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Case Report

Our Experience of Unusual Presentation of Warthin Tumor in the Hard Palate: A Case Report

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Abstract: Warthin's tumor (WT), also known as papillary cystadenoma lymphomatosum, is a benign salivary gland neoplasm predominantly affecting the parotid gland. Despite its benign nature, the tumor presents unique diagnostic and clinical challenges due to its variable presentation and occasional multifocal or bilateral occurrence. The etiology of WT remains incompletely understood, though associations with smoking and lymphoid tissue interactions suggest a complex pathophysiology. Recent advancements in imaging and histopathological techniques have improved diagnostic accuracy, yet differentiating WT from other salivary gland neoplasms remains crucial for appropriate management. Surgical excision remains the primary treatment modality, particularly for symptomatic or enlarging lesions, although conservative management is increasingly considered in select cases. This review aims to provide an updated overview of the epidemiology, pathogenesis, diagnostic strategies, and treatment options for WT, emphasizing the role of modern imaging modalities and the emerging debate over the necessity of surgical intervention in all cases. Understanding the nuances of WT is essential for clinicians to ensure accurate diagnosis, optimize patient outcomes, and avoid overtreatment. Future research should focus on elucidating molecular markers for better risk stratification and exploring non-invasive management approaches.

Keywords: Warthin's tumor, salivary gland neoplasm, parotid gland, diagnosis, surgical management.

INTRODUCTION

Warthin's tumor (WT), also known as lympho-adenoma or papillary cystadenoma lymphomatosum, is primarily found in the parotid gland. It's more commonly seen in men and adults, and there's a suggested link between WT and cigarette smoking [1]. In about 11.3% of cases, WT can be multifocal or bilateral.

While WT is typically found in the parotid gland, there are rare instances where it can occur in extra parotid locations (EPWT). This happens when the tumor develops in ectopic salivary tissue found in the laterocervical and paraparotid lymph nodes. An exceptional occurrence is when WT is found in the hard palate, which has only been reported a few times in the literature, notably by Chiapasco *et al* [2] in 1996 and Roberto Becelli *et al* [3] in 2004.

The consensus among medical professionals is that a conservative surgical approach is the best treatment option for WT. This article discusses a case of a 55-year-old female patient who had WT in the hard palate and outlines the diagnostic process and surgical strategy used in her treatment.

CASE REPORT

A 55-year-old female patient visited the Department with a complaint of swelling over the left side palatal region for 3 months. The patient gave no history of trauma or pain associated. She gave a history that she suddenly noticed the swelling 3 months ago and the swelling has been non-progressive and non-tender in nature. The patient gave a history of

turmeric powder application over for 1 week continuously 15 days before the visiting date. The patient was receiving medication for hypertension for 15 years and hypothyroidism for 3 years.

On examination of the patient, the extraoral patient did not have any type of gross facial asymmetry and on intraoral examination, there was solitary swelling of 1.0x0.5cm which was bluish in colour, shiny, lobulated and with smooth surface and well-defined margin over the posterior aspect of left side hard palate region. Anteroposteriorly extending from mesial of 26 to distal of 27 and Mediolaterally from midpalate to 5cm medial to gingival margin of 27. On palpation the swelling was soft, non-tender, firm immobile and no changes in color were noted on compression of the swelling.

Clinical differential diagnosis could be a vascular malformation, minor salivary gland tumor, mucocele.

Clinical differential diagnosis

Mucocele is a mucous extravasation type of cyst, presents as bluish white swelling. Common site is lower lip usually associated history of trauma. It is a non-compressible swelling and shows fluctuation.

Vascular malformation is rarely seen over the palatal region and is associated with bruits and pulsation with a long standing history.

Minor salivary gland tumor has been commonly seen associated with palatal region with female predilection and commonly seen in 3rd and 4th decade of life.

Investigation

CBCT was done to rule out any vascular involvement or any bony erosions. But it was suggestive of a solitary benign lesion of palate with no bony involvement.

Treatment

Excision of the lesion and closure by transposition of palatal flap was done under General Anaesthesia and the raw surface was left for healing by secondary intention. The tissue specimen was sent for histological examination.

Microexamination showed multiple sections show tissue lined by keratinized stratified squamous epithelium with subepithelium showing multiple dilated cysts lined by columnar cells oncocytic cells and central secretions. Adjacent seromucinous salivary glands were noted. It was suggestive of features of minor salivary gland intraoral salivary duct cystadenoma.

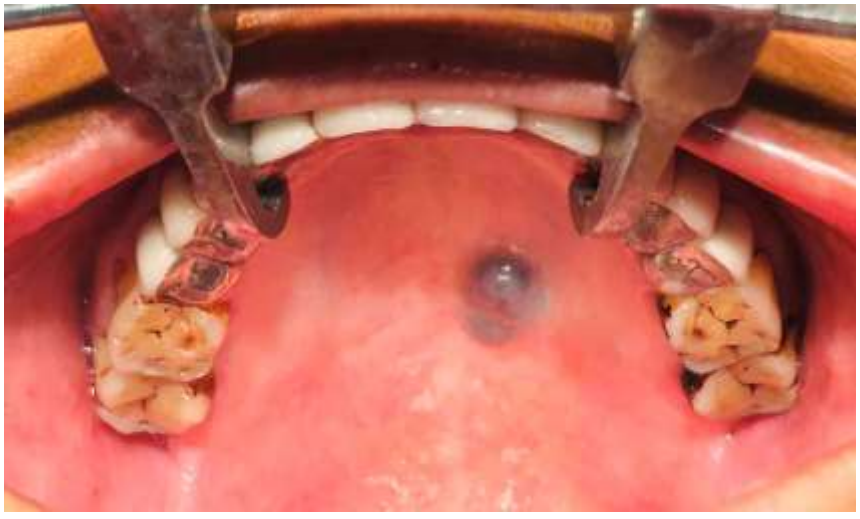

Figure 1: Intraoral Picture of the Lesion Over Left Palate Region with Bluish Hue

