

Giant Parotid Tumor at Nianankoro Fomba Hospital in Ségou: About a Case

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Abstract

Parotid tumor is defined as a progressive and abnormal increase in the volume of the parotid due to an excessive multiplication of cells. The diagnosis of tumors is pre, per and postoperative. The treatment is mainly surgical. The objective of this work was to bring out the clinical, para-clinical and therapeutic aspect of parotid tumors. It was Mr D M of Malian nationality, 55 years old, admitted to the stomatology/maxillofacial surgery department of the Nianankoro Fomba hospital in Ségou for treatment of swelling of the right hemiface. The observation of this case relates to a 55-year-old patient who is compatible with the age group of the study conducted by E.S. Diom *et al.*, The average age of the patients was 40 years with extremes of 5 years and 80 years [1]. Parotid tumors are mixed tumors. The latent nature of some of them sometimes makes us see long evolutions, voluminous forms which can evolve into cancerous forms.

Keywords: Tumor, giant, parotid.

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INTRODUCTION

Parotid tumor is defined as a progressive and abnormal increase in the volume of the parotid due to an excessive multiplication of cells. This cell multiplication can be done from normal cells which would be the origin of benign tumors or of abnormal cells which would be the origin of malignant tumors.

Among the tumors of the salivary glands, the parotid tumor represents 70-80% of the cases. The diagnosis of these tumors is pre, per and postoperative. The treatment is essentially surgical.

The objective of this work is to bring out the clinical, para-clinical and therapeutic aspect of parotid tumors.

OBSERVATION

It was Mr D M of Malian nationality, 55 years old, admitted to the stomatology/maxillofacial surgery department of the Nianankoro Fomba hospital in Ségou for treatment of swelling of the right hemiface (Fig 1).

The onset of the disease dates back approximately 5 years with the appearance of a mass in the right pretragal region. He would have carried out traditional treatments by applying a poultice without success. The evolution will be marked by the progressive increase in the volume of the swelling. Given this clinical picture, the parents decide to take him to the hospital for adequate treatment. Personal medical and surgical history is unremarkable.

On general examination, the patient was conscious and in good general condition with normal colored conjunctivae. He does not present any signs of dehydration or undernutrition, the clinical constants are stable.

Exo-buccal examination notes a mass in the right parotid region raising the lobule of the right ear; it is painless, mobile under the skin (not part of the bone) and measuring 10 cm in diameter at the major axis. It is covered with normal-looking skin (Fig 2). There is no sensorimotor disorder.

- Endobuccal examination: he presents a good dental articulation, the vestibules are free, the mouth opening is normal. He presents poor oral hygiene with numerous tartaric deposits, the tongue is coated.
- Elsewhere: Review of other devices was unremarkable.
- Ultrasound of the parotid region revealed in conclusion that it was a tumor of the right parotid gland associated with benign lymphadenopathy.

Surgical treatment consisted of total excision of the tumor, avoiding recurrences and postoperative superinfections, restoring the aesthetics of the face

The patient is under general anesthesia in the supine position with orotracheal intubation, a block under the shoulders, the head turned towards the left side. Rigorous exobuccal aseptis with red betadine then with yellow; placement of a head and body drape, an electric scalpel and a suction probe (Fig 3).

The skin incision was made with a blade n°15 according to the Rédon line. Hemostasis and progressive subcutaneous dissection allowed us to discover the tumor

The excision consisted in ligating the large vessels such as the external jugular vein, the temporal and maxillary artery. The release of the various attachments of the gland at the auricular level allowed us to locate the trunk of the facial nerve and the sternocleidomastoid muscle. The dissection of the trunk and these different branches allowed us to remove the tumour. It is a lumpy mass of hard and renitent consistency in places, reddish in color and measuring 10 cm in diameter at the major axis (Figs 4 and 5).

The closure was made in two planes under suction drain after verification of complete haemostasis followed by rigorous aseptis of the operative wound with hydrogen peroxide then with yellow betadine. The deep plane was done with Vicryl 3.0 and the cutaneous plane with Ethicon 3.0; the wound dressing was compressive to prevent any serosanguineous collection in the newly formed cavity (Fig 6).

The medical treatment consisted in establishing a protocol of dual antibiotic therapy, corticosteroid therapy, analgesic (level 1 and 2) and rehydration with solutes.

The day after the operation, the patient presented no complaints, the general condition was good, the clinical constants were stable. On exobuccal examination, the dressing was clean but showed slight paresis of the right hemiface marked by a slight deviation of the right labial commissure to the left (Fig 7).

The removal of the drain was done on the third day of the operation, we note that the wound was clean and in good general condition, but the facial paresis persisted (Fig 8). One month after surgery, the operative wound was completely healed, however the facial paresis still persisted (Fig 9). The cytology result of the surgical specimen reveals that it was a carcinoma on a pleomorphic adenoma of the salivary gland. The patient was referred to the oncology department for further treatment.



Fig 1



Fig 2



Fig 3



Fig 4



Fig 5



Fig 6



Fig 7



Fig 8



Fig 9

DISCUSSION

The observation of this case relates to a 55-year-old patient who is compatible with the age group of the study conducted by E.S. Diom *et al.*,

The average age of the patients was 40 years with extremes of 5 years and 80 years [2].

The duration of evolution of this case dates back approximately 5 years; this long delay is seen in other studies, especially in African countries.

The average consultation time was 4.3 years and varied between 1 month and 20 years [2].

The swelling of the right hemiface is the main reason for consultation, given its unsightly character in society.

Parotid swelling is the main reason for consultation [2].

Ultrasound of the parotid region is the paraclinical examination required to make the preoperative diagnosis. Ultrasound was requested in 20 patients, i.e. 21.5% [2].

The skin incision is made with the blade n°15 according to the Redon tracing and the tumor excision consists of progressive dissection of the facial nerve.

The treatment is surgical and consists since Redon of a real dissection of the facial nerve (VII) [3, 8].

The clinical evolution is made of slight paresis of the right hemiface marked by a slight deviation of the right labial commissure towards the left side.

It is marked by the occurrence of sequelae on the motricity of the face [1, 4]. Laccoureye found after total parotidectomy rates of facial paresis and paralysis of 63.1% and 5.2% respectively [6].

The cytology result of the surgical specimen reveals that it is a carcinoma on a pleomorphic adenoma of the salivary gland, contrary to other studies.

Mucoepidermoid carcinoma is usually the most common malignant parotid tumor [5, 7].

CONCLUSION

Parotid tumors are mixed tumors. The latent nature of some of them sometimes makes us see long evolutions, voluminous forms which can evolve into cancerous forms. Their diagnosis is easy and the treatment is surgical. The typology is done by the cytology of the operating piece.

Conflict of interest: None

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