Adult extracardiac rhabdomyomas are rare, benign tumors that represent less than 2% of all skeletal muscle tumors. (1) They are believed to arise from the third and fourth branchial arches, occurring primarily in the head and neck region. The most common sites of occurrence are the oral cavity, pharynx, and larynx. (2) Adult rhabdomyoma typically presents as a slowly growing solitary mass, and symptoms depend on the size and location of the tumor. The differential diagnosis includes malignant tumors, such as sarcoma, and other benign processes such as granular cell tumor.

**Introduction**

Adult rhabdomyomas are rare, benign tumors of skeletal muscle origin that are divided into cardiac and extracardiac types. Non-cardiac extracardiac rhabdomyomas are further divided into fetal, genital, and adult types depending on histologic features. (1) The adult type of extracardiac rhabdomyoma arises almost exclusively in the head and neck region and occurs predominantly in adult males. (2) We present a rare case of adult rhabdomyoma in the floor of mouth and discuss the clinicoradiologic and pathologic findings that raise suspicion for this benign tumor.

**Methods and Materials**

We present the case of a 64-year-old male with a 1-year history of a slowly enlarging floor of mouth mass. The patient reported a feeling of fullness in his mouth, but he denied any other symptoms such as dysphagia, dysarthria, or odynophagia. On physical exam he was found to have a soft, mobile mass in the right floor of mouth region. The mass was well demarcated and there was no evidence of pulsation or pulsatile mass. The patient did not experience any dysphagia or dysphonia. A coronal and horizontal cuts CT Neck with Contrast revealed asymmetry along the floor of the mouth. The mass followed the course of the sublingual gland. The radiation oncologist recommended a biopsy for diagnostic purposes. The pathology report indicated a granular cell tumor. The patient underwent an intraoral resection, and intraoperative frozen sections suggested a granular cell tumor. The tumor was completely excised and microscopically examined. The features were consistent with a diagnosis of adult rhabdomyoma.

**Conclusions**

In this case of sublingual adult rhabdomyoma, the clinicoradiologic features of the tumor were suggestive of a benign process. The patient denied pain or paresthesias, and on CT scan the mass appeared well demarcated without any evidence of invasion into adjacent structures. The mass was removed uneventfully, and the patient consented for a possible more radical resection based on frozen section results. Recurrence has been reported in as many as 42% of cases and is likely related to incomplete excision. (1) In this case of sublingual adult rhabdomyoma, the tumor was treated conservatively, and the patient had an uneventful recovery.

**References**


(5) A Lee, T Hall, H Lei, et al. Adult rhabdomyoma is a rare benign tumor with a high predilection for the head and neck region. Head and neck sites involved include the larynx, submandibular region, tongue, pharynx, or anterior neck, sternomastoid region, and submental space. The adult type of extracardiac rhabdomyoma is associated with histopathologically and immunohistochemically characterized features of adult-type rhabdomyoma. The adult type is the most common histologic subtype of extracardiac rhabdomyoma and is typically seen in the head and neck region. The adult type of extracardiac rhabdomyoma is characterized by distinct cell borders, abundant eosinophilic granular tissue mass did not appear to be tethered to the inner cortex of the mandible and there was no evidence of paralysis or local resection, and the patient consented for a possible more radical resection based on frozen section results.