International Journal of Dental Sciences
www.dentaljournal.in
E-ISSN: 2663-4708, P-ISSN: 2663-4694
Received Date: 26-07-2020; Accepted Date: 11-08-2020; published: 27-08-2020
Volume 2; Issue 3; 2020; Page No. 13-14

Canalicular adenoma of oral mucosa

Akram Belmehdi[1], Karima El Harti[2]
[1] Specialist in oral surgery. Regional center of oral care of Rabat, Morocco
[2] Professor of oral surgery. Dental Faculty, Mohamed V University in Rabat, Morocco

Abstract
Canalicular adenoma (CA) is an uncommon benign neoplasia of minor salivary glands which is clinically difficult to recognize. They are typically located on the upper lip, buccal mucosa, and infrequently found on the palate. It presents as a nodular lesion without a tendency for recurrence. Here, we describe a case of canalicular adenoma presenting as a nodular, painless mass in the right side of oral mucosa in a 70-year-old man. The surgical management of this lesion was performed under local anesthesia, and one year follow-up was uneventful.

Keywords: canalicular adenoma- salivary gland tumor- oral mucosa

Introduction

Canalicular adenomas are uncommon benign salivary gland neoplasms, which derive from the minor salivary glands. A high proportion of CAs occur in the upper lip (80%), a predilection is not evident in other salivary gland tumors [1]. Peak incidence of CA is in the seventh decade and shows a female predominance (1.8:1) [2, 3].

Clinically, CA usually presents as a well-demarcated, occasionally blue-tinged nodule measuring between 0.5-2 cm, which is otherwise asymptomatic. Prognosis is excellent, and recurrence is extremely rare even if just locally excised [2, 4].

Historically considered a variant of basal cell adenoma (BCA), it wasn't until 1991 that the World Health Organisation (WHO) recognised this entity as being different to other salivary gland adenomas, due to its distinct clinical, morphological, and immunohistochemical characteristics [3, 5]. This paper reports a case of canalicular adenoma affecting oral mucosa of the right cheek.

Case report

A 70-year-old male patient reported with complaint of discomfort in oral mucosa of the right inner cheek due to the presence of a nodule since five months. The lesion was asymptomatic, and the patient's medical history was irrelevant. The patient was edentulous, and the intraoral examination revealed a well-defined, smooth, firm, round nodule with a diameter of 1.0 cm (Figure 1). The overlying mucosa was normal. There was no associated lymphadenopathy.

An excisional biopsy was performed under local anesthesia, there was no difficulty in separating the lesion from the surrounding tissues, and sutures were placed (Figure 2). Macroscopically, the tumor was well demarcated and was brown in color (Figure 3).

Histopathological examination showed a mucous type accessory salivary gland which housing a well limited adenomatous proliferation, lobulated and composed of a small nodule made of uniform elongated cells with small mitotic chromatin nuclei (Figure 4).

No recurrence was identified in one year follow-up after surgery.

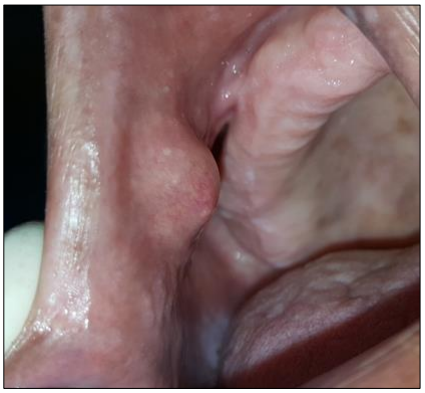

Fig 1: Clinical aspect of the lesion

Fig 2: Surgical excision of the lesion

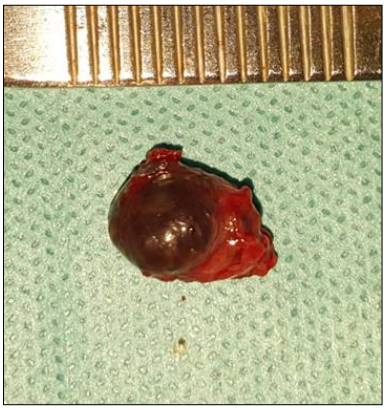

Fig 3: Excised lesion

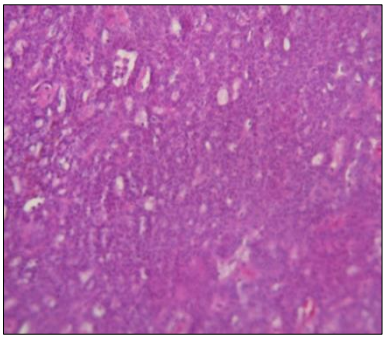

Fig 4: Histopathological examination (×40)

Discussion

Salivary gland tumours are relatively uncommon in comparison with other tumours. Although they represent less than 2% of all neoplasias and 2-6.5% of all head and neck neoplasias, these tumours are of particular interest, given their varied histological and clinical characteristics [6, 7].

