



A CASE REPORT: WARTHIN TUMOR OF PAROTID GLAND

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BACKGROUND

Warthin tumor was first described in the American literature, by Aldred Warthin, in 1929, the pathologist who named this tumor papillary cystadenoma lymphomatosum, but since then it was also known as adenolymphoma, cystadenolymphoma, and Warthin tumor. (1) Tumor is seen in 6th decade and recent trends show slight more predilection for females and in smokers.

CASE REPORT

A 65 years male came to the ENT OPD with chief complaints of swelling in right parotid region since 03 years. Examination revealed irregular, multinodular, mobile and non-tender swelling of size 4x7 cms. Skin and temperature above the swelling were normal.

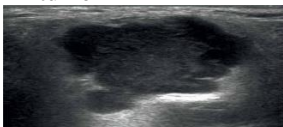


Routine haematological investigations were normal.

HRUS (HIGH RESOLUTION ULTRASOUND)

Well-defined, heterogenous and hypochoic mass approximately 4x7 cms having minimally raised vascularity.

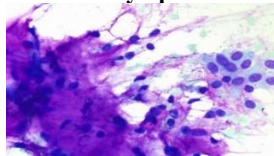
Impression :- Suggestive of Neoplastic pathology
? Pleomorphic adenoma
? Warthin tumor



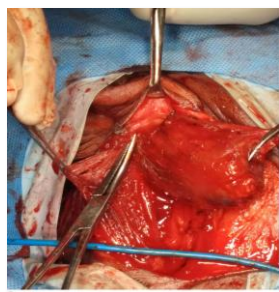
FINE NEEDLE ASPIRATION CYTOLOGY

(FNAC)

Smears are mainly haemorrhagic with scant cellular yield of round to polygonal cells and atypical mononuclear cells in small clusters. Individual cells show irregular nuclear margins, nucleoli in some, overcrowding and moderate cytoplasm in a background of RBCs.



INTRA-OPERATIVE: Superficial parotidectomy done of right parotid gland.

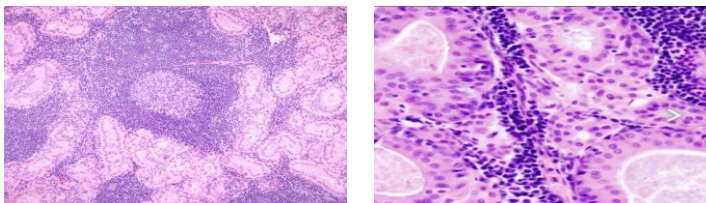


POST-OPERATIVE: Single, irregular, well circumscribed tissue piece. External surface is multilobulated with bosselated surface.



HISTOPATHOLOGY

Section shows an encapsulated cystic lesion with papillary projection lined by oncocytic epithelium with underlying lymphoid stroma showing germinal centre. Area of florid oncocytic proliferation with a trabeculated pattern are also seen. Nuclear features of the lining epithelium show mild atypia at places, foci of necrosis is seen. Overall features are consistent with the diagnosis of Warthin tumor-Right parotid gland.



DISCUSSION

Warthin tumor is a controversial entity of benign salivary gland tumors because of its histo-pathological appearance and unknown origin. (2) It is the second most common benign tumor of salivary glands. Nearly all are associated with the parotid gland. It is bilateral in 10% of patients and multifocal in 10% cases. Other sites are rare. (3) Smokers have eight times the risk. Histologically, concept was that Warthin tumor develops from heterotropic salivary duct trapped within intraparotid or paraparotid lymphoid tissue. (4) A more plausible explanation is that Warthin tumor is an epithelial proliferation that incites a concomitant lymphocytic response. Recurrence rate is 2% or less after complete excision. .

REFERENCES

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