

Palatal- Tumours: In A Private Clinic- Wholshe Medical Centre Jos.

Nimkur, L. T.

Wholshe Medical Centre Tudun Wada Ring Road Jos Plateau State, Nigeria.

Abstract:

Introduction-Palatal tumours occur on the hard and soft palate, mostly of minor salivary gland origin. Growth is usually slow growing, painless resulting in speech disturbances, difficulty in swallowing and breathing, thus presenting for medical attention. The tumour could be benign or malignant, but noted to be mostly benign by many studies around the world^{1,2,3,4,5,7,8,9,10}. Palatal tumours can occur at any age^{8, 9,10}, with a female preponderance and the peak age of occurrence is between the fourth and the fifth decade of life^{2,5, 9,10}. Surgical excision is the treatment of choice^{6,9,11}.

Method- A 5 year retrospective study to compare findings with those of other parts of the world. Patients' records were traced and analyzed for age, gender, presentation and histological diagnosis; and results discussed.

Results-Reveals age distribution between 0 and 60 years, peak age of occurrence is the fourth (40%) and fifth (32%) decade, female preponderance^{2,5,9,10}, male 9 (36%) and female 16 (64%) giving a M: F of 1:1.78; 22 (88%) cases were benign (pleomorphic adenoma)^{1,2,3,4,5,7,8,9,10} and 03 (12%) cases malignant (mucoepidermoid carcinoma). Surgical excision was the treatment of choice with adequate margin to avoid recurrence^{6,9,11}. **Conclusion**- Palatal tumours can occur at any age with peak age at the fourth and fifth decades of life. There is a female preponderance, majority of them are benign (pleomorphic adenoma) and Surgical excision is the main treatment modality.

Keywords: Palatal, Tumours, Benign, Malignant.

Date of Submission: 06-09-2019

Date of Acceptance: 21-09-2019

I. Introduction

Palatal Tumours are masses that occur in the hard and the soft palate; they are usually part of tumours of the Oropharynx and mostly of the minor salivary gland origin. The growth could be on the right or left side of the palate and are usually slow growing in nature and painless. Symptoms presented are- the feeling of a mass in the mouth, speech disturbance, difficulty with swallowing⁹ and also with breathing as the mass increases in size. The mass could bleed suddenly if it develops ulcers especially for those that are malignant. Minor salivary gland tumours can occur at any age but the peak age of occurrence is between the fourth and the fifth decade of life^{2, 5,9 10}, however it is known to very rare in children. It is also noted to have a female preponderance^{2, 5,9,10}. Palatal tumours could be benign or malignant as noted in literature, with some having the believe that most minor salivary gland tumours are malignant; however of recent it has been noted that most palatal tumours are benign in nature with the pleomorphic adenoma (PA) as the most common^{1,2,3,4,5 7 8 9 10}. Palatal tumours can be malignant with the mucoepidermoid carcinoma as the commonest by some studies and also as noted in this study or the adenoid cystic carcinoma as noted by some other researchers. Malignant Palatal tumours do not usually present with classical signs of malignancy like weight loss, cervical lymphadenopathy etc, thus diagnosis of malignancy must be histologically done. Treatment of most palatal tumours is surgical with adequate margin^{6, 9, 11}; but the malignant tumours might require chemo-radiation therapy. Recurrence is noted with palatal tumour treatment due mostly to incomplete excision, seeding, cutting through the microscopic extra capsular projections or rapture of the capsule^{1,4,6,9}.

II. Method

The study is retrospective looking at the clinical practice in a private clinic over a five year period (Jan. 2014-Jan. 2018) as carried out by one clinician to compare with studies in other parts of the world.

Patients' records were retrieved and analyzed for age, sex and treatment outcome (i.e. excision with histological diagnosis) for those presenting with palatal tumours. Results are recorded and discussed appropriately.

III. Results

Table 1: Age Distribution.

| Age | No. | % |
|-------|-----|-----|
| 0-10 | 00 | 0 |
| 11-20 | 02 | 8 |
| 21-30 | 02 | 8 |
| 31-40 | 10 | 40 |
| 41-50 | 08 | 32 |
| 51-60 | 03 | 12 |
| Total | 25 | 100 |

Table 2: Gender/Frequency.

| | Frequency. | % |
|------------------------------|------------|----|
| Male | 09 | 36 |
| Female | 16 | 64 |
| Male : Female (M:F) = 1:1.78 | | |
| Benign | 22 | 88 |
| Malignant | 03 | 12 |

- i-Palatal side affected- Right—20 patients (80%).
-Left---05 patients (20%).
- ii-Ulcerated mass— 03 patients (12%).
- iii-Un ulcerated mass— 22 patients (88%).

It is noted that the tumour affected the right side 20 (80%) of the palate more than the left 05 (20%) in patients that were managed in this clinic; there was mucosal ulceration in three patients (12%) at presentation and twenty two patients (88%) had intact mucosa thus most of the patients presented because of difficulty in speech, swallowing and breathing. Two cases (8%) presented between age 11 and 20; two cases (8%) age 21 and 30; ten cases (40%) age 31 and 40; eight cases (32%) age 41 and 50; and three cases (12%) age 51 and 60. There were a total of 25 patients under consideration, 9 (36%) males and 16 (64%) females giving a female preponderance with a male to female (M: F) ratio of 1:1.78. There were 22 (88%) benign cases which are all pleomorphic adenoma histologically and 03 (12%) malignant cases which are mucoepidermoid carcinoma in nature. All the patients had excision of the tumours with adequate margin and specimen sent for histological analysis. Patients with pleomorphic adenoma were then followed-up, while those with mucoepidermoid carcinoma were sent for chemo-radiation to complete their treatment. All patients were then followed-up for about 3 to 6 months for signs of recurrence.

