

Case Report of Warthin's Tumour

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Abstract - Warthin's tumour is benign tumour, more commonly affecting the salivary glands and overwhelmingly found in parotid gland. It shows male predilection inspite of the fact that recent reports confirmed the reduction in difference of gender. It may occur unilaterally or bilaterally , it presents as a painless swelling over parotid region but sometimes patient may complain of pain in ear , tinnitus or deafness. We reported a case of 65 year old chronic smoker male with Warthin's tumour on right side over parotid region . The tumour was excised under general anaesthesia following all the aseptic conditions, patient was observed for one year. On follow -up he did not experienced any sympyoms and no signs of recurrence were noticed.

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I. Introduction

Warthin's tumour is relatively common benign epithelial tumors of salivary gland, encompass 5-15% of all parotid neoplasms.¹ Initially it is reported by Hildebrad in 1895. Albrechet and Artz termed papillary cystadenoma and Aldred Scott named this tumor as papillary cystadenoma lymphomatosum. Martin and Ehrlich used the term warthins tumor in regards to warthins after that it was broadly being used as Warthins tumor.

Salivary gland tumors constitute nearly 3% tumors affecting the head and neck region, it is the second most common benign salivary gland neoplasm only constrained to the parotid organ with inclination towards the tail of parotid, and its occurrence in additional parotid areas are thought to be exceptionally uncommon.^{1,2} . It occur between 6th and 7th decades of life & shows male predilection. Warthin's tumor is commonly associated with history of smoking & frequently affect the unilateral site despite of the fact that it may occurs bilaterally. Even though many studies result that with the late reports the distinction in proportion is declining.

Many cases reported that Warthin's tumor frequently affect the unilateral site despite of the fact that it may occurs bilaterally. In most of the cases the clinical presentation of this tumor is asymptomatic that manifest painless swelling which increase gradually however very less patients complains of facial pain, ear ach, tinnitus and deafness. Clinically it is difficult to differentiate between the warthins tumor and the other benign swelling affecting the parotid gland. Histopathological examination is the gold standard to confirm the diagnosis because it gives unmistakable picture.³ Since it is a non malignant form of salivary gland tumor, there is no need of total excision of salivary gland tissue.

In the present article we report a case of warthins tumor of 3 years duration in a 65 year old male patient in the right side parotid gland

II. Case Report

A 65 year old male patient reported to the department of oral and maxillofacial surgery of Saraswati hanwantari dental collage & hospital parbhani (MS) presenting with a painless swelling over the right side of face since 3 year.

It was insidious in onset and gradually increased to its present size. The patient was chronic cigarette smoker since 40 years & no relevant family and medical history regarding similar complaint. No history of pain, parasthesia, trismus, discharge from swelling and fever.

Extra-oral examination revealed solitary, localized, roughly oval swelling in right infra-auricular region measuring about 3.5X2.8 cm of warm temperature No evidence of scar, sinus, discoloration or puntcum. On palpation, swelling was soft, fluctuant non tender and warm swelling was over the right preauricular region extending upto angle of mandible. . The overlying skin was mobile & can be pinched the ear lobe of right side was slightly raised, there was no regional lymphadenopathy noted. (figure 1)

Intraoral examination revealed presence of swelling extended anteroposteriorly from retromolar area to lateral faucial pillars & extended inferiorly below the lower border of mandible with no buccal sulcus

obliteration. The swelling was non tender with normal parotid gland orifice. Based on history & clinical examination the provisional diagnosis was made benign tumor of right parotid gland. A differential diagnosis of pleomorphic adenoma, Warthin's tumour, a low-grade parotid malignancy (acinic cell adenocarcinoma, adenoid cystic carcinoma, mucoepidermoid carcinoma), lipoma and neurofibroma arising in the salivary gland were included.

According to the clinical presentation, investigation were carried out to rule out any pathological finding relate with hard tissue involvement. Hematological investigations revealed no abnormal values. Panaromic radiograpgh was normal. (figure 2)

Ultrasonic examination demonstrated hypoechochic area measuring 3.5 X 2.8 X 2.5 cms in the right parotid. There was no evidence of calcification, and an increase vascularity within mass was noted. The lesion was well defined with no pathognomic changes in surrounding parenchymal tissues.



Figure1- Extraoral Photograph, showing frontal view of the patient's face with asymmetry



Figure 2 – OPG of skull, showing no abnormality

These investigations confirmed that the swelling was originating from the parotid gland and it was encapsulated. Fine needle aspiration cytology (FNAC) of swelling was done. Smear showed monolayer sheets of oncocytic cells, thin cystic material with round nuclei & moderate cytoplasm and background with lymphocytes & granular debris sheets. These features were suggestive of warthin's tumor.

The excision of mass was done under aseptic precaution and the specimen was sent for histopathological examination for confirming the diagnosis.