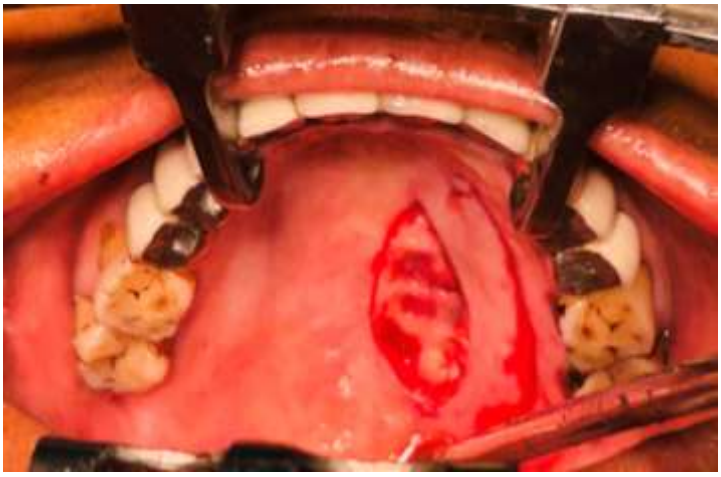

Figure 2: Post Excision of the lesion

Figure 3: Transposition of palatal Flap and closure of the defect

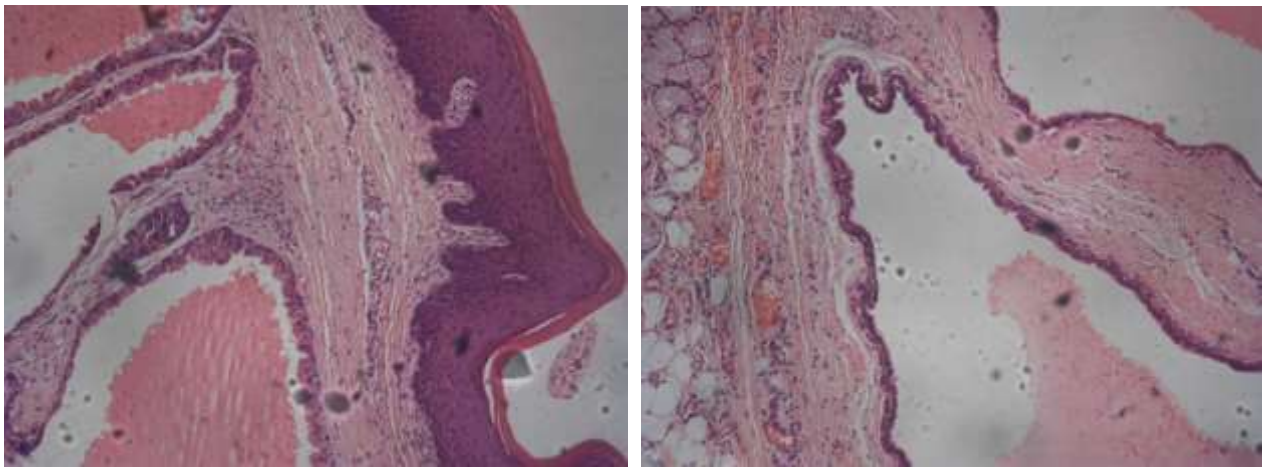

Figure 4: Photomicrograph of histopathological sections (keratinized stratified squamous epithelium with subepithelium showing multiple dilated cysts lined by columnar cells oncocytic cells and central secretions)

DISCUSSION AND CONCLUSION

Warthin's tumor (WT) is a benign salivary neoplasm that typically occurs in the parotid gland. There have been sporadic reports of extra parotid WTs (EPWTs) in the literature, mainly found in the laterocervical areas and paraparotid lymph nodes.

In 1998, Rydzewski *et al* [4]. reported a WT in the rhinopharyngeal area, while Chiapasco *et al* [2]. reported a palatal localization in 1996 and Nishikawa H *et al* [5] described a case of extra-parotid Warthin's tumor occurring synchronously in a peri-parotid lymph node is described. This is not a metastatic phenomenon and occurs as a result of salivary gland inclusions of local lymph nodes during the embryological development of the parotid. Extra-parotid Warthin's tumour should be regarded as a benign incidental finding and the prognosis is excellent.

The lymphoid component of WT is thought to be a secondary reaction to the neoplastic proliferation of the salivary duct. WT is usually found in areas with abundant lymphoid structures. However, its occurrence in the hard palate is exceptional, as this area lacks lymphatic tissue.

Fine-needle aspiration cytology (FNAC) is generally accurate in diagnosing WT [6]. However, in the absence of a lymphoid component, mucus, or a necrotic background, WT can be mistaken for oncocytoma. Some researchers have noted the overlapping morphological patterns of salivary gland tumors and discrepancies between initial cytology reports and final histological diagnoses [7]. As a result, there can be instances of misdiagnosis, including false positives and negatives.

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