Chronic glossopharyngeal neuralgic pain associated with mucoepidermoid carcinoma

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Case Report

Chronic glossopharyngeal neuralgic pain is rarely associated with mucoepidermoid carcinoma. A careful search for an underlying organic cause is therefore necessary. The following case report illustrates the importance of careful investigation in patients presenting with this disorder.

Case report

A 46-year-old man presented with a 22-year history of sharp, severe paroxysms of pain on the left side of his face, head and throat and in his left ear. The pain was most often provoked by swallowing and chewing or by the consumption of spicy foods or hot or cold liquids, but it occasionally occurred spontaneously. These episodes were followed by a continuous, dull ache that varied in severity but was worse when he was tired or stressed. He had been taking acetylsalicylic acid, about 20 tablets a day, but the pain was always present to some degree. He had avoided taking other medication. Past treatment included neurosurgery (on two occasions), steroids, anesthetics, analgesics, sedatives, tricyclics, anticonvulsants, β-blockers, biofeedback, acupuncture, meditation and psychotherapy, none of which afforded relief.

The patient's gag reflex and superficial sensation were decreased in the left pharynx and at the base of the tongue, but deep sensation was normal. A mass 1.5 cm in diameter was noted on the left side of his tongue at the junction of the middle and posterior thirds, medial to the tonsillar pillars. Firm pressure to the area reproduced a dull ache followed by sharp pain. The tumour was firm and well circumscribed, and no induration or associated lymph nodes could be detected.

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The tumour and surrounding normal tissue were excised with the patient under general anesthesia. Pathological examination of the specimens revealed well differentiated mucoepidermoid carcinoma, which had probably originated in the salivary gland.

During his recovery the patient complained of a dry mouth, but this problem disappeared within 6 weeks. By 6 months after surgery neither the pain nor the tumour had recurred.

Comments

Atypical facial neuralgia is usually of psychogenic origin.[1] However, uncommon syndromes, such as trigeminal neuralgia and cranial nerve palsy, are occasionally associated with malignant disease. Reproduction of a patient's symptoms may help to identify a treatable lesion. Although chronicity is suggestive of a benign process, in 5% of patients 5 to 20 years may elapse between the onset of symptoms or the appearance of a mass and clinical presentation.[2]

Dysphagia, pain in the tongue or ear and foreign-body sensation are common complaints in patients with mucoepidermoid carcinoma of the base of the tongue. The tumours are usually firm and without ulceration. That the base of the tongue is seldom examined may explain the prevalence of symptomatic lesions, since small asymptomatic lesions are seldom discovered.[3]

About 5% to 10% of salivary gland tumours are mucoepidermoid carcinomas,[4,5] of which the well differentiated are often benign;[6] 60% of these are found in the parotid. Most of the remainder occur in palatal and buccal minor salivary glands, but they occasionally occur on the tongue or the floor of the mouth or in mucosa elsewhere in the alimentary tract;[7,8] they rarely develop in other tissues, such as thyroid.[9] The tumour is of ductal origin, arising from excretory duct reserve cells in various proportions,[8] and it has an affinity for perineural invasion.[10]

Local excision with an adequate margin of normal tissue is usually sufficient for low-grade lesions,[11,12] since they are unlikely to metastasize.[3,5]

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