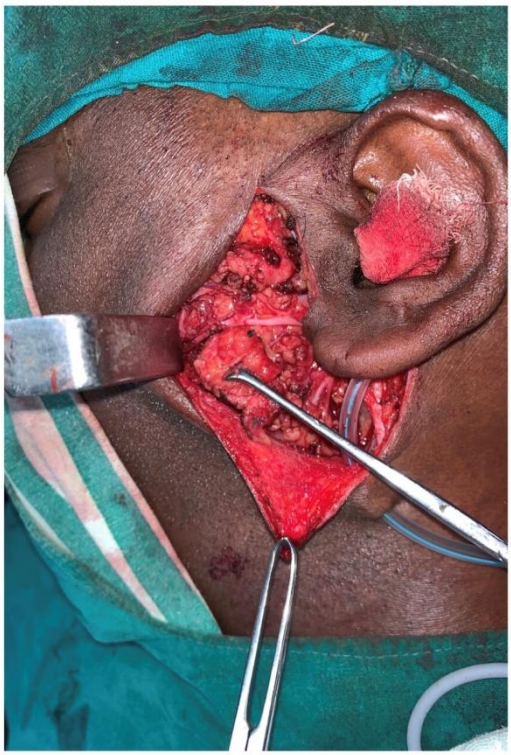
Accessory parotid gland tumor is a rare entity presenting as mid-cheek swelling or infra zygomatic swelling. Its anatomical location usually associated with stensen's duct, lying on masseter muscle, and it is away from the main parotid gland. Blood supply is generally from the transverse facial artery, and it empties into stensen's duct via accessory duct. We report a case of mid cheek swelling arising from the accessory parotid gland, a pleomorphic adenoma. In the literature, the incidence of accessory parotid gland tumors is around 1-7.7%. Only a few cases were reported till now. Diagnosis and surgical management are very crucial for accessory parotid gland tumors, as they are notorious for recurrence.

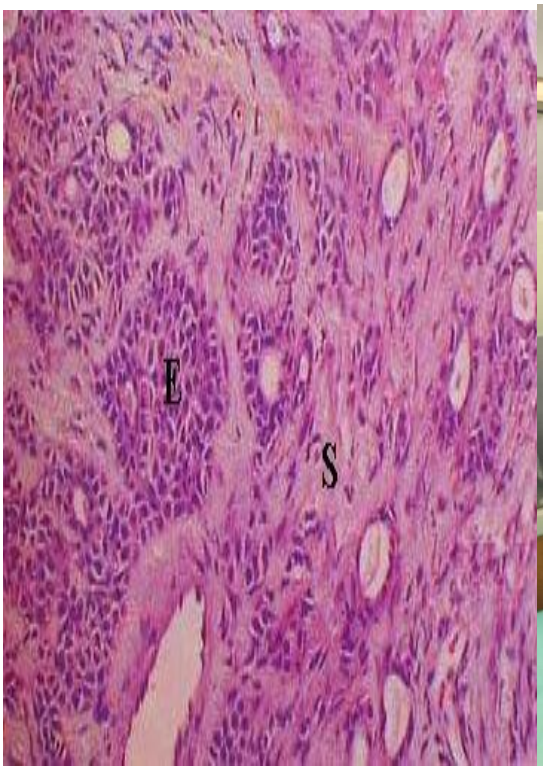
II. Case Report

A 45-year male presented to opd with recurrent left mid-cheek swelling for the past three years, which was gradually progressive slow-growing swelling, there were no other complaints except swelling, he had a past history similar complaint at 26 years back for which he was previously operated with a mid-cheek incision. Now he presented with recurrence. On examination, a solitary firm swelling noted in the left mid-cheek region, which is mobile in all axis, the skin is not lifted due to scar tissue of size 1.5cm x 0.5 cm.

III. Investigations

Complete hemogram done, along with renal function test and electrolytes, Ultrasound of left cheek showed scar tissue with a well-defined echogenic lesion of size 1.5 cm x 2.5 cm in the subcutaneous and muscle plane away from left parotid gland, with few enlarged intra glandular nodes in the left parotid region. There were no other swellings in head and neck region,FNAC showed columnar looking epithelial cells and myoepithelial cells in clusters and cohesive sheets suggestive of Pleomorphic adenoma, MRI has done due to recurrent swelling suggesting the tumor is superficial to masseter, Operated with Modified Blair's incision conservative superficial parotidectomy done and flaps are raised 1cm beyond tumor margin where tumor is attached to buccal branch of facial nerve. And the tumor is 1.5 cm away from the main parotid gland, and it is above to stensen's duct. Good clearance was achieved. HPE report - Pleomorphic adenoma. Later post operatively patient landed on neuropraxia which he recovered after 3 months with medical management.





E-epithelial components
S-stromal components

IV. Discussion

The accessory parotid gland is devoid of the main parotid gland at a usual distance of 6mm in 21-61% individuals according to various autopsy studies lying on the masseter above stensen's duct. [(1)] The tumor usually lies above the imaginary line joining tragus and midpoint in between ala of nose and vermilion of the upper lip, which corresponds to accessory parotid tissue. [(2)] As its duct empties into stensen's duct. There are

two variants of accessory parotid glands one is directly attached to the main gland other is one which is detached glandular mass, the incidence of accessory parotid gland tumors is 1% according to Johnson and Spiro. [(3)] while it is 7.7% according to perzik and white. [(4)] Most of them were primary malignant ones. Most common tumors arising from accessory parotid gland is pleomorphic adenoma, there are few other cases reported like non-Hodgkin's lymphoma, salivary cysts, monomorphic adenomas, malignant potential is slight higher compare to main parotid gland which is 26-50%.[(4)]due to lack of anatomical barriers these tumors may have soft tissue infiltrations. X-ray sailogram usually used to detect the accessory duct. While MRI and CT used to identify extension and plane. There are two classical surgical approaches for accessory parotid gland tumors one is mid-cheek incision other one is standard modified Blair's incision. Modified Blair's incision is best out of this. where there is less chance of facial nerve damage 7% compare to mid-cheek incision which was 40% according to Johnson and Spiro.[(3)]

V. Conclusion

The overall incidence of accessory parotid gland tumor is 1 %, presentation and histological picture does not differ much from the main gland, all mid-cheek swellings must evaluate properly, the best incision for mid-cheek swellings is Modified Blair's incision --Avoidance of nerve damage- Good tumor margin clearance-cosmetically best results are achieved, the First case of recurrent accessory parotid gland tumor reported in Department of General Surgery, SVRRGGH, Tirupati.

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