The gross examination revealed firm oval-shaped mass grayish to yellowish in color measuring creamish brown to dark brown in color, spherical to ovoid mass measuring 3.0X2.5X2.8 cms in diameter which was encapsulated nodular outer surface. (figure 3)



Figure 3 - Cut section reveals soft with a well defined capsule having cystic space filled with chocolate coloured fluid at places

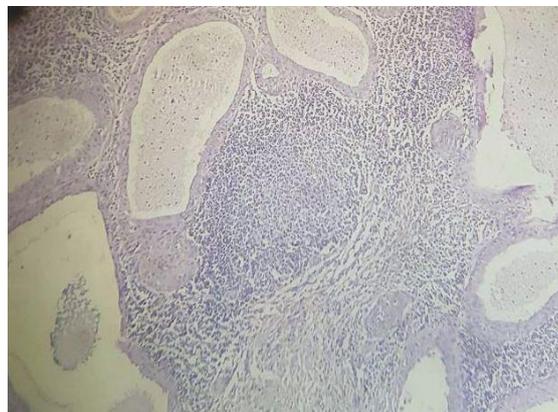


Figure 4 - Photomicrograph reveals numerous cystic spaces partially filled with homogenous fluid circumscribed by bilayered epithelium having a stroma richly infiltrated by lymphoid tissue having germinal centers.

The microscopic examination revealed an encapsulated mass with irregular cystic spaces lined by bilayered oncocytic ductal epithelium protruding in the cystic spaces. The inner luminal layer of epithelium was made up of tall columnar cells with centrally placed hyperchromatic nucleus and beneath layer was comprised of cuboidal cells. The underlying stroma separating the lining epithelium is typically lymphoid matrix showing germinal center formation. All these features were confirmed diagnosis of lesion as Warthin's tumor. (figure 4)

III. DISCUSSION

The second most frequent benign salivary gland neoplasm comprises 10-15 % of the total is Warthin's tumor which is also called as papillary cystadenoma lymphomatosum. Warthin's tumor primarily affects the parotid gland only and now a days the frequency of occurrence of these tumor is increased with smoking. It has been observed that smokers have eight to ten folds greater risk to develop Warthin's tumor than non smokers. Previously it constitutes less than 20% of other parotid tumor. Beside the parotid gland these tumor can involve other extraordinary areas such as submaxillary or sublingual or minor salivary organs, larynx, cervical lymph nodes & nasopharynx. The Warthin's tumor frequently occurs in mid 60's and infrequently manifests in young patients. In males the pinnacle frequency is in the 7th decade while in female it is 6th decade. (mobile article 5)

Previously it has demonstrated a complete male inclination however there is dynamic change in the gender distribution, few author reported male: female ratio upto 10:1 while later reports distinction has been on decreased and came on to 1:1. The warthin tumor is reportedly related to cigarette smoking and enhancement of smoking in women in the course of recent decades which clarifies the variation in gender proportion (mob.

Article 26)). In the present case patient is present case 65 years old male patient having chronic history of smoking.

This tumor affect one side of parotid gland or both side of parotid gland i.e., unilateral or bilateral and appears as asymptomatic nodule which grows gradually having firm to fluctuant consistency. In the present case patient is not aware of his condition and he demonstrated the features which were typical of Warthin's tumor.

Sialography, ultrasonography (USG), computed tomography (CT) & magnetic resonance imaging (MRT) may be utilized for imaging of salivary gland for diagnosing Warthin's tumor. There are no radiation hazards for ultrasonography (USG) and magnetic resonance imaging (MRI). The advantage USG is short imaging time & economic to the patient. It can be used only as complimentary modalities of imaging since the tumor may be found as a sonolucent cyst despite the fact that it is really comprises of cyst and solid mass. MRI is the time consuming & not cost effective but it has good complexity and adequacy in surveying the tumor. CT is generally modest & brisk and also accurate in recognizing the site and proximity with facial nerve so it serves as best method for diagnosis.

FNAC generally has been utilized as part of diagnosing the neoplasm of the salivary gland with testing the accuracy is 87 to 97 % (Mb art. 8,9)

The best treatment for warthin's tumor is surgical excision of tumor under GA. Keeping in mind the preservation of facial nerve. It can be removed effortlessly as it is encapsulated generally located towards the tail of parotid. Some surgeons prefer nearby resection with encompassing tissue and inclined towards the parotidectomy (Mb Art 10).

IV. Conclusion

The present report demonstrates a case of 65years male patient with positive history of smoking, have painless swelling of parotid gland. Tumor grows slowly & asymptotically in three years of duration and situated in peculiar area. History, clinical examination and other investigations were suggestive of benign lesion originating from salivary gland. The final diagnosis was achieved only after the cytological and histopathological examinations help the surgeon to decide the treatment plan.

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