ABSTRACT

The malignant parotid tumors are highly polymorphic. The acinic cell carcinoma shows a medium malignancy degree and certain particularities, such as bilateral determinism and late distant metastization. This study presents the case of a patient with acinic cell parotid carcinoma with bilateral metachrone evolution and pleura-pulmonary metastasis. The cellularity of the thoracentesis liquid was similar to the initial histological description of the tumor. The computer-tomography showed the invasion of the lung parenchyma and pleura. The survival after the occurrence of pulmonary metastasis lasted for one year. The particularities and the evolution of the case are approached in relation to other cases quoted in the specialized literature.

KEY WORDS: acinic cell parotid carcinoma, pleura-pulmonary metastases.

INTRODUCTION

Salivary gland neoplasias account for 1% to 5% of all head and neck tumors. In various retrospective studies, the incidence varies from 0.4 to 13.5/100 000 cases, most starting after the age of 30, slightly more often met with the females. The parotid glands are affected at a ratio of 80%, the submandibular ones at a ratio of 15%, and the sublingual ones in 1 to 5% of cases. The parotid tumors are benign at a ratio of 80%, most part being pleomorphic adenomas (1). From an anatomical-pathological viewpoint, most malignant parotid tumors derive from epithelial structures and are highly polymorphic, making difficult the creation of easy-to-use and unanimously accepted classification systems. The main malignant tumor types are represented by the mucceopidermoid carcinoma, the adenoid cystic carcinoma, the malignant pleomorphic adenoma, the acinic cell carcinoma, the adenocarcinoma and the lymphoma. Acinic cell carcinoma has a medium malignancy degree and is characterized by certain particularities, such as bilateral localization and late distant metastization (2,3).

CASE STUDY

The patient aged 68 is admitted on an emergency basis in the hospital for dyspnea at rest, right sided thoracic pain, altered general condition, perspirations, vertigo. The history of the case shows that five years ago she underwent a right parotidectomy, the anatomical-pathological examination revealing an acinic-cells parotid carcinoma. The surgical treatment was not followed by chemotherapy or radiotherapy. The patient noticed four years after the operation that the contralateral parotid area was tumefied, followed by progressive alteration of the general condition, weight loss (24 kilograms in 4 months), reaching the climax with the right lung pain and dyspnea at rest which determined her to come to the hospital. Upon the clinical examination, we notice that her nutrition condition is impaired (her body mass index is 20 kg/m2) and her pallor, facial asymmetry due to the tumefaction of the left parotid area and elements of right pleural syndrome (right sided lung swelling, limited respiratory dynamics, dullness and disappearance of the vesicular murmur on the entire area of the right lung). The special oto-rhino-laryngeal exam shows the presence in the left parotid area of a hard fixed painless round-oval lump, sized of...
about 3/2 cm, with distinct borders and without any signs of acute inflammation. There is no locoregional adenopatia present.

The exploratory biological and imaging assessment revealed the following pathological aspects:

- Anemic syndrome (hemoglobin 9.18 g/dl) and non-specific inflammatory syndrome (red cell sedimentation speed 39 mm/1h, fibrinogen 588 mg/dl);
- The posteroanterior chest radiograph and the detail profile view of the right lung show high amounts of right pleural effusion (figures 1 and 2);
- The examination of the thoracentesis liquid: hemorrhagic liquid, pleural proteins 3.8 g%, pleural LDH 599 UI/L, the cytology revealing the presence of carcinoma tumor cells;
- The ecography of the left parotid gland region shows a hard intra-parotid lump with distinct borders, with sizes 25/15 mm; there are no bilateral laterocervical adenopatias present;
- The lung computer-tomography with contrast substance shows in the right sided lung a lump of 20/15/20 cm that invades the mediastine and moves it along the median line, associated with the high amounts of pleural effusion. After pleurotomy and right pleural cavity drainage, chemotherapy and palliative radiotherapy were applied and the patient died after about one year after the occurrence of the neoplastic pleurisy.

DISCUSSIONS

The acinic cell adenocarcinoma is a histological form rarely met in parotid tumors. It occupies the 3rd place as far as frequency is concerned, after the muccoepidermoid carcinoma and the adenocarcinoma, accounting for about 10% of the malignant of the parotid glands (4). Out of all the histopathological forms, this is most frequently met with bilateral or multicentric, having a slow but unpredictable evolution, with distant metastization after several years from the initial determination, as in the case we studied, but with metastases that became apparent before finding the primary tumor, as in some cases described in the literature (4, 5). In other cases, the tumor may get to invade the perineum, determining the peripheral facial nerve palsy. Specialized literature reports a survival rate of 82% in 5 years and 68% in 10 years (6). In our case, we achieved a survival of about 6 years from the excision of the initial lump.

The initial tumor site influences the prognostic: the effect of the deep parotid lobe is followed by local recurrences in 72% of the cases and negative evolution in 43%, compared to the debut of the tumor in the superficial parotid lobe at the rates of 18% and 9% respectively (4, 7). The patient we followed is one of the rare cases of bilateral localization (8). The evolution of lung metastases may be highly polymorphic, literature quoting cases of slow doubling time in which survival exceeds 10 years, although lung metastases are present (9). Surgery is the traditional treatment in the cases diagnosed before the occurrence of metastases, followed by radiotherapy and chemotherapy, if the case (paclitaxel is an agent with favorable results at present). The molecular and anti-angiogenic therapy is also tested in recent studies (trastuzumab, cetuximab, gefitinib, lapatinib) (10).

CONCLUSIONS.

The acinic cell carcinoma is a less frequent form of parotid tumors, with particularities of evolution, synchrony and metachrony in the
contralateral parotid gland or in distant metastization - mostly pleura-pulmonary and osseous – areas, being relatively frequently quoted. The follow-up of patients should continue indefinitely after the surgery, because the local and distant metastases may recur long time after the initial treatment. The negative prognostic factors are the low differentiation, neurological involvement, age, local and distant invasion, the presence of oncoproteins p53 and c-erbB2.

REFERENCES: