BMJ Case Reports

Unusual presentation of more common disease/injury

Neurofibroma of parotid

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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-

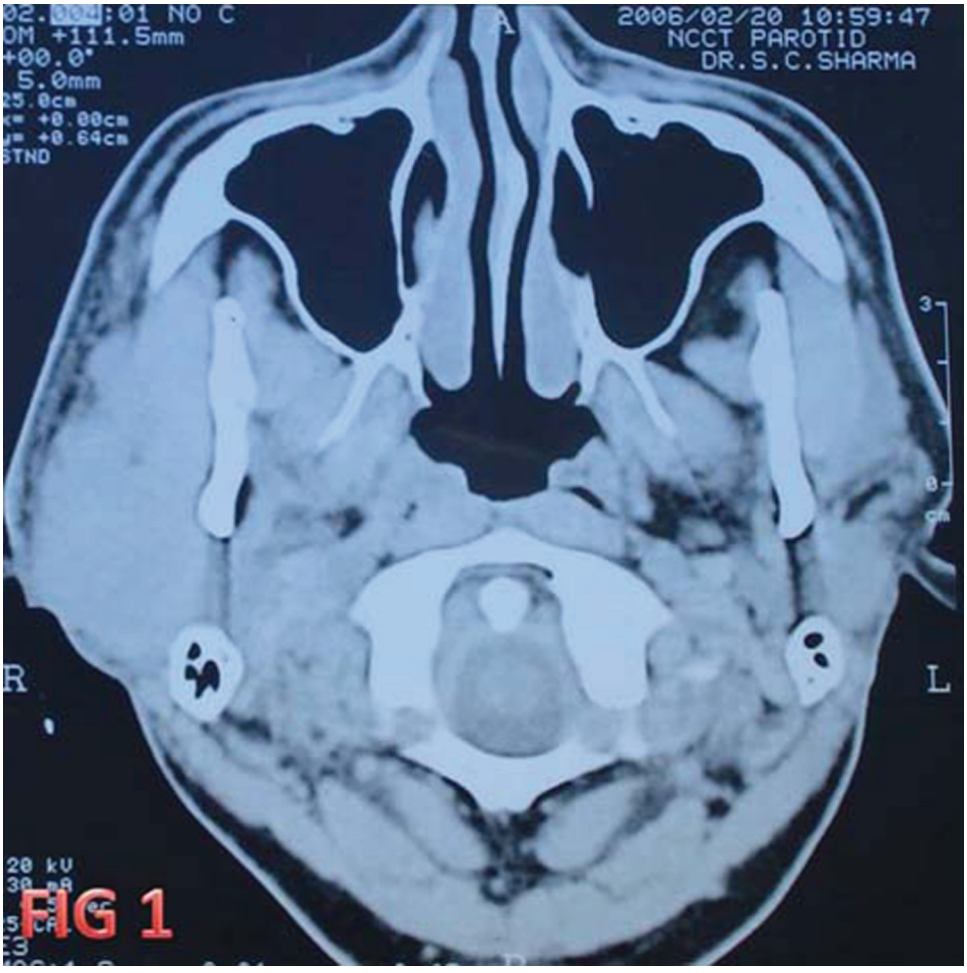

Figure 1 CT scan showing mass arising from right parotid.

