Care 46 A lump over the angle of the jaw



Figure 46.1

Figure 46.1 shows the left side of the face of a housewife and part-time secretary aged 48 years. She had noticed a lump, about the size of a pea, a few years before. As it was guite painless, she did nothing about it. The lump gradually enlarged to its present size and it was her husband who eventually persuaded her to seek medical advice. Apart from the lump she was perfectly well.

With this story, and just looking at the lump, what diagnosis would you have in mind?

The lump is in the region of the parotid gland, so you would think of a parotid tumour. Its slow growth suggests that it is likely to be a benign pleomorphic adenoma (Fig. 46.2).

What must you do now, on examination of the lump, to confirm or refute your very provisional diagnosis?

As with any lump anywhere in the body, your first task is to examine the exact anatomical localization of the lesion. Could this lump be, not in the parotid gland, but in the overlying skin or subcutaneous tissues? Figure 46.3 shows a patient sent to our surgical outpatient clinic by his doctor as having a parotid tumour - however the lump was mobile, obviously tethered to the skin and was a subcutaneous sebaceous cyst!

Rarely, a mass arises in the masseter and will become tethered when this muscle is contracted by clenching the teeth. Tumours, both benign and malignant, can originate in the mandible.

In this patient's case, the lump lay precisely in the parotid itself

Having examined the lump itself, what other procedures must you perform in the full clinical examination of the parotid gland?

- Inspect the parotid duct, which can be seen to open at the level of the second upper molar tooth.
- Test the facial nerve (VII) (Fig. 46.4): A facial palsy very strongly suggests invasion by a malignant parotid
- Inspect and palpate the fauces: A parotid tumour may plunge into the pharynx in the region of the tonsil.
- Palpate the cervical lymph nodes.

Does this tumour affect the other salivary glands?

Ninety per cent of tumours of the salivary glands - both benign and malignant - affect the parotid gland. However, they may be found in the submandibular, sublingual or accessory salivary glands scattered over the inside of the mouth and the palate.

What does a pleomorphic adenoma look like under the microscope?

There is a mixture of epithelial and myoepithelial elements in a variable background stroma that may in some cases resemble cartilage (Fig. 46.4).

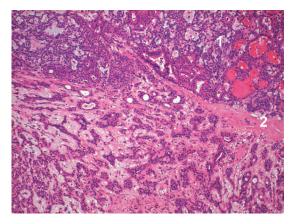


Figure 46.2 Histology photo of a pleomorphic adenoma of the parotid showing glandular acini with a blue-staining stroma showing epithelial (1) and myoepithelial (2) elements (magnification \times 10, haematoxylin and eosin stain).

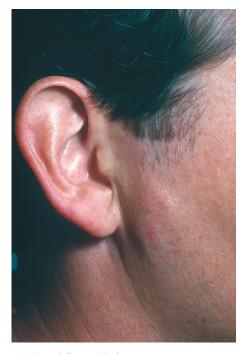
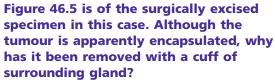


Figure 46.3 A misdiagnosed sebaceous cyst.



The capsule in these tumours is often breached by 'amoe-

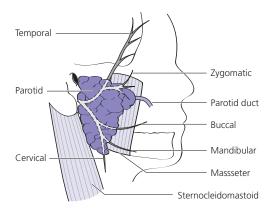


Figure 46.4 The named branches of the facial nerve that traverse the parotid gland.

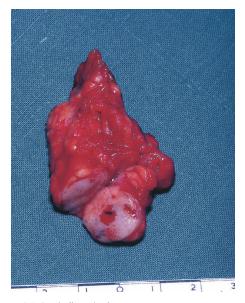


Figure 46.5 Surgically excised tumour.

boid' processes of the tumour. These may be left behind if the tumour is merely shelled out and recurrences will then be inevitable. In this case the facial nerve was identified as it entered the gland and was carefully preserved before excising the tumour.