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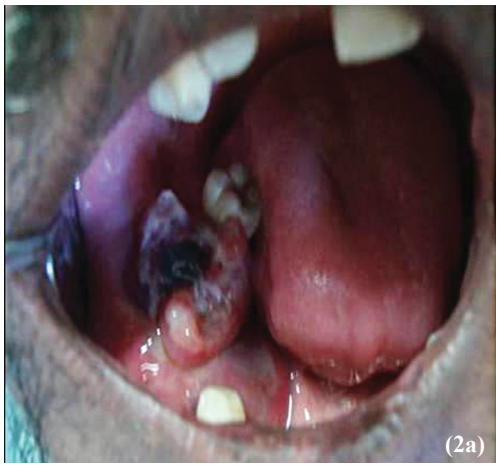
Clinical Images

Myoepithelial cell carcinoma of the oral cavity

Fig. 1. Extra-oral right mandibular swelling (circle) with multiple lesions of neurofibromas (arrows).



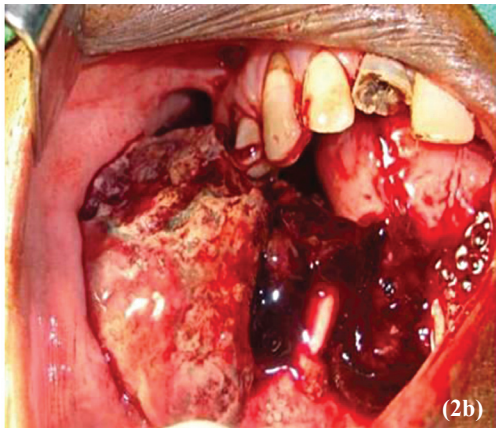


Fig. 2a. Small intra-oral lesion growing on the right mandibular alveolus. **Fig. 2b.** Rapidly growing lesion after inicisional biopsy almost filling up the entire oral cavity, measuring 7×5 cm in size.

A 42 year old male, visited the Yashwantrao Chavan Memorial Hospital, Pune, Maharashtra, India, in February 2009, with pain and recurrent swelling in the lower jaw region since last one month (Fig.1). A swelling with blue black discoloration and with irregular surface was present on the alveolar ridge (Fig. 2a). Post-incisional biopsy the lesion enlarged enormously reaching up to 7 cm x 5 cm in size (Fig. 2b). The patient had multiple neurofibromas all over his body (Fig. 1). Orthopentomogram showed a

