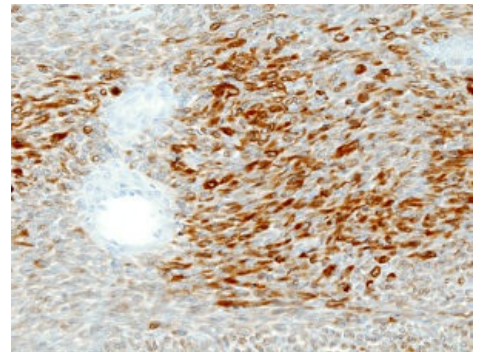


# Benign salivary gland tumors

- Benign salivary gland tumors are highly variable.
- Occurrence is independent of gender.
- They usually grow slowly and painlessly.
- Epithelia are more common than mesenchyme.
- Therapy is surgical.
- Pleomorphic adenoma (mixed tumor, myxochondroepithelioma) and papillary cystadenolymphoma (Warthin's tumor) are the most common.
- We include several types of tumors here:

## Pleomorphic adenoma

- The so-called **myxochondroepithelioma**.
- The most common tumor of the salivary glands.
- Epithelial tumor, most often in the glandula parotis (and also the most common gl. parotis tumor).
- Mainly in older and middle age, it is slowly growing.
- Possible relapses.
- The tumor often grows into the capsule, which increases the possibility of malignancy.
- It manifests clinically as a painless swelling.
- Several components alternate in the histological picture - an epitheliomatous component with a trabecular, ductal, acinous or solid arrangement, as well as a myxoid and chondroid component.



Pleomorphic adenoma, S-100 positive

## Papillary cystadenolymphoma (Warthin's tumor)

- The second most common benign salivary gland tumor.
- Occurrence mainly in gl. parotid and submandibular glands (9% of tumors in gl. parotid).
- After the age of 40, more often men.
- It is usually circumscribed, rigid, well mobile against the substrate, spherical, on sonography it can imitate a cyst.
- Grows slowly.
- 10% recurrence, malignant reversal is very rare.
- It arises from the proliferation of epithelial inclusions in the intraparotid lymph nodes.
- The characteristic histological picture is dominated by a double-layered epithelium with nuclei facing the lumen, the stroma is made up of lymphatic tissue.

## Basal cell adenoma

- 70% in gl. parotid, 20% minor glands of the lip.
- Peak incidence in the 7th decade.
- Possible transition to basal cell carcinoma.

## Myoepithelioma

- Rare.
- Mainly affects gl. parotid gland.
- May malign.
- Unlike pleomorphic adenoma, they do not form ductal structures.

## Oncocytoma

- Occurrence in the 6th to 7th decade, more often in women.
- Grows slowly, is mobile, small (up to 2 cm).
- Forms a case, grey-red in section.
- Recurrences do not occur, malignization only very rarely.
- In the histological image, eosinophilic finely granular cells with an increased number of mitochondria are visible.

## Canalicular adenoma

- Incidence over 50 years.
- Usually in the upper lip.

## Sebaceous adenoma

- Rare.

- Well circumscribed, cystic, varying in size.

## Papilloma ductulation

- Not very common.
- It arises from the epithelium of the ducts of small salivary glands.

## Links

### Related Articles

- Salivary glands
- Malignant salivary gland tumors

### References

- LIŠKA, Karel. *Orofacial Pathology*. 1. edition. 1983.
- PAZDERA, Henry. *fundamentals of oral and maxillofacial surgery*. 1. edition. Olomouc : Palacký University in Olomouc, 2007. 0 pp. ISBN 978-80-244-1670-0.
- WOTKE, George – ŽAMPACHOVÁ, Welcome. *Histopathology practicum*. 1. edition. 2002. ISBN 80-86297-09-8.
- BRYCHTOVÁ, Svetlana – HLOBILKOVÁ, Alice. *Histopathological atlas*. 1. edition. 2008. ISBN 978-80-247-1650-3.