NEUROFIBROMA IN A SALIVARY GLAND

By J. E. Choo, M.B., B.S., F.R.C.S.E.

CASE REPORT

T.B.Y., a male Chinese, 18 years old, was admitted on 24.6.59, complaining of a lump below the right angle of his mandible, first noticed two years ago when it was the size of a pea, slowly growing in size since. It was painless, and there was no pain or change in size with meals.

On examination there was an ovoid swelling, 3.5 cm. x 2 cm., in the region of the right submandibular salivary gland, smooth, firm, freely mobile and not tender. It did not alter in size when an acid-drop was sucked, and there was no enlargement of the regional lymph nodes. There were cafe-au-lait spots all over the body, but there were no other signs of neurofibromatosis. X-ray of the mandibular region showed a small calcification adjacent to the ramus of the right side of the mandible, suggestive of a calcified calculus. A diagnosis of enlargement of the right submandibular salivary gland, possibly due to calculous obstruction, with a concurrent neurofibromatosis was made.

On 3.7.59, under general anaesthesia (Dr. F. W. Pais), the right submandibular salivary gland was excised. There was no fixation to the surrounding structures, and no obvious adherence to any nerve was seen. No calculus was seen or palpated.

Pathological Report: (Dr. K. Shanmugaratnam).—The salivary gland measures 4 x 4 x 2 cm. The cut surface reveals lobulated masses of a tumour on one side of the gland, extending into the salivary gland tissue. The tumour is fairly firm and has a whitish hyaline appearance. No calculi are seen. Microscopically, the tumour shows the histological characteristics of a neurofibroma.

The patient was discharged on 5.7.59, and so far, has not complained of any further swelling.

COMMENT

Neurofibromatosis (von Recklinghausen's disease) is a not uncommon condition, and can occur in several forms, such as molluscum fibrosum, elephantiasis neuromatosa and cafe-au-lait spots. The neurofibromata can occur anywhere in the body, most commonly in association with cutaneous nerves and spinal nerve roots, but there are no reports, in all the available literature, of one occurring in a salivary gland. This case is, therefore, described in the belief that it is the first report of this tumour occurring in such a site.

In retrospect, this case should never have been diagnosed as enlargement of the gland

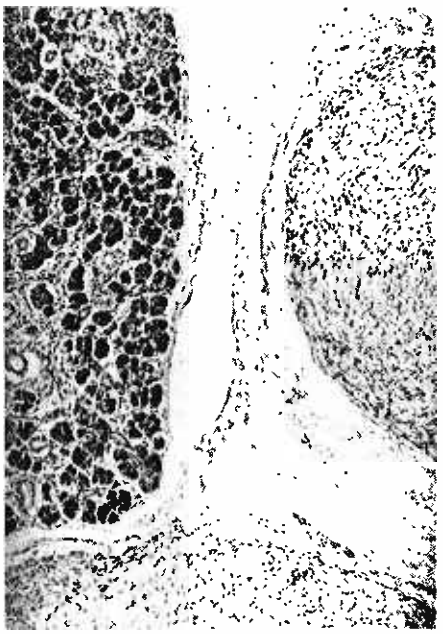

Fig. 1.

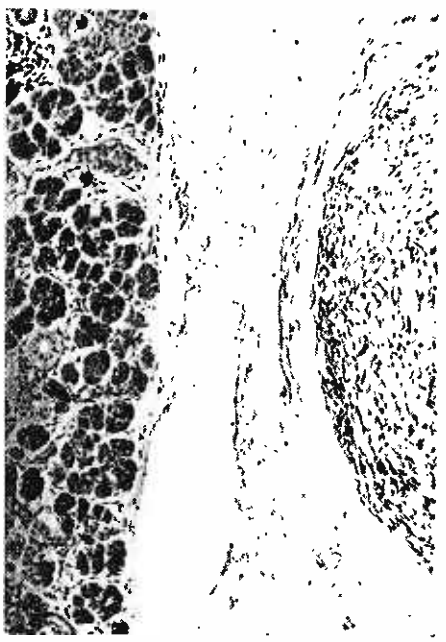

Fig. 2.

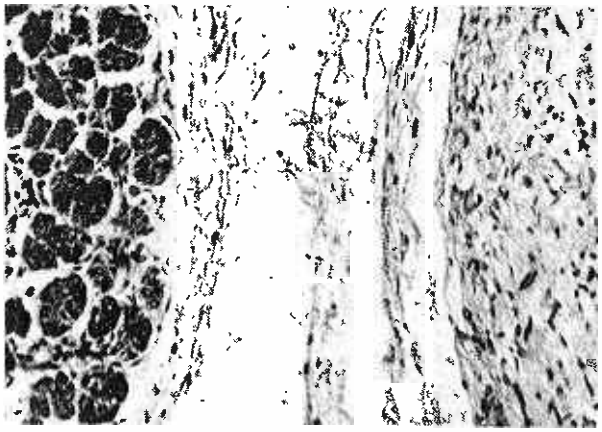

Fig. 3.

Figs. 1, 2 & 3. Histology showing salivary gland and tumour.

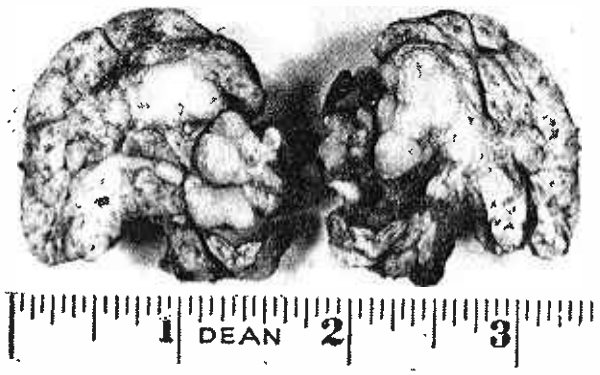

Fig. 4. Microscopic appearance — cut surface.

Fig. 5. Microscopic appearance — whole gland.

due to salivary duct obstruction, as there was nothing in the history to suggest it, and there was only doubtful radiological evidence of a calculus. However, the correct diagnosis would never have been made pre-operatively, in view of the fact that no neurofibromata have ever been reported in such a region, though there appears to be no reason why they should not occur there, as there is an extensive nerve network. This particular tumour must have arisen from one of the branches of the lingual nerve, or of the chords tympani nerve.

SUMMARY

1. A case of neurofibroma in the submandibular salivary gland is described.

2. The scarcity of such a tumour in this site is noted.