

Prikaz slučaja

Bolesnik u dobi od 21 godine dolazi na pregled zbog bezbolne izrasline na tvrdome nepcu u visini kutnjaka, promjera 2 cm, široke baze, egzulcerirane površine i zadebljanih rubova. Iz anamneze saznajemo da bez subjektivnih tegoba traje oko 2 godine. Prije šest mjeseci tvorba je egzulcerirala i osjetio je da iz nje izlazi tekućina.

Učinjena biopsija pokazala je da je riječ o mukoepidermoidnom karcinomu, o malignoj neoplazmi male žlijezde slinovnice koja nastaje u svakoj životnoj dobi, no ipak je najčešća u djece. Tumor je odstranjen elektroskalpelom, a patohistološki nalaz potvrdio je dijagnozu te pokazao da je riječ o prvome stupnju malignosti (G-1). Takve vrste tumora rjeđe recidiviraju i metastaziraju, a prema podacima iz literature stupanj izlječenja unutar 5 godina iznosi 90%.

Malignome malih žlijezda slinovnica često je teško klinički međusobno razlikovati, a mogu sličiti i benignom pleomorfnom adenomu. Pravodoban dolazak bolesnika na pregled, pravodobno upućivanje specijalistu te pravodobna biopsija i kirurški zahvat povećavaju izgleda za izlječenje.

Mucoepidermoid Carcinoma of the Small Salivary Glands

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Summary

The mucous membrane of the oral cavity, covered with multilayered squamous epithelium, is a source of benign and malignant lesions, from simple fibroma to carcinoma of the oral cavity. Because of accessibility of the pathological lesions dental practitioners can, by a routine clinical examination, with no additional diagnostic methods, diagnose and refer the patient to an oral or maxillofacial surgeon. For early detection and treatment of different formations it is most important for the patient to be

referred promptly to the surgeon, so that minor surgical procedures can be performed, which can lead to cure. Pathological processes of deeper layers also manifest on the mucous membrane. Mucosal cysts, benign and malignant tumours can develop in the small salivary glands of all parts of the oral cavity. Tumours of the salivary glands comprise around 3% of the tumours in the body. In other words they are relatively rare. However, it is important to realise that 10 to 20% of all the above tumours occur in the small glands, most frequently on the palate. Equally important is the data that the relative incidence of malignant tumours increases, as the size of the glands in which they develop decrease.

Case presentation

A 21-year-old male patient was admitted for examination because of a painless formation on the hard palate, at the level of the molar, 2 cm in diameter, with wide base, exulcerous surface and thickened edges. From the case history it was learnt that he had not had subjective problems for around 2 years. Six weeks prior to admittance the growth/formation exulcerated and he felt fluid coming from it. A biopsy was performed which showed mucoepidermoid carcinoma, a malignant neoplasm of the small salivary glands that can occur at any age, although it is more frequent in children. The tumour was removed with an electro-scalpel, and the histopathological finding confirmed the diagnosis and revealed grade 1 malignancy (G-1). Such types of tumours rarely recur and metastasise, and according to data from the literature the degree of recovery within five years amounts to 90%. Malignomas of the small salivary glands are frequently difficult to clinically mutually differentiate, and they may resemble benign pleomorphic adenomas. Prompt examination and specialist treatment, followed by prompt biopsy and surgical procedure increases the chances of recovery.