



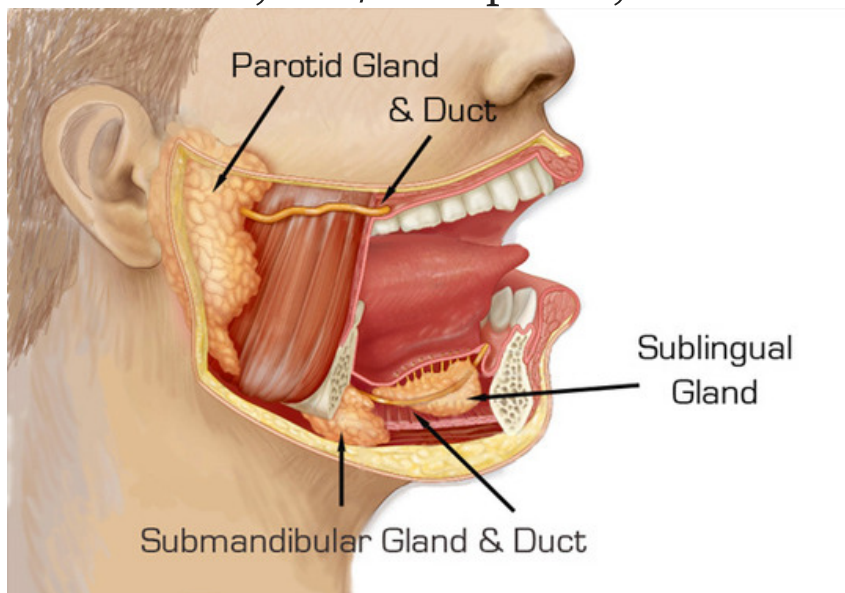
SALIVARY GLAND NEOPLASMS

Episode 10.1

SALIVARY GLANDS

Major → parotid (2), submandibular (2), sublingual (2)

Minor → oral mucosa, soft/hard palate, floor of mouth (>600)



DISTRIBUTION OF NEOPLASMS

As the salivary gland gets smaller, risk of neoplasm decreases but the more likely a mass is to be malignant

Parotid: 80% overall, 80% benign

Submandibular: 15% overall, 50% benign

Sublingual / minor: 5% overall, 40% benign

BENIGN

PLEOMORPHIC ADENOMA or "benign mixed tumour."

Most common of all salivary gland tumours (65%), ♀ > ♂ (4:1)

WARTHIN'S TUMOUR. 6-10% of parotid neoplasms. ♂ > ♀

Both present as a slow growing, painless mass (bilateral in 10% of Warthin's). Requires complete resection

MALIGNANT

MUCOEPIDERMOID CARCINOMA. Most common (35%).

Most often in parotid gland (45-70%). High v. low grade tumour types. High grade lesions rapidly enlarge. After resection, neck dissection and radiation → 55% 5-yr survival

ADENOID CYSTIC CARCINOMA. 2nd most common. Most often in SMG, sublingual and minor glands. Slow growing, but tend to recur (42% recurrence rate) and metastasize to lung / bone



ACINIC CELL. 2-4% of parotid malignancies. May be bilateral masses (3%). Requires adjuvant radiation if involvement of skin, neck or facial nerve. 82% 5-yr survival

ADENOCARCINOMA. Rare. Most common in minor glands. Rapidly enlarge. High recurrence (51%) and metastatic (26%) rates