Canalicular adenomas are rare neoplasms of the salivary gland and represents 1% of all salivary tumors and 4% of the tumors affecting the accessory salivary glands. The sex ratio (F/M) is 1.8:8. They are frequently located on the upper lip (80% CA cases). The oral mucosa is more rarely affected (9.25% of tumors) like our case. The major salivary glands are very rarely affected. Multiple cases of CA have been described [2, 4, 8].

Clinically, CA occurs as a well-demarcated, occasionally blue-tinged and asymptomatic mucosal nodule that rarely exceeds 2 cm in size. The overlying mucosa is normal and not ulcerated, but it can sometimes have a bluish color. Their growth is slow. The lesion tends to be solitary, but sometimes shows multiple tumors or confluent masses of variable sizes [1, 2, 4].

Those features are not exclusive to CA, and thus, it can frequently be mistaken by other lesions, such as sialoliths or other benign salivary gland tumors. No hypothesis of the malignant lesion was suggested because of the bland appearance, circumscribed, mobile, and slow growth [1].

Microscopic features of the canalicular adenoma fairly mimicks membranous type of basal cell adenoma but it is insignificant since both are benign lesion with no remarkable recurrence rate. The cells are in usually cylindrical but can also be cuboidal, and the number of mitoses is low. The stroma is paucicellular and rich in blood capillaries [9].

Management of CA is the surgical excision of tumour with a narrow margin of apparently healthy tissue. Follow-up of the patients is recommended, at least in the short term, to manage the possible multifocal disease. Recurrence rate is also extremely rare [1, 3, 4].

Conflicts of interests

The authors declare that they have no conflicts of interest in relation to this article

Acknowledgement: No

References

1. Pereira MC, Pereira AA, Hanemann JA. Immunohistochemical profile of canalicular adenoma of the upper lip: A case report. Med Oral Patol Oral Cir Bucal, 2007; 12:E1-3.
2. World Health Organization: Classification of Tumours. Pathology and Genetics of Head and Neck Tumours. In: Barnes L, Everson JW, Reichart P, editors. Lyon: IARC Press, 2005.
3. Samar ME, Avila RE, Fonseca IB, Anderson W, Fonseca GM, Cantín M, *et al*. Multifocal canalicular adenoma of the minor labial salivary glands. Int J Clin Exp Pathol. 2014; 7(11):8205-8210
4. Ordioni U, Campana F, Catherine JH, Lan R. Canalicular adenoma of the upper lip: a short case study. Med Buccale Chir Buccale. 2017; 23(4):190-191
5. Huebner TA, Almubarak H, Drachenberg CB, Papadimitriou JC. Canalicular adenoma--search for the cell of origin: ultrastructural and immunohistochemical analysis of 7 cases and review of the literature. Ultrastruct Pathol, 2014; 38:74-82.
6. Bansal AK, Bindal R, Kapoor C, Vaidya S, Singh HP. Current concepts in diagnosis of unusual salivary gland tumors. Dent Res J (Isfahan), 2012; 9:S9-S19
7. Sunil S, Gopakumar D. Pleomorphic Adenoma: A Case Report and Review of Literature. Int J Odontostomat, 2013; 7:171-174.
8. Tyralik D, Dzierwa-Gawron A, Rys J. Canalicular adenoma of the upper lip. Metachronous (multifocal) canalicular adenoma of the upper lip: a case report of an unusual finding. Pol J Pathol. 2013; 64:71-74.
9. Thompson LDR, Bauer JL, Chiosea S, McHugh JB, Seethala RR, Miettinen M, *et al*. Canalicular adenoma: a clinicopathologic and immunohistochemical analysis of 67 cases with a review of the literature. Head Neck Pathol, 2015; 9:181-195.