



Mucoepidermoid Carcinoma; Clinical Case Report

Miranda Nava Gabriel^{1*}, Gallo Frias Luis Gilberto², Pimentel Diaz Alejandro Yami² and Ginger Ramirez Diana Guadalupe³

¹Neurologist, Major of Military Armed Forces of Mexico, USA

²Medical Doctor, Lamar University, Mexico

³Nutritionist, Master's in Human Development, Mexico

*Corresponding author: Miranda Nava Gabriel, Neurologist, Major of Military Armed Forces of Mexico, USA

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Abstract

Mucoepidermoid carcinomas are rare and comprise 5% of head and neck malignancies and are seen in 2.6 cases for every 100,000 people. We report the case of a 49 year old blacksmith from Guadalajara, Mexico who presents to office and who is later diagnosed with a mucoepidermoid carcinoma located in the left side of the submandibular gland, tumor was treated with two surgery for removal of the mass with patient now being seen under periodic moments.

Background

Currently mucoepidermoid carcinomas are very rare they count for less than 5% of head and neck tumor and most of them occur in Young adults and women, nowadays it can be divided into three types one for mucin producing cells, another one for intermediate or clear cells and squamoid cells. Three grades are given to classify the tumor which are grade 1 for a tumor that does not usually metastasize and that is cured by an appropriate surgery, grade two is given to tumors that are in an in-between spectrum with grade 3 and that have a risk for developing disease progression and a certain mortality rate, and finally a grade 3 tumor is one with a major risk for presenting positive lymph nodes and disease progression and related mortality [1].

Case Report

A 49 year old man presented to office in the San Martin Clinic located in Guadalajara, Mexico with a history of 6 month halitosis, as well as 2 year history of swelling in his lower left side of the retromolar region, the swelling had increase in size gradually, with medical and dental history being normal until now patient did not have any chronic illness or history of smoking, he drank occasionally and had no major problem in his personal background, he was performed an intraoral examination a solitary well defined oval shaped erythematous swelling on the left side of the retromolar

area is seen with a size of about 2.0 x 1.5 cm with irregular borders, it was not painful to the touch and had a firm tenderness (Figure 1). A Computed Tomography Scans for Head and Neck with contrast material revealed a ganglion located in the submandibular gland a 1b stage pair of ganglions augmented in size located in suprahyoid and infrahyoid muscles with a size of 18 x 14 mm located anterior to the submandibular gland the other ganglions observed had a diameter of 10 mm or below (Figures 2-4).

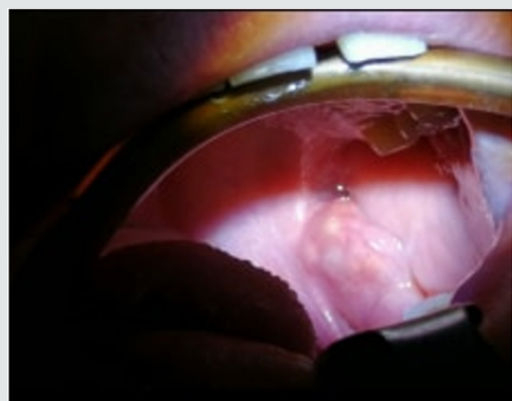


Figure 1: Clinical photograph of solitary swelling mass in left side of retromolar region.

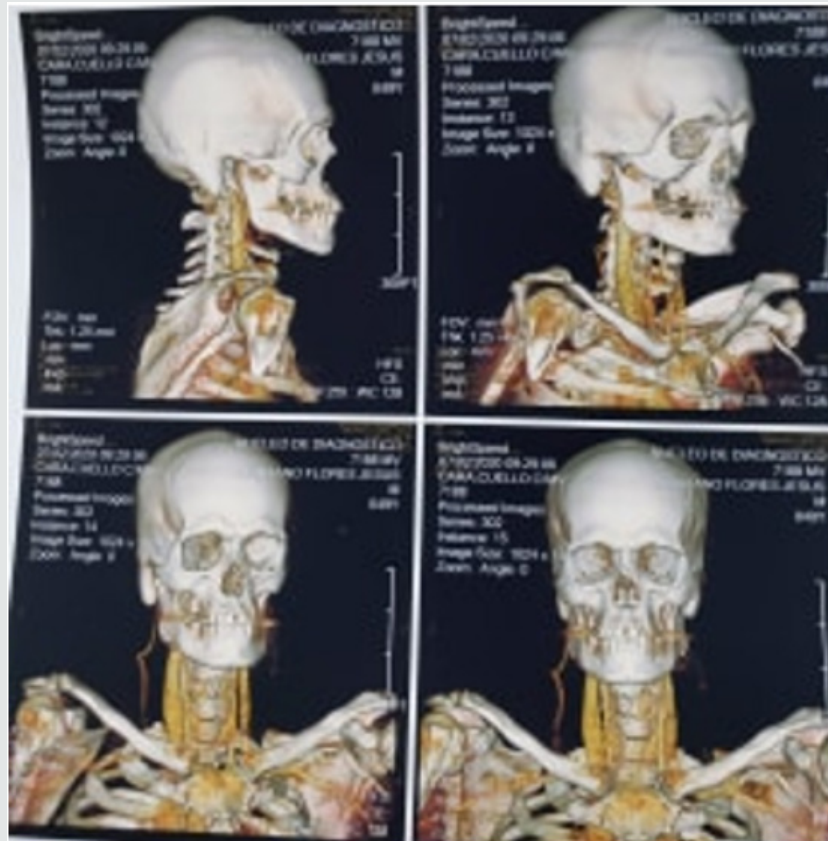


Figure 2: CT of head and neck showing swollen lymph nodes in submandibullary gland.



Figure 3: CT of head and neck showing swollen lymph nodes in submandibular gland.



Figure 4: CT of head and neck showing swollen lymph nodes in submandibular gland.

Treatment

After evaluation patient was schedule to perform two surgeries for removal of the tumour which were carried out on the San Martin Clinic, surgical intervention included wide excision of the tumour located the submandibular gland and second surgery included wide excision of lymph nodes located in adjacent areas in the suprahyoid muscles and infrahyoid muscles reconstruction.

Pathology

A biopsy was taken during surgery and it was analyzed by a pathologist where I teas diagnosed as a low-grade stage 1 malignant mucoepidermoid carcinoma with dimension of 2 x 3 x 1 cm with granulomatous chronic peripheric inflammatory process (Figure 5) [2].



Figure 5: Postsurgical photograph showing wide excision of mass located in retromolar area.

Discussion

These type of tumors are very rare they comprise only 5% of neoplasms and are seen in 0.4-2.6 for every 100,000 cases around the world, the mucoepidermoid tumor affects parotid and minor salivary glands in adults and is mostly seen in women and Young adults, most of the cases arise in the parotid gland with this case accounting for only 2-4% of the cases because it was seen in the submandibular gland, this patient is currently under treatment he was performed two surgeries for removal of ganglions located in neck and in the submandibular gland, highest prevalence for this type of tumor is around the fifth decade of life and they can be

asymptomatic like in this case with the patient having few to no symptoms. It has a pluripotent cell origin and as we mention can be classified into three stages [3].

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