Adenomatoid hyperplasia of palatal minor salivary glands

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The Journal of Laryngology & Otology / Volume 110 / Issue 02 / February 1996, pp 167 - 169
DOI: 10.1017/S0022215100133067, Published online: 29 June 2007

Link to this article: http://journals.cambridge.org/abstract_S0022215100133067

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Abstract
Adenomatoid hyperplasia of palatal minor mucous glands is rare but significant because the clinical appearance mimics malignant disease. The typical history of a painless, indolent palatal swelling, together with the histological picture of benign glandular hyperplasia and hypertrophy, are illustrated in this report.

Key words: Salivary gland diseases; Palate; Hyperplasia

Introduction
Adenomatoid hyperplasia of oral minor mucous salivary glands is an uncommon lesion which is most often encountered in the palate. Its importance lies in the clinical resemblance to more sinister disease. The principal histological features are hyperplasia and hypertrophy of mucous acini, changes which are of uncertain aetiology but which, like the clinical course, are entirely benign with adequate excision curative. Here we describe a case of adenomatoid hyperplasia which demonstrates the typical clinicopathological characteristics of the condition.

Case report
A 48-year-old Asian man was referred to the Department of Oral and Maxillofacial Surgery with a painless swelling in his palate which was first noted at a visit to a dental hygienist. The duration of the lesion was unknown, but the patient felt that the lump was slowly enlarging although there were no other symptoms. Review of his past medical history, physical examination, haematological and biochemical investigations were unremarkable. He was a non-smoker, and drank alcohol only occasionally. Examination of the head and neck demonstrated no
scler male preponderance (Arafat et al., 1981; Buchner 1992). As in the present case, the individuals affected are usually middle-aged, though a wide age range may be affected with a slight male preponderance (Arafat et al., 1981; Buchner et al., 1991; Barrett and Speight, 1995). The site affected in the present case is also as expected from previous studies; the hard and soft palate are by far the areas most often involved, but isolated cases have been reported in the mandibular retromolar, buccal, labial or ventral lingual mucosa (Brannon et al., 1985; Buchner et al., 1991; Barrett and Speight, 1995). It is apparent, therefore, that any oral site where mucous salivary glands are found may be affected.

The aetiology of adenomatoid hyperplasia, however, remains conjectural. Local trauma has been proposed as a likely cause because several instances have occurred in wearers of maxillary dentures which lie in close proximity to palatal lesions, or which occlude against retromolar lesions (Devildos et al., 1976; Scully et al., 1992; Barrett and Speight, 1995). In one series, 14 out of 20 subjects either wore dentures or smoked tobacco and histological features were typically present that supported a traumatic origin, namely chronic inflammation of the affected glands, hyperplasia of the overlying mucosal epithelium, areas of mucus extravasation, glandular fibrosis and atrophy, ductal dilation (Figure 3) and hyperkeratosis of the orifice (Barrett and Speight, 1995). One series excluded those instances where mucus spillage and inflammation were prominent, but nevertheless noted inflammatory infiltrates in some of their remaining cases (Buchner et al., 1991). The individual described in this case neither smoked nor wore a denture, and the cause of the lesion is not apparent. The factors involved in salaladenosis of the major salivary glands do not produce adenomatoid hyperplasia (Seifert et al., 1986), which is restricted to minor glands. Whilst a hamartomatous element has been proposed (Arafat et al., 1981), this is unlikely in patients in their fourth to sixth decades.

The largest series reported to date indicates a predominance for Caucasians (90 per cent), with black and Hispanic populations less commonly affected (Buchner et al., 1991). Although the absence of Asian patients is highlighted in this series, a subsequent study (Barrett and Speight, 1995) and, of course, the present case, has shown Asian individuals may be affected on occasion. It might therefore be concluded that race is an insignificant feature, unless coincident environmental or social factors are instrumental in the aetiology of this lesion.

Adenomatoid hyperplasia has been described as 'a sheep in wolf's clothing' (Scully et al., 1992) and the lesion's significance lies in the clinical resemblance to a minor salivary gland tumour. However, the histopathological features are specific and do not resemble benign or malignant salivary neoplasms. The high incidence of malignant salivary gland tumours in the palate nevertheless means that biopsy of soft palatal swellings is mandatory, but once a diagnosis of adenomatoid hyperplasia is established, conservative excision is all that is required and recurrence is exceptional.

Acknowledgements

The authors would like to thank Mr C. Hopper for allowing this case to be published and acknowledge the photographic assistance of Mr Paul Darkins.

References


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