

BÖLÜM 19

BENİGN TÜKÜRÜK BEZİ TÜMÖRLERİNE YAKLAŞIM



Seda ARSLAN¹

GİRİŞ

Tükürük bezi tümörleri parotis, submandibuler bez, sublingual bez ve minör tükürük bezleri de dahil olmak üzere çeşitli lokalizasyon ve histolojiye sahiptir. Çeşitliklerine rağmen, tükürük bezi tümörleri nadir görülür ve yılda 15/100.000 'ten az vaka vardır (1). Bu tümörlerin büyük çoğunluğu (%80) benign karakterdedir ancak tekrarlama ve malign lezyonlara dönüşebilme potansiyeli taşırlar (2,3). Bu nedenle tanısının konularak uygun tedavi planlamasının yapılması önem taşımaktadır.

En sık görülen benign epitelyal tümörler pleomorfik adenom (PA) ve Warthin tümörü (WT)dür. Bunların dışında miyoepitelyom, lenfadenom, sebase adenom, onkositom, kistadenom, sialoadenom papilliferum, duktal papillom (intraduktal ve inverted tip), kanaliküler adenom ve basal hücreli adenom daha nadir görülen benign epitelyal tümörlerdir. Ayrıca hemanjiom, lenfanjiom, lipom gibi epitelyal olmayan benign tümörler de çok nadiren görülebilir (3,4).

ETİYOLOJİ

Benign tükürük bezi tümörlerinin etiyolojisi net olarak bilinmemekle birlikte bazı tümörler ile radyasyon, sigara, travma, virüsler ve genetik arasında bağlantı

¹ Uzm. Dr, Balıkesir Atatürk Şehir Hastanesi, Kulak Burun Boğaz Hastalıkları Kliniği,
sade_as@hotmail.com



KAYNAKLAR

1. Seethala RR. Salivary Gland Tumors: Current Concepts and Controversies. *Surg Pathol Clin.* 2017;10:155-176. Doi: 10.1016/j.path.2016.11.004
2. de Oliveira FA, Duarte EC, Taveira CT, et al. Salivary gland tumor: a review of 599 cases in a Brazilian population. *Head Neck Pathol.* 2009;3:271-275. Doi: 10.1007/s12105-009-0139-9
3. Israel Y, Rachmiel A, Ziv G, et al. Benign and Malignant Salivary Gland Tumors-Clinical and Demographic Characteristics. *Anticancer Res.* 2016;36:4151-4154.
4. Hellquist H, Paiva-Correia A, Vander Poorten V, et al. Analysis of the Clinical Relevance of Histological Classification of Benign Epithelial Salivary Gland Tumours. *Adv Ther.* 2019;36:1950-1974. Doi: 10.1007/s12325-019-01007-3
5. Rice DH, Batsakis JG, McCleatchey KD. Postirradiation malignant salivary gland tumor. *Arch Otolaryngol.* 1976;102:699-701. Doi: 10.1001/archotol.1976.00780160095012
6. Young, A., Okuyemi, O. T. (2021). Benign Salivary Gland Tumors. In StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.
7. Larian B. Parotidectomy for Benign Parotid Tumors. *Otolaryngol Clin North Am.* 2016;49:395-413. Doi: 10.1016/j.otc.2015.10.006
8. Foresta E, Torroni A, Di Nardo F, et al. Pleomorphic adenoma and benign parotid tumors: extracapsular dissection vs superficial parotidectomy--review of literature and meta-analysis. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2014;117:663-676. Doi: 10.1016/j.oooo.2014.02.026.
9. Witt RL, Nicolai P. Recurrent Benign Salivary Gland Neoplasms. *Adv Otorhinolaryngol.* 2016;78:63-70. Doi: 10.1159/000442126
10. Di Palma S. Carcinoma ex pleomorphic adenoma, with particular emphasis on early lesions. *Head Neck Pathol.* 2013;7 Suppl 1 (Suppl 1):S68-76. Doi: 10.1007/s12105-013-0454-z.
11. Haltiner CC, Betz S, Smith J, et al. Carcinoma Ex-Pleomorphic Adenoma Diagnosis During Global Health Engagement Operations. *Mil Med.* 2021;186 (Suppl 1):828-832. Doi: 10.1093/milmed/usaa448
12. Zbären P, Zbären S, Caversaccio MD, et al. Carcinoma ex pleomorphic adenoma: diagnostic difficulty and outcome. *Otolaryngol Head Neck Surg.* 2008;138 (5):601-605. Doi: 10.1016/j.otohns.2008.01.013
13. Batsakis JG, Regezi JA. The pathology of head and neck tumors: salivary glands, part 1. *Head Neck Surg.* 1978;1:59-68. Doi: 10.1002/hed.2890010109
14. Ethunandan M, Pratt CA, Morrison A, et al. Multiple synchronous and metachronous neoplasms of the parotid gland: the Chichester experience. *Br J Oral Maxillofac Surg.* 2006;44:397-401. Doi: 10.1016/j.bjoms.2005.08.015
15. Bradley PJ. Frequency and Histopathology by Site, Major Pathologies, Symptoms and Signs of Salivary Gland Neoplasms. *Adv Otorhinolaryngol.* 2016;78:9-16. Doi: 10.1159/000442120
16. Hughes JH, Volk EE, Wilbur DC. Cytopathology Resource Committee, College of American Pathologists. Pitfalls in salivary gland fine-needle aspiration cytology: lessons from the College of American Pathologists Interlaboratory Comparison Program in Nongynecologic Cytology. *Arch Pathol Lab Med.* 2005;129:26-31. Doi: 10.5858/2005-129-26-PISGFC



