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# Parotid Carcinoma - A rare case of epithelialmyoepithelial carcinoma and major oncological surgery in elderly

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**Abstract**— We present a case of an 80-year-old Malay lady with underlying diabetes and hypertension who presented with right-sided facial swelling at the angle of the mandible for about 3 years duration. Initially the swelling was small and painless however currently had been associated with pain and progressively increase in size. The patient also noted drooping of the right lower lip. However, patient denies dysphagia or odynophagia and association with weight loss or appetite. On examination, revealed right sided facial nerve palsy with well-defined mass at the angle of mandible. No neck nodes palpable and other ENT examinations were unremarkable. FNAC was reported as atypical cells seen suspicious of malignancy. CT scan of head and neck was reported as parotid malignancy with likelihood of facial nerve involvement. The patient was subjected for radical right total parotidectomy and selective neck dissection with pectoralis major for tissue reconstruction.

**Keywords**— epithelialmyoepithelial carcinoma, parotid malignancy, expleomorphic adenoma, head and neck surgery.

## 1. Introduction

Epithelialmyoepithelial carcinoma (EMeA) is a rare malignant tumour that typically arises in a salivary gland and consists of both epithelial and myoepithelial component. It is predominantly found in the parotid gland and represent approximately 1% of salivary gland tumours[1-2].

We present a case of 80-year-old Malay lady with underlying diabetes and hypertension who presented with right sided facial swelling at the angle of mandible for about 3 years duration. Initially the swelling was small and painless however currently had been associated with pain and progressively increase in size. Patient also noted drooping of the right lower lip. However, patient denies dysphagia or odynophagia and no association with loss of weight or loss of appetite. On examination, we noted right sided facial nerve palsy with a well-defined mass at the angle of right mandible. The swelling was non tender, firm in consistency with smooth surface, not mobile, fixed and tethered to the underlying skin. There was mild erythema of the skin but no punctum seen and no pulsatility felt over the swelling. No neck nodes were palpable and other ENT examination were unremarkable. FNAC was performed and the HPE finding was reported as atypical cells seen suspicious of malignancy. Normally, a more accurate diagnosis of the disease can be achieved by histological and immunohistochemical study . Computer tomography (CT) scan of neck was performed and reported as parotid malignancy with likelihood of facial nerve involvement. The patient was then subjected for radical right total parotidectomy and selective neck dissection with pectoralis major flap for tissue reconstruction (Figure, Figure B and Figure C). Final HPE postop was consistent with epithelial-myoeplithelial carcinoma with all surgical margins are free and no metastatic deposits seen (Figure D, Figure

E & Figure F).



**Figure A: Pre-operative**



**Figure B: Post-operative**



**Figure C: Gross parotid specimen. Specimen labelled as right salivary.**

Cut section shows a well-defined mass, measuring 40x30x35mm.

