

## CASE REPORT

# Myoepithelial Carcinoma of the Soft Palate

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## ABSTRACT

Myoepithelial tumors are locally aggressive tumors and have high recurrence rates. Myoepithelial carcinomas are seen very rare in salivary gland tumors. It usually seen in parotid glands but rarely seen in hard palate, larynx and soft palate. In this case report, we presented a 50 years old female patients who has myoepithelial carcinoma in soft palate.

**Keywords:** Myoepithelial carcinoma, Salivary glands, Soft palate.

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## INTRODUCTION

Salivary glands tumors are seen in 3 to 10% of all head and neck carcinomas.<sup>1</sup> They are usually seen in major salivary glands.<sup>2</sup> Myoepithelial carcinomas are seen very rare in salivary gland tumors. Myoepithelial carcinoma was described the first time by Stromeyer et al.<sup>3</sup> The incidence of these tumors is less than 1%.<sup>4</sup> These tumors are usually located in parotid glands but rarely seen in hard palate, larynx and soft palate.<sup>5,6</sup> They occurred in fifth and sixth decades without gender predominance. Myoepithelial carcinomas are locally aggressive tumor and rarely do distant metastasis.<sup>5,7,8</sup> These tumors generally present as a slowly progressing and painful mass. The main treatment option is wide resection for this tumors and the effect of radiotherapy and chemotherapy is unclear.<sup>9</sup> In this study, we reported a 50-year-old female patient who has myoepithelial carcinoma in the soft palate.

## CASE REPORT

A 50-year-old female patient complained of a painful mass in the soft palate. She complained of this mass for 2 years

and there was no increment in size of mass in the soft palate. She had no complaints of dysphagia and dyspnea. We found a 2 × 2 cm solid mass in the soft palate to the right of the midline. There was no palpable lymphadenopathy in the neck. Magnetic resonance imaging was performed to the patient. A 2 × 2 cm solid mass was demonstrated in the soft palate. The solid mass was resected under general anesthesia (Fig. 1) and operation side was sutured primarily. There were no complications seen. The patient was discharged on the second postoperative day. Microscopically, the tumor was composed of polymorphic and spindle epithelioid cells (Fig. 2). An immunohistochemical study was performed and actin, smooth muscle actin, S-100, and cytokeratin markers were found positive (Fig. 3). There were no tumor cells present on the surgical margins.

## DISCUSSION

Myoepithelial carcinoma is seen very rare in the salivary glands. The incidence of these tumors is less than 1%.<sup>4</sup> The most common site of these tumors are parotid glands followed by hard palate, larynx and soft palate.<sup>6</sup> Only three case reports about myoepithelial carcinoma of the soft palate were published in English literature.<sup>10</sup> Clinical and biological behavior of this tumor are variable. Microscopically, myoepithelial carcinoma appears from pleomorphic spindle-shaped and rounded cells. Immunohistochemical studies can help to identify myoepithelial carcinoma. These tumoral cells are immunoreactive for S-100, SMA, and cytokeratin.<sup>8,11,12</sup> There are no histological features that



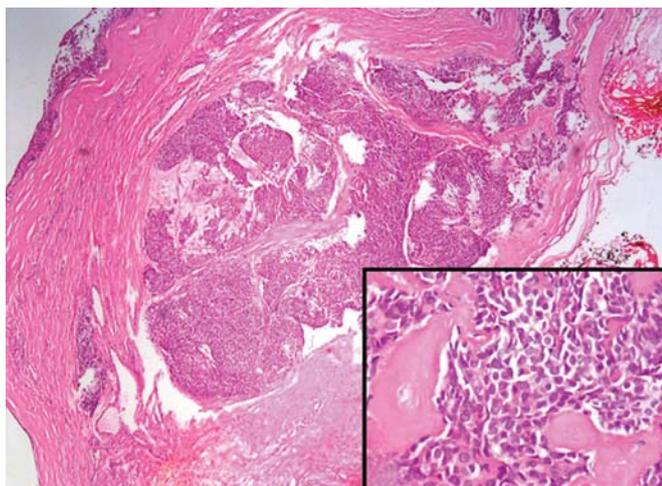
Fig. 1: Excised biopsy specimen

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**Fig. 2:** Tumor showing polymorphic and spindle epithelioid cells

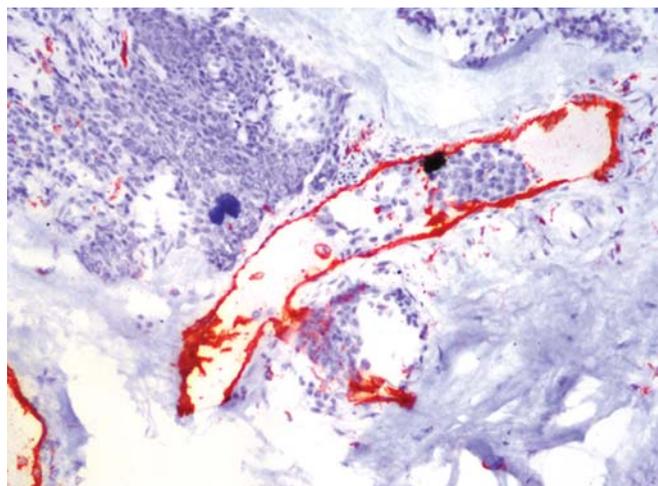
correlate with development of myoepithelial carcinoma.<sup>4</sup> Some authors have reported that atypical cellular structure correlates with poor results and tumor size, cell type, cytological grade, mitotic index, necrosis, and vascular and lymphatic invasion have not proven the prognosis of this disease.<sup>4,13</sup> Myoepithelial carcinoma behaves particularly local destructive and metastasis risk is very rare.<sup>14</sup> The main treatment is wide surgical excision for these tumors but extent of surgery depends on localization and size of the tumor.<sup>13</sup> Neck dissection is performed when positive, clinical, or radiological lymph nodes are determined.<sup>8</sup> Efficiency of radiotherapy and chemotherapy is unknown, but it is used for patients with advanced and high grade tumors.<sup>3,15</sup> In our case, wide surgical resection is performed on the patient and we did not perform any adjuvant therapy.

## CONCLUSION

Myoepithelial carcinoma is a rare tumor. It is seen very rare in the soft palate. Diagnosis of this tumor is very difficult and immunohistochemical studies may be helpful for diagnosis. Wide surgical resection is the main treatment option.

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**Fig. 3:** Immunohistochemical study

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