



Pleomorphic Adenoma Of Right Parotid Gland

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ABSTRACT:

Pleomorphic adenoma is the most common type of salivary gland tumor as well as the most common parotid gland tumor. The cause of pleomorphic adenoma is unknown, but the incidence of this tumor has increased, it can occur at any age, but it is most common in people in their third to sixth decades. The medical management includes Inj.cefoperazone sulbactam 1.5gm IV and Inj.metronidazole 500mg IV, surgery for this condition includes Parotidectomy and complete glandectomy and the nursing management includes Give an analgesic to relieve pain Give a tube feeding Give acetaminophen. Complications include Parotid tumor capsule rupture,

KEYWORDS: Pleomorphic adenoma, tumor, parotidectomy

INTRODUCTION:

Pleomorphic adenoma (or benign mixed tumor) is a common benign salivary gland neoplasm with malignant potential that is characterized by neoplastic proliferation of epithelial

(ductal) cells as well as myoepithelial components.

It is the most common type of salivary gland tumor as well as the most common parotid gland

tumor. It gets its name from the architectural Pleomorphism (variable appearance) visible through light microscopy. It is also known as a "Mixed tumor, salivary gland type" because of its dual origin from epithelial and myoepithelial elements, as opposed to its pleomorphic appearance.

ETIOLOGY:

The cause of pleomorphic adenoma is unknown, but the incidence of this tumor has increased in the last 15-20 years in relation to radiation exposure. According to one study, oncogenic simian virus (SV40) may play a role in the development or progression of pleomorphic adenoma. Prior radiation to the head and neck is also a risk factor for the development of these tumors.

EPIDEMIOLOGY:

The most common benign salivary gland neoplasm is pleomorphic adenoma.

According to most studies, it accounts for 45-

75% of all salivary gland tumors, with an annual incidence of two to three and a half cases

Per 100,000 people.

Pleomorphic adenoma can occur at any age, but it is most common in people in their third to sixth decade s. Females are slightly more likely than males to develop pleomorphic adenoma (2:1 ratio).

Pleomorphic adenomas, which are especially common in the parotid gland, account for 70-80% of benign salivary gland tumors. [5]Pleomorphic adenoma primarily affects the parotid gland's superficial lobe. The distribution of salivary glands is as follows:

- Parotid gland (84%).
- 8% submandibular gland
- 6.5% minor salivary glands

CASE REPORT

A patient got admitted in general surgery ward with the complaints of pain, swelling, difficult in swallowing, difficult in chewing, facial nerve impairment.

INSPECTION:

There was a small single avoid swelling over right parotid region measuring about 5*4cm in size 10*7cm swelling present from 5cm above mental bone and extend.

Up to 6cm above the clavicle(midclavicular)

4*2cm swelling present behind the ear extends

Upto the sternicleoid mastoid muscle

Skin around the swelling appears normal the swelling (5*4cm)

PALPATION:

The findings of inspection were confirmed on palpation

10*7 swelling present from just 5cm above from mental bone and extending upto 6cm

Above to the clavicle(midclavicular)

Firm in consistency (mobile and non-tender)

4*2 cm swelling present behind the ear extends upto sternoclavicular magot muscle soft, consistency, non-tender.

- **On oral cavity examination**

Patient had good Oro dental hygiene

There was no erythroplakia, leukoplasia

Teeth was not sustained

Mouth opening was inadequate

Tongue mobility was normal, taste sensations were present

There was no ulcers in oral cavity

Gag reflex was normal

Other salivary gland appeared normal

- **Regional Lymph node Examination:**

The regional lymph node was not enlarged

- **Cranial nerve examination:**

1. FACIAL NERVE EXAMINATION:

Left angle deviation to mouth

Bilateral symmetrical forehead wrinkling present

Patient was able to close her eyelids properly

Nasolabial folds appears normal

There was no drooling of saliva from mouth of the angle

Overall facial symmetry was maintained.

2. REST OTHER CRANIAL NERVES WERE NORMAL

INVESTIGATION:

All routine investigation done, there is no abnormal findings.

IMAGING RESULTS:

A first ultrasound of the upper neck revealed a mostly solid lesion with internal cystic foci at the mandible and within the parotid gland.

