Interesting case conference

10/15/12
Clinical Background:

• 71-year-old woman

• History of left sublingual gland neoplasm status post excision in 9/2010.

• Multiple surveillance MRIs since showing no evidence of recurrence

• In October 2012, a 1.4 cm submental mass/lymph node was identified, an image-guided FNA was scheduled to rule out metastasis.
Cytomorphologic Findings:

Sheets and irregular clusters of epithelial cells, some showing a glandular configuration

Cells have scant to moderate cytoplasm, some cells have a columnar appearance

Bland cytology, minimal nuclear pleomorphism

Extracellular matrix present, some present as globules reminiscent of adenoid cystic carcinoma
• Previous surgically resected specimen pulled for review.
**FINAL DIAGNOSIS**

Positive for malignancy.

Consistent with metastasis from the patient's salivary gland primary *(polymorphous low-grade adenocarcinoma)*.
Summary of PLGA

• Low-grade malignancy, has an overall favorable prognosis
• Occurs almost exclusively in minor salivary glands (FNAs occasionally encountered)

Cytology
• Cells are very uniform appearing, can be arranged in tubules, cords, or clusters
• Has the look of a low-grade glandular lesion
• Extracellular matrix can be seen, occasional globules can be seen.
Summary of PLGA

• Differential

1. Adenoid cystic CA: Nuclei of a PLGA are not as hyperchromatic or angular; the cells of PLGA exhibit a more columnar appearance. In contrast, the cells of adenoid cystic CA are basaloid and hyperchromatic with scant cytoplasm.

2. Basal cell adenoma: Usually occurs in major salivary glands (most commonly in parotid) rather than minor salivary glands. Again, the cells in PLGA are less basaloid in appearance.