BASAL CELL ADENOMA OF PALATE- REPORT OF A RARE LESION

A Siddaraju *, Girish B Giraddi*, P Hemamythily*, Garima Bhatt*, Vinod A Nayaknur*

ABSTRACT

Basal Cell Adenoma (BCA) is an uncommon benign salivary gland neoplasm. It derives its name from the appearance of the tumor which shows isomorphic basaloid cells with a prominent basal cell layer. Majority of this tumor has been reported to occur in parotid gland. The goal of this paper is to report a rare case of BCA of minor salivary glands of posterior part of hard palate and discuss its management.

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* Department of Oral and Maxillofacial Surgery, Government Dental College and Research Institute, Bangalore, Karnataka, India.

INTRODUCTION

Basal cell adenoma is a rare tumor with the most frequent location being parotid gland. It usually appears as a firm, mobile and slow growing mass. In the second edition of salivary gland tumor classification of WHO it is considered as a low grade malignant tumor with a high recurrence rate and in general good prognosis. Apart from the most frequent location i.e parotid gland other sites reported are buccal mucosa, lower lip, palate and nasal septum. These tumors affect patients between their 5th and 7th decades and more commonly in females.1,2

Histologically four characteristic patterns have been described. Solid, trabecular, membranous, and presence of a basaloid cellular layer with a stockade pattern and rounded by hyaline substance.3 The absence of myoepithelial cells present in benign mixed tumors and other salivary gland tumors has been referred as characteristic of this tumor.4

CASE REPORT

A 52 year old female was referred to our department of Oral and Maxillofacial Surgery, Government Dental College and Research Institute, Bangalore, in the month
of August 2012 with the chief complaint of painless swelling with respect to left side of palate, present since three months. Swelling was insidious in onset which started as a small intra-oral mass initially and gradually progressed to present size.

Clinical examination revealed a well built female patient with apparently symmetrical face and no extra oral swelling. There was no local, regional or distant lymphadenopathy, or evidence of a primary tumor elsewhere. Intra oral examination revealed a diffused swelling in the left side of the palate extending anterioposteriorly from distal 24 to distal of 27 and mediolaterally from the free gingival margins to midline. (Fig 1)

Fig 1: Intra Oral Photograph

Mucosa over the swelling was tense but showed no secondary changes. No teeth were mobile. There was no swelling evident with respect to left buccal vestibule. Palpation confirmed the inspectory findings. The swelling was firm, non fluctuant and non tender.

On aspiration negative pressure was observed suggestive of solid lesion. An incisional biopsy was performed, which showed basaloid cell proliferating in the form of follicle showing palisading appearance and the central cells irregularly arranged. The supporting connective tissue was young with scattered areas of mucinous material. The cells did not show significant mitosis or atypia. Necrosis and haemorrhage were absent. Based on the above findings histologic diagnosis of basal cell adenoma was made. (Fig 2)

Fig 2: Histologic Appearance

The tumor was subsequently excised under general anesthesia with 5mm margins and overlying palatal mucosa. (Fig 3)

Fig 3: Excised tumour
Collagen membrane was used as an immediate wound covering material supported by acrylic stent which was pre fabricated over the patient cast. The wound was allowed to heal by secondary intention. (Fig 4)

Fig 4: Postoperative Photograph

The patient made an uneventful recovery and is under regular follow up. Excisional biopsy confirmed basal cell adenoma histopathologically.

DISCUSSION:
The salivary gland tumors are relatively uncommon comprising of 3% of all head and neck tumors. Reports from several parts of the world have reported differences in the incidence, variation in the frequency of each histological type. Anatomically majority of them were seen in parotid gland.

In most studies pleomorphic adenoma is the most common benign minor salivary gland tumor. Basal cell adenoma (BCA) accounts for only 1% to 3% of all salivary gland tumors and demonstrates a female predominance of 2:1.

Palate is considered as the most common site for minor salivary gland tumors with approximately 40-80% occurring in this region. These occur more commonly in females ratio being 1:1.02 to 1:2.

The histogenesis and classification of the basal cell adenoma of salivary gland remains confusion. It was first described by Kleinsasser and Klein in 1967 and placed in the old WHO classification under monomorphic adenomas. However, since 1991, according to the “Salivary Glands Tumors Histological Classification” of the World Health Organization, the name of this lesion was changed to basal cell adenoma, excluding the word “monomorphic”.

Palate is a relatively uncommon site for tumors of salivary gland origin. These tumors of the palate can be divided into those that are benign, those that are locally aggressive (eg pleomorphic adenoma), and those that are malignant with the potential to metastasize. The benign tumors that have been re-reported on the palate include the basal cell adenoma and other unspecified...
monomorphic adenomas. Management of benign tumors requires local excision. There is no need to fenestrate the palate and removal of bone is unnecessary. Denuded bone will normally granulate satisfactorily, although a dressing plate may be required.\textsuperscript{13}

CONCLUSION
Herein the goal of this paper is to add on to the literature one more case of this rare tumor arising from minor salivary glands of posterolateral aspect of hard palate. It is important to differentiate BCA from pleomorphic adenoma, adenoid cystic carcinoma, canalicular adenoma and basal cell adenocarcinoma, to which it may bear resemblance. Treatment should aim at complete excision of tumor and allowing secondary healing for small lesions of palate or coverage with local flaps if the lesion is large or requires considerable excision or fenestration of soft palate. There is no role of post operative chemotherapy or radiation therapy if adequate excision is performed.

REFERENCES

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**CORRESPONDENCE**

Dr. A. Siddaraju  
Associate Professor  
Department of Oral and Maxillofacial Surgery  
Government Dental College and Research Institute  
Bangalore-560002,  
Email- drsiddu2000@yahoo.co.in  
Phone- 9739327229