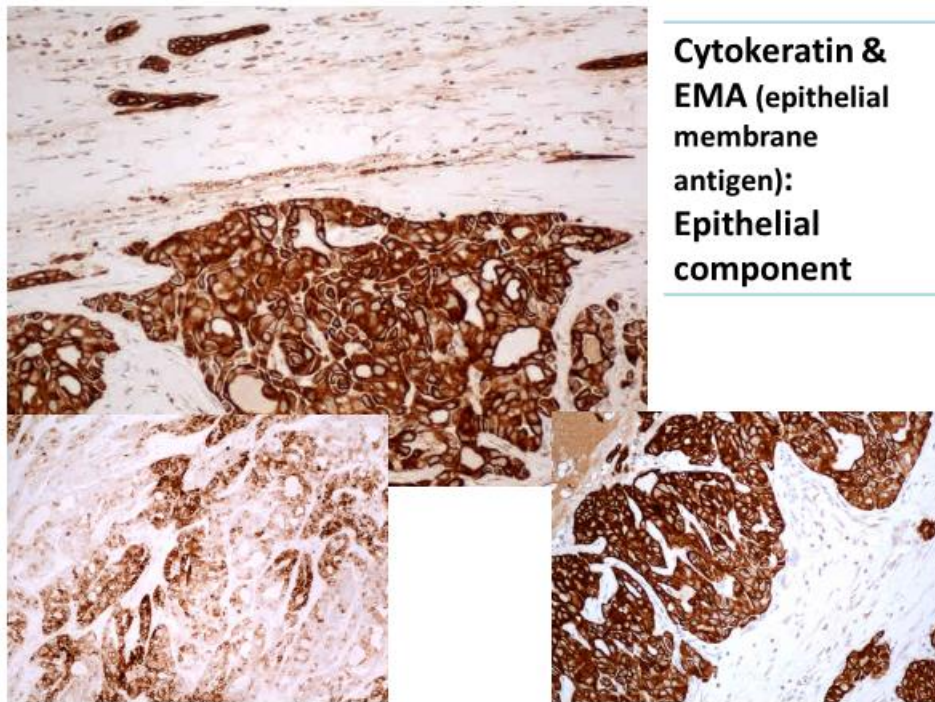


Figure D

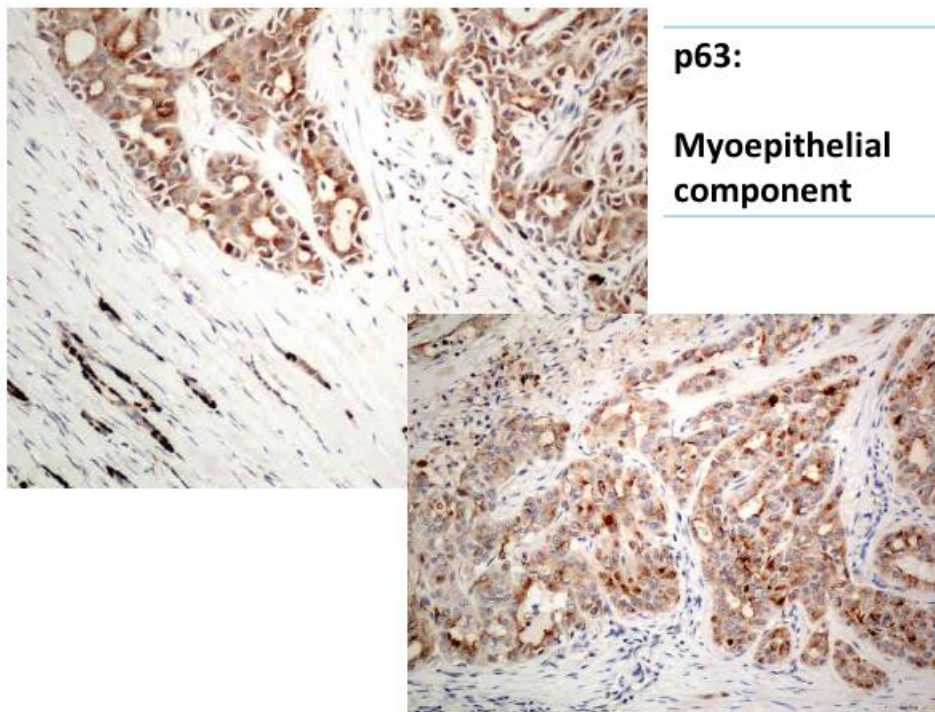


Figure E

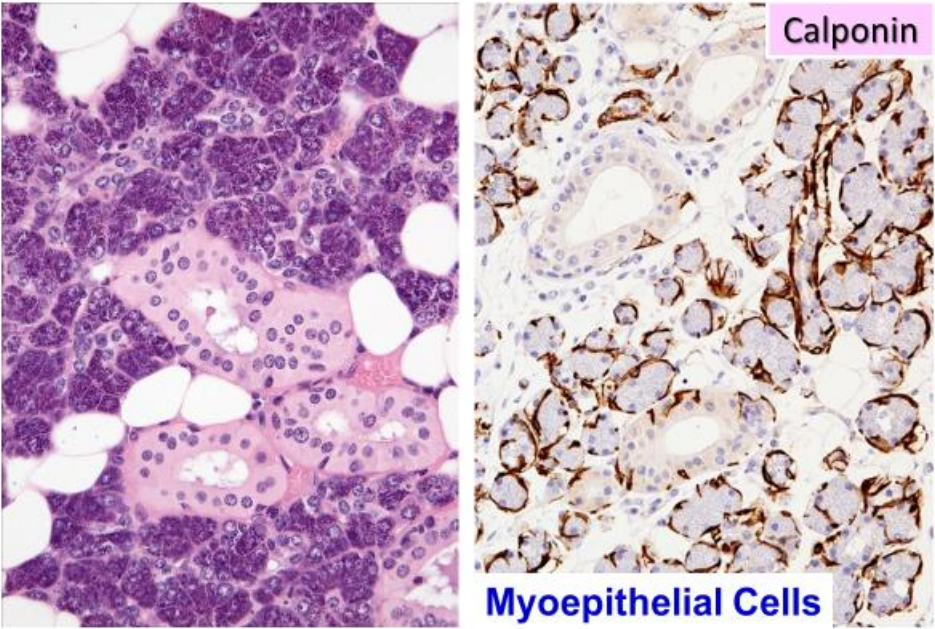


Figure F





Figure G



Figure I

## 2. Discussion

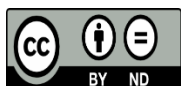
Radical right total parotidectomy and selective neck dissection with pectoralis major flap for tissue reconstruction is a major surgery especially when you are dealing with an elderly patient with underlying comorbidities [1]. The aim of the surgery is to ensure tumour clearance, reduce operating time and optimizing flap factors preoperative and post operatively. In this case, we also need to sacrifice the right sided facial nerve due to its involvement. In the published case report, Olsen et al examined 66 patients with carcinoma ex pleomorphic adenoma and noted that facial nerve involvement is present in 1/3rd of cases [3]. Also, in this patient, we did perform a selective neck dissection because the primary lesion can carry risk of about > 21% of occult metastasis. Zhao J et al in his article mention that the incidence of lymph node involvement in advanced Carcinoma Ex Pleomorphic of the parotid gland can be as high as 35% [4]. Pectoralis major flap is commonly used flap in head n neck surgery because it can extend up to the level of zygoma and it provides bulk due to the thickness of the muscle [5]. The flap viability is good as it is supplied by thoracoacromial artery. However, meticulous and careful measures need to be taken to ensure good healing of the flap. Challenges that we face in this case is the age factor, advanced stage of parotid malignancy, low baseline haemoglobin and underlying diabetes mellitus. Initially postoperatively, the wound healing process was complicated with local wound infection. However, after meticulous postop care by multidisciplinary team and optimizing patient's condition, the wound healed successfully. We also think that patient factor also plays an important role in the success of a surgery especially in postop recovery (Figure G, H & H).

## 3. Conclusion

Pleomorphic adenoma may undergo malignant transformation to form a carcinoma of ex- pleomorphic adenoma in about 20% of the cases [6]. The risk increases with time which there is 9.5% chance to convert into malignancy in 15 years. Despite epithelialmyoepithelial carcinoma (EMEA) is a rare malignant tumour it carries a good prognosis with 5 year and 10 year survival were over 90% and 80% respectively [7].

## 4. References

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