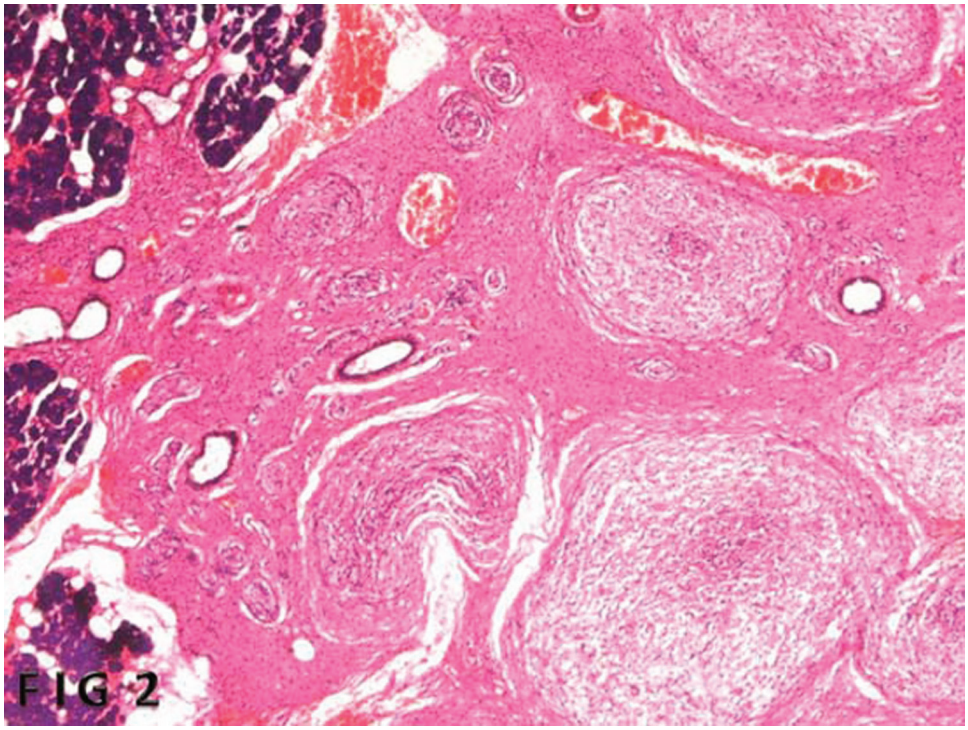

Figure 2 Section showing tumour consisting of spindle shape in loose collagenous stroma and serous salivary gland.

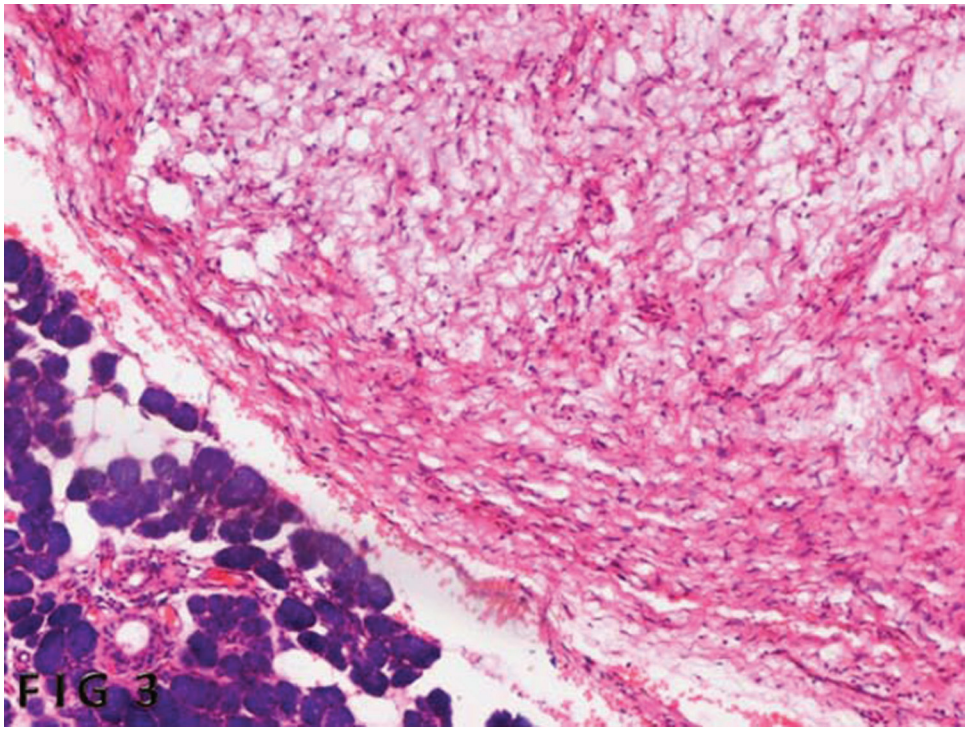

Figure 3 Section showing tumour consisting of spindle shape in loose collagenous stroma and serous salivary gland along with duct.