IV. Discussion

Minor salivary gland tumours can occur in any age group, but as has been noted in many research works it occurs most commonly within the fourth and the fifth decades of life^{2, 5, 9, 10}. Findings in this study are in agreement with this –Table 1. In the study also, it is noted that the tumours presented more on the right side of the palate. This has not been a finding in literature; however it cannot be emphatic due to the small size of the study population. It therefore requires more studies involving larger sample sizes in different parts of the world. There was mucosal ulceration in three patients at presentation whose histological came out to be malignant (mucoepidermoid carcinoma) in keeping with literature-Table2. The remaining cases which had intact mucosal covering came out histologically as benign (pleomorphic adenoma), the commonest benign tumour in the palate^{1, 2, 3, 4, 5, 7, 8, 9, 10}-Table2. Of the 25 patients in this study, 9 were males while 16 were females giving a female preponderance and a male to female (M: F) ratio of 1:1.78 which is similar to some studies^{2, 5, 9, 10}. All the patients were given surgical excision with adequate margin as a form of treatment and to obtain a definitive diagnosis. The tumours that were malignant had further treatment with chemo-radiation therapy. Follow-up was instituted for between 3 to 6 months watching out for signs of recurrence which was not noticed. It has been reported in many studies that complete excision of palatal tumours with adequate margin prevents recurrence of the tumour^{6, 9, 11}. From this study, it is noted that complete excision was the main treatment modality and was to the satisfaction of both the patients and the clinician.

V. Conclusion

Palatal tumours can occur at any age with a peak age of occurrence as the fourth and fifth decade. It has a female preponderance and majority of them are benign (pleomorphic adenoma) with mucoepidermoid carcinoma as the major malignant tumour. Complete excision with adequate margin is the major treatment modality and also prevents recurrence. Competing interest: None.

References

- [1]. Pons Vicente, Olivia Almendros-Marques, Nieves Benni Aytes, Leonardo Gay Escoda, Cosme. Diposit DIGITAL Sept. 2008, Vol. 13, num. 9, P. 582. Minor Salivary gland tumours: a Clinico pathological study of 18 cases.
- [2]. M. Toida, K.Shimokawa, H.Makita, et al. International Journal of Oral and Maxillofacial Surgery. July 2005. Vol. 34. Issue 5. Pages 528-532. Intraoral Minor Salivary gland tumours: a clinicopathological study of 82 cases.
- [3]. Coates HL, Devine KD, Desantos LN, Weilan LH. Europe PMC. Apr 1975, 140 (4): 589-593. Glandular tumours of the palate.
- [4]. Clauser, Luigi MD, DMD, PhD, Mandrioli, Stefano MD, Dallera, Vittorio MD, et al. The Journal of Craniofacial Surgery. Nov. 2004, Vol. 15. Issue 6. P. 1026-1029. Pleomorphic Adenoma of the Palate.
- [5]. Kaoru Kusama, Shinkichi Iwanari, kunio Aisaki et al. The Journal of Nihon University school of Dentistry. 1997. Vol. 39, Issue 3, Pgs 128-142. Intraoral Minor Salivary gland tumours: A retrospective Study of 129 Cases.
- [6]. Mubeen K; Vijayalashmi K. R; Abhishek Ranjan Pati, Giraddi and Chandravir Sigh. Journal of Dentistry and Oral Hygiene. June 2011. Vol.3 (6), pp 82-88. Benign Pleomorphic adenoma of minor salivary gland of palate.
- [7]. Charles A. Waldron, MD (prof. Emeratus), Samir K. El-Mofdy DMD, PhD (Associate Prof. of Pathology), Douglas R. Gnepp MD (Associate Prof. of Pathology). Oral Surgery, Oral Medicine, Oral Pathology. Sept.1988, Vol. 66, Issue 3, Pages 323-333. Tumours of the intraoral minor salivary glands: A demographic and histologic study of 426 cases.
- [8]. J. L. Lopez-cedrun, G. Gonzalez-Landa, B. Birchiraga. International Journal of Oral and Maxillofacial Surgery. June 1996, Vol. 25, Issue 3, Pages 206-207. Pleomorphic adenoma of the palate in children: report of a case.
- [9]. Yogesh Sharma, Anisha Maria, and Amit Chhabria. National Journal of Maxillofacial Surgery. 2011 jul-Dec; 2 (2); 169-171. Pleomorphic adenoma of the palate.
- [10]. F. A. Ito, PA, Vargas, O. P. de Almeida, M. A. Lopes. International Journal of Oral and Maxillofacial Surgery. July 2005, Vol. 24, Issue 5, Pages 533-536. Salivary gland tumours in a Brazilian Population: a retrospective study of 496 cases.
- [11]. William J. Frable MD, Richard P. Elzay DDS. Cancer. (American Cancer Society). April 1970, Vol. 25, Issue 4, Pages 932-941. Tumours of Minor Salivary glands: A report of 73 cases.