17. Bajaj Y, Singh S, Cozens N, et al. Critical clinical appraisal of the role of ultrasound guided fine needle aspiration cytology in the management of parotid tumours. *J Laryngol Otol.* 2005;119:289-292. Doi: 10.1258/0022215054020421
18. Das DK, Anim JT. Pleomorphic adenoma of salivary gland: to what extent does fine needle aspiration cytology reflect histopathological features? *Cytopathology.* 2005;16:65-70. doi: 10.1111/j.1365-2303.2004.00208.x
19. Vergez S, Fakhry N, Cartier C, et al. Guidelines of the French Society of Otorhinolaryngology-Head and Neck Surgery (SFORL), part I: Primary treatment of pleomorphic adenoma. *Eur Ann Otorhinolaryngol Head Neck Dis.* 2021;138:269-274. Doi: 10.1016/j.anorl.2020.09.002
20. Schmidt RL, Hall BJ, Layfield LJ. A systematic review and meta-analysis of the diagnostic accuracy of ultrasound-guided core needle biopsy for salivary gland lesions. *Am J Clin Pathol.* 2011;136:516-526. Doi: 10.1309/AJCP5LTQ4RVOQAIT
21. Schmidt RL, Hunt JP, Hall BJ, et al. A systematic review and meta-analysis of the diagnostic accuracy of frozen section for parotid gland lesions. *Am J Clin Pathol.* 2011;136:729-738. Doi: 10.1309/AJCP2SD8RFQEIJW
22. Quer M, Guntinas-Lichius O, Marchal F, et al. Classification of parotidectomies: a proposal of the European Salivary Gland Society. *Eur Arch Otorhinolaryngol.* 2016;273:3307-3812. Doi: 10.1007/s00405-016-3916-6.
23. Quer M, Vander Poorten V, Takes RP, et al. Surgical options in benign parotid tumors: a proposal for classification. *Eur Arch Otorhinolaryngol.* 2017;274:3825-3836. Doi: 10.1007/s00405-017-4650-4
24. Witt RL. The significance of the margin in parotid surgery for pleomorphic adenoma. *Laryngoscope.* 2002;112:2141-2154. Doi: 10.1097/00005537-200212000-00004
25. Thomson DJ, Slevin NJ, Mendenhall WM. Indications for Salivary Gland Radiotherapy. *Adv Otorhinolaryngol.* 2016;78:141-147. Doi: 10.1159/000442134
26. Buchman C, Stringer SP, Mendenhall WM, et al. Pleomorphic adenoma: effect of tumor spill and inadequate resection on tumor recurrence. *Laryngoscope.* 1994;104:1231-1234.
27. Robertson BF, Robertson GA, Shoaib T, et al. Pleomorphic adenomas: post-operative radiotherapy is unnecessary following primary incomplete excision: a retrospective review. *J Plast Reconstr Aesthet Surg.* 2014;67:e297-302. Doi: 10.1016/j.bjps.2014.09.030