Interesting case conference

9/17/12
Clinical Information:

• 75-year-old female with a 20-year history of right-sided Bell's palsy of unclear etiology.
• Initially presented to otolaryngology clinic 10/2011 with a slowly enlarging right parotid mass for the last 5 years.
• A fine-needle aspiration performed 6/2011 at an outside hospital was read as “consistent with an adenoma”; the differential diagnosis included basal cell adenoma versus a pleomorphic adenoma.
• CT on 7/2011 demonstrated a 3.7 centimeter lesion within the superficial portion of the right parotid gland.
• Underwent a right total parotidectomy with possible facial nerve sacrifice 7/26/2012.
• Scrape smears prepared from the resection specimen at the time of frozen section.
Spindle cells associated with dense, metachromatic extracellular matrix
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Spindle cells with minimal cytologic atypia.
Adenoid-cystic carcinoma-like foci present.
Permanent sections of the salivary gland mass
FINAL DIAGNOSIS

MICROSCOPIC DIAGNOSIS:
1. Right parotid gland, subtotal parotidectomy: Myoepithelioma (5.3 cm). Margins free. Two benign lymph nodes.
Summary of Myoepithelioma

• Myoepithelial cells are identical to those present in a pleomorphic adenoma.
• Myoepithelial cells can adopt a spindle cell, clear cell, epithelioid, or plasmacytoid cell morphology.
• Some authors believe that myoepitheliomas are a monomorphic, single-cell type variant of pleomorphic adenomas.
• Variable amounts of extracellular matrix.
• Pleomorphic adenomas can exhibit adenoid cystic carcinoma-like foci. If myoepitheliomas are truly part of the spectrum of pleomorphic adenomas, this concept would apply to myoepitheliomas as well.