Canicular Adenoma of Palate - A Rare Case and Review

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ABSTRACT

Canicular adenoma is a rare benign tumor of the minor salivary glands that is the most prevalent in older adults (mean age, 60 years). The upper lip is the most commonly affected site, followed by the buccal mucosa and palate. It presents as a nodular lesion without a tendency for recurrence. Here, we describe a case of canicular adenoma presenting as a nodular, painful mass in the left side of a 62-year-old woman. Fine needle aspiration biopsy yielded inconclusive results but excluded malignancy. The lesion was enucleated, and a definitive diagnosis of canicular adenoma was established by histologically. No signs of recurrence were noted at the 22-month follow-up examination.

Key words: Palate, Adenoma, Salivary gland neoplasm, Canicular Adenoma

INTRODUCTION

The canicular adenoma is an uncommon benign salivary gland tumor, almost exclusively occurring in intraoral glands. The upper lip is the most common site accounting for 70% of all reported sites followed by buccal mucosa then the palate. The peak incidence of occurrence is 6th and 7th decade. It predominantly occurs in females. Commonly palatal canicular adenoma shows the features of lack of encapsulation, multi-lobularity, presence of ulceration due to trauma, may be mistaken as a malignant lesion. Microscopically they are well circumscribed lesion composed of monomorphic epithelial cells frequent ly columnar in appearance and arranged in a bilayered strands and ducts in a loose and rather fibrous stroma. Lesions recommended to excise conservatively, recurrence of later occurrence of new tumor in different site from the primary mass have also been described mainly
in multifocal lesion. However it would be prudent to keep the patient under review. In this paper we reported a case of canalicular adenoma involving the least common site – palate, treatment of same.

**CASE REPORT**

A 62 year old female patient reported with complained of swelling in the left side hard palate for the past 3 months. On examination a soft fluctuant swelling measuring roughly about 1:1.5 cm approximately was observed on left side of hard palate in relation to, mucosa over the swelling was normal (fig1). Occlusal (fig2) and panoramic radiographs (fig3) revealed no bone destruction. Incisional biopsy diagnosis given by them was palatal adenoma. Tumour excised completely without removing overlying mucosa (fig4) and histopathological examinations confirms the diagnosis of canalicular adenoma. The patient is free of recurrence from last 22 months.

![Fig 1. Palatal Swelling Left Side](image1)

![Fig 2. Occlusal view revealing no bone involvement](image2)

![Fig 3. Opg of patient](image3)

![Fig 4. Surgicle excision of lesion](image4)
DISCUSSION
Canalicul
ar adenoma is a benign neoplasm of the
salivary glands. The most common site of
occurrence is the upper lip followed by the
buccal mucosa. Its occurrence in palate is very
uncommon. Parvizi et al had reported a palatal
canalicular adenoma which had extensive
ulceration, necrosis with bluish and erythematous
discolouration. Present case had no signs of
ulceration and the surface was smooth. Ellis and
Auclair analyzed 121 cases of Canalicular
adenoma and that found only four (3.3%) arise in
the palate. (Ellis) Bauer and Bauer used the term
Canalicular adenoma in 1953; Bhaskar and
Weinmann were the first to use the term to
describe this lesion. The Canalicular adenoma
was once considered to be a type of
“monomorphic adenoma”. 1970 Rauch and
colleagues classified benign salivary gland
neoplasms into two broad categories, monomorphic and pleomorphic
adenoma. Canalicular adenoma and basal cell
adenoma were once considered to be a type of
monomorphic adenoma. 1972 WHO histological
classification of salivary gland tumors puts them
under other type of monomorphic adenoma. Among the “monomorphic adenomas” there are
following varieties; warthin tumour (or) papillary
cy
adenoma lymphomatous, oncocytoma or
oxyphilic adenoma. In 1981 Batsakis and Brannon
had given histological classification of
monomorphic adenoma.

1. Tumours of terminal duct origin
   A. Basal cell adenoma
   B. Canalicular adenoma
2. Tumours of terminal or striated duct origin
   A. Sebaceous adenoma
   B. Sebaceous lymphadenoma
3. Tumours of striated duct origin
   A. Oncocytoma
   B. Papillary cyst adenoma lymphomatous
4. Tumours of excretory duct origin
   Sialadenomapapilliferumor inverted
ductalpapilloma.

The basal cell adenoma and canalicular adenoma
have relatively specific clinical and
histopathological features, categorizing this
tumour under monomorphic adenoma is
ambiguous. Microscopic features of the
Canalicular adenoma fairly mimicks membranous
type of basal cell adenoma but it is insignificant
since both are benign lesion with no remarkable
recurrence rate. Recurrence is rare in case of
excision of tumour along with gland irrespective
of multilobularity of the tumour clinically or
histopathologically. Our case shows no
evidence of cellular pleomorphism, single
lobularity and no other dysplastic features, to
conclude it's a clear cut case of Canalicular
adenoma of palate, recommended for excision. So
complete removal of palatal growth after reflecting
palatal flap was done. Patient closely followed up
although recurrence is rare in single lobular
benign canalicular adenoma.

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