Global Scientific JOURNALS

GSJ: Volume 6,Issue 3, March 2018, Online: ISSN 2320-9186

www.globalscientificjournal.com

PAROTID ADENOCARCINOMA, NOT OTHERWISE SPECIFIED (NOS) MANIFESTATES AS FACIAL PALSY

Tengchin Wang MD

1.Department of otolaryngology, Tainan municipal hospital (MANAGED BY SHOW CHWAN MEDICAL CARE CORPORATION), Tainan City, Taiwan

Background: Adenocarcinoma not otherwise specified (Adenocarcinoma NOS) has glandular or secretory differentiation and lack the histomorphologic features of other defined salivary carcinoma. The tumor is uncommon and appears to be more common in the major salivary gland, especially the parotid gland [1].

Method:

We report a 65 year- old –woman had suffered from a rapid growing mass in her right pre and infra-auricular area for 4 weeks. On physical examination, the mass exhibited poor mobility, that was extremely hard and 6 cm in diameter. Facial paralysis and post- auricular pain were recorded. Computed tomography revealed an ill-define mass about 3.6 × 2.4 × 3 cm at right parotid area, with heterogenous enhancement and several enlarged LNs among right neck. Bony decay was noticed over adjacent condyloid processs (Fig 1.). The fine needle aspiration was performed and the cytologic finding was poorly differentiated carcinoma.

Results: The extended parotidectomy with supraomohyoid neck dissection and marginal mandibulectomy were perfomed under the tentative diagnosis of malignant parotid tumor. We traced the frozen section of facial nerve that revealed tumor invading till main trunk, and the involving portion was sacrified later (Fig 2). salivary gland parenchyma infiltrated by poorly differentiated tumor cells with hyperchromatic and pleomorphic nuclei, occasional nucleoli, and eosinophilic cytoplasm arranged in solid nests, cords, or tubules (Fig 3). These tumor cells are positive for CK7,