The left parotid gland has a tumor that is uniformly contrast-enhancing, according to an MRI. The deep margin mass was discovered posterior to the pterygoid muscles, along the deep margin, and a noticeable vascular structure was discovered there as well.

MANAGEMENT:

MEDICAL MANAGEMENT:

The targeted symptoms that each patient presents with are the focus of treatment. The patient, who has a tracheostomy and is being ventilated, is GCS -13/14. Fertility issues due to nutritional concerns led to the placement of Riley's tube and the administration of IVF NS@50ml/hr.

Patient was on,

1. Inj.cefoperazone sulbactam 1.5gm IV (12hourly)
2. Inj.metronidazole 500mg IV(thrice a day)
3. Inj.fevastin 3ampoule in 100ml NS IV (thrice daily)
4. Inj.emeset 4mg IV
5. Inj.dexamaethazone 6mg IV (Twice daily)
6. T.chymoral forte 1lakh IU RT (twice daily)
7. T.Metaformin 500mg RT (twice daily)

8. Neb.duolin 1resp P/N (thrice daily)
9. Inj. Human actrapid (according to sliding scale)S/C
10. IVfluids NS/RL @50ml/hr

SURGICAL MANAGEMENT: The patient received broad local excision and a right total parotidectomy while sedated.

PARTOTIDECTOMY: Surgically, a large salivary gland in the cheek is removed entirely or in part.

COMPLETE GLANDECTOMY: The facial nerves are identified and preserved while the gland is removed in its entirety.

The total patricide technique: When it is possible, the facial nerve branches are dissected from the superficial gland to remove as much of the deep gland as possible. The branches are then fully mobilized.

Subtotal excision of right parotid tumor and right parapharyngeal space with tracheostomy—the procedure that was completed.

PRE-OPERATIVE ORDERS:

- NPO
- Inj.cefazolin 2gm IV stat
- Inj.TT 0.5cc IM stat
- Inj.xylo 0.1cc ID stat
- Site marking not applicable
- Prepare parts- Right post auricular and occiput right side of neck
- Inform consent and written consent obtained
- Follow anaesthesia order
- Shift to OT on call

INTRA-OPERATIVE NOTES:

The right parapharyngeal space and parotid tumor were subtotally excised, along with a tracheostomy.

POST-OPERATIVE ORDERS:

- ❖ NPO until further order
- ❖ IVFluids NS/RL 50ml/hr
- ❖ Inj.Para 500mh IV TDS
- ❖ Inj.tramadol 30mg IV BD
- ❖ Inj.Ketolac 30mg IV SOS
- ❖ Inj.dexamethasone 4mg IV 1-1-1
- ❖ T.chymoral forte 1-1-1
- ❖ Monitor vitals
- ❖ Inform SOS
- ❖ Monitor I/O
- ❖ Repeat urea and creatinine

NURSING MANAGEMENT:

- Give medication, such as cevimeline (Evoxac) and pilocarpine (salagen), to simulate increased salivation.
- Give sugar-free gum and candies to encourage salivation.
- Steer clear of drugs that aggravate dry mouth
- Give an analgesic to relieve pain
- Give a tube feeding Give acetaminophen (Tylenol) to relieve fever
- Use cold sponges to relieve fever

NURSING DIAGNOSIS

- Impaired mucous membrane in the mouth caused by a pathological condition, an infection, or chemical or mechanical trauma (such as from medications or poorly fitting dentures).
- Pain associated with an oral lesion or its treatment
- Insufficient nutrition due to oral or dental issues, resulting in an unbalanced diet that falls short of the body's needs
- Fear of discomfort and social exclusion resulting from illness or physical alteration
- Disturbed perception of one's body as a result of a medical condition or its treatment-related physical alteration in appearance
- Poor verbal communication associated with the treatment
- Risk of infection associated with illness or therapy
- Inadequate understanding of the disease process and its course of treatment.

COMPLICATION:

Intra-operative problems are conceivable.

1. Parotid tumor capsule rupture
2. An incomplete excision of the tumor
3. Transsection of the facial nerve
4. One of the post-operative consequences is a hematoma or hemorrhage.

Trismus

5. Contagion
6. The Frey syndrome
7. Greater auricular nerve hypoesthesia.

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