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 2011; doi:10.1136/bcr.05.2011.4172

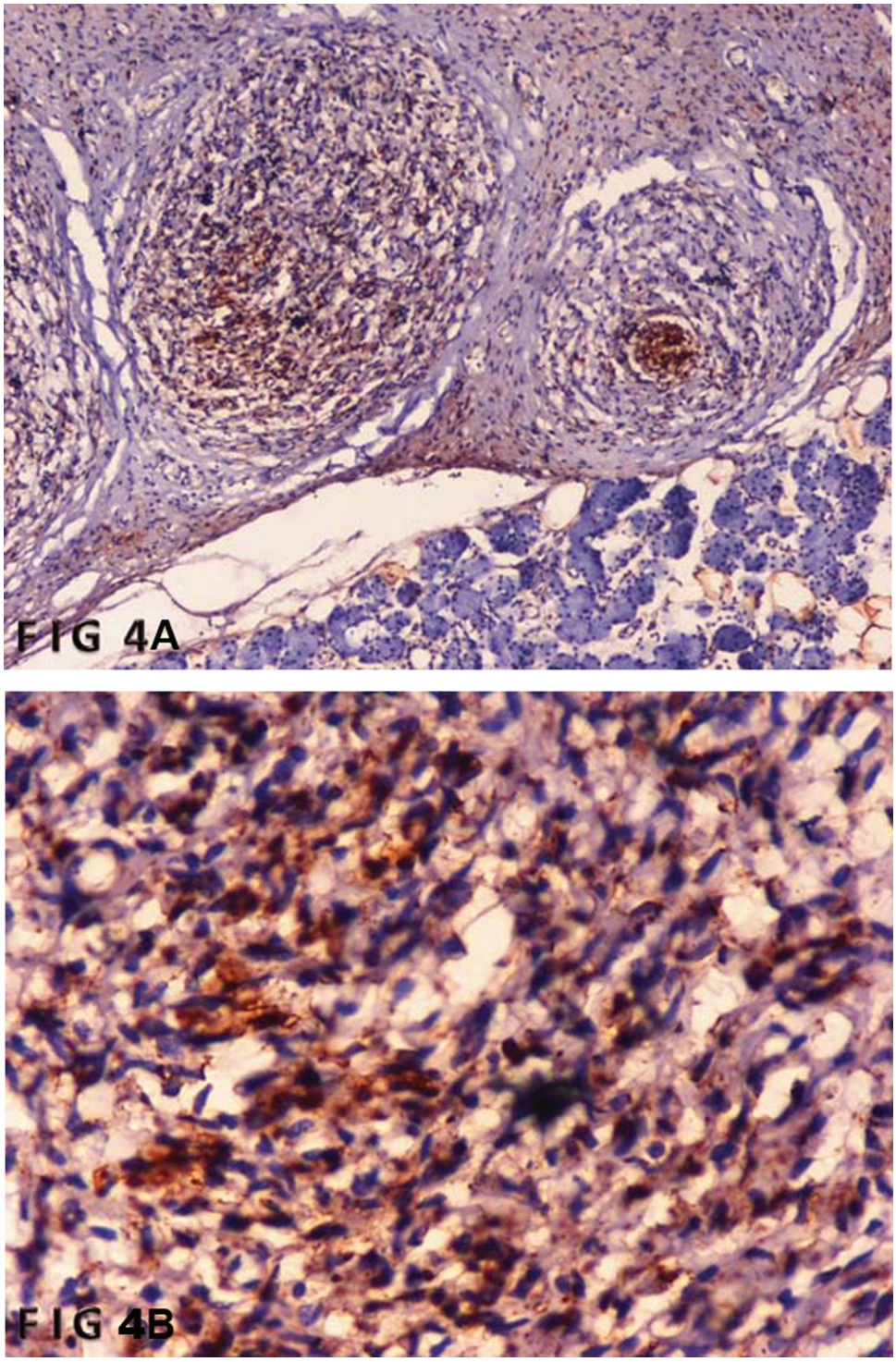

Figure 4 (A,B)Section showing S-100 positivity.

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

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.

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