Unusual presentation of more common disease/injury

Neurofibroma of parotid

Veena Maheshwari,¹ manoranjan varshney,¹ kiran alam,¹ Roobina Khan,¹ Anshu Jain,¹ Kavita Gaur,² Arshad Hafeez Khan³

¹Pathology Department, J.N.Medical College, Aligarh, Uttarpradesh, India;
 ²Pathology Department, JNMC, AMU, Aligarh, India;
 ³Plastic surgery Department, J.N. Medical College, Aligarh, India

Correspondence to Dr Kavita Gaur, kavgaur@gmail.com

Summary

Tumours of neurogenic origin are rare in parotid gland. The authors are presenting here a case of neurofibroma in a 40-year-male who presented with slow growing tumour in preauricular region of 1 year duration.

BACKGROUND

Neurofibromas of salivary gland are very rare and constitute only 0.4% of all salivary neoplasms. 1

CASE PRESENTATION

A 40-year-male presented with a slow growing painless swelling in right side of face. On examination, a right sided preauricular swelling measuring 6×4 cm, freely mobile, non-tender and overlying skin was normal. No other swell-



Figure 1 CT scan showing mass arising from right parotid.



Figure 2 Section showing tumour consisting of spindle shape in loose collagenous stroma and serous salivary gland.



Figure 3 Section showing tumour consisting of spindle shape in loose collagenous stroma and serous salivary gland along with duct.

ing, skin pigmentation or axillary `swellings were present on the body.

INVESTIGATIONS

Routine blood investigations were unremarkable. CT scan showed a mass with well defined margins arising from

right parotid gland without involvement of bone (figure 1). Fine needle aspiration cytology was inconclusive. Surgery was done and tumour was removed. Gross examination showed a greyish white mass measuring 5×4 cm. Cut section was solid and homogenous. Microscopic examination revealed the tumour consists of cells with ill-defined

BMJ Case Reports



Figure 4 (A,B)Section showing S-100 positivity.

margins and oval to spindle shape nuclei of uniform size and shape in a loose collagenous stroma along with serous salivary gland and duct (figures 2 and 3). S-100 immunostain showed cytoplasmic positivity (figure 4). On the basis of these findings a diagnosis of neurofibroma of parotid gland was rendered.

OUTCOME AND FOLLOW-UP

After surgery the patient recovered well and discharged in good conditions.

DISCUSSION

Majority of tumours of parotid gland are benign and the most common tumour of parotid gland is pleomorphic

BMJ Case Reports

adenoma.^{2–4} Tumours of nerve tissue origin are extremely rare. Neurofibroma and schwannoma are common tumour which arises from nerve tissue.⁵

Neurofibromas are tumours that originate from nerve tissue. They may be solitary or multiple, sporadic or associated with neurofibromatosis I or II syndromes. Neurofibroma can arise from extratemporal part of facial nerve which traverses in between superficial and deep lobe of parotid. It is a slow growing tumour which is usually asymptomatic. Unlike schwannoma neurofibroma is intimately attached to nerve of origin. Histopatholopgical examination shows proliferation of all elements of nerve which include axons, Schwann cells and fibroblasts. Treatment is surgical removal of tumour.

Learning points

- Rarely neurofibroma can be seen in parotid gland.
- ► Preoperative diagnosis is rare.

Competing interests None.

Patient consent Obtained.

REFERENCES

- Seifert G, Miehlke A, Haubrich J, et al. Pathology, Diagnosis, Treatment, Facial Nerve Surgery. Stuttgart, Germany: Georg Thieme Verlag 1986:171–301.
- Ellis GL, Auclair PL. Tumors of the salivary glands. In: Ellis GL, Auclair PL, eds. *Atlas of Tumor Pathology*. Third series, fascicle 17. Washington, DC: Armed Forces Institute of Pathology 1996:318–24.
- Speight PM, Barrett AW. Salivary gland tumours. *Oral Dis* 2002;8:229–40.
 Ledesma-Montes C, Garces-Ortiz M. Salivary gland tumours in a Mexican
- sample. A retrospective study. *Med Oral* 2002;7:324–30.
 McGuirt WF Sr, Johnson PE, McGuirt WT. Intraparotid facial nerve neurofibromas. *Laryngoscope* 2003;113:82–4.

This pdf has been created automatically from the final edited text and images.

Copyright 2011 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit http://group.bmj.com/group/rights-licensing/permissions.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Maheshwari V, Khan R, Jain A, Gaur K, Khan AH. Neurofibroma of parotid. BMJ Case Reports 2011;10.1136/bcr.05.2011.4172, date of publication

Become a Fellow of BMJ Case Reports today and you can:

- Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- Access all the published articles
- Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow