INTRODUCTION

Mucoepidermoid carcinoma of the salivary gland arises from pluripotent reserve cells that have the potential to differentiate into squamous, columnar and mucous cells. It was first described by Stewart et al in 1945.

Mucoepidermoid carcinoma accounts for approximately 35% of all malignancies of the major and minor salivary glands. Histologically, mucoepidermoid carcinoma consists of three cell types: mucus cells, epidermoid squamous cells and poorly differentiated intermediate cells. Mucoepidermoid carcinoma (MEC) is the most common malignant neoplasm of the salivary gland and accounts for 5% to 10% of all salivary gland neoplasms.

The prognosis of mucoepidermoid carcinoma is based upon the clinical stage and histological grade; low grade has a better 5 year survival rate compared to high grade. However, recurrence is more likely in patients with positive margins.

The aim of this report is to present a case of mucoepidermoid carcinoma of the left parotid gland with no recurrence after 6 years and 7 months postoperatively.

THE CASE

A thirty-five-year-old gentleman presented with swelling of the left cheek for 6 months. The swelling was gradually increasing and painless; the patient had facial weakness since childhood. A swelling of 3x2 cm was seen in the parotid area, which was non-tender, firm in consistency, not fluctuant and fixed to the skin. The facial nerve was intact and the regional lymph nodes were not palpable.

Results: Excisional biopsy was done. The histopathology revealed mucoepidermoid carcinoma of low grade. Repeated ultrasound showed normal echogenicity of the left parotid gland and no discrete nodule seen. One centimeter hypoechoic mass was seen in the subcutaneous tissue of the left cheek, which indicates a residual mass or postoperative fibrosis. MRI of the parotid glands showed one cm mass of the left cheek. The patient had excisional biopsy and transposition flap of the left cheek. The lesion was excised with 5 mm clear radial margins and 5 mm clear deep layer. The zygomatic branch of the VII cranial nerve was sacrificed because it was intralesional. Transposition ‘S’ shaped flap was created and fixed through layers.

Conclusion: A case of excised parotid mucoepidermoid carcinoma was presented; the patient had 79 months disease-free. Clinical stage and histological grade of mucoepidermoid carcinoma are the main prognostic factors.

Keywords: Carcinoma, Mucous, Epidermoid, Mucoepidermoid, Parotid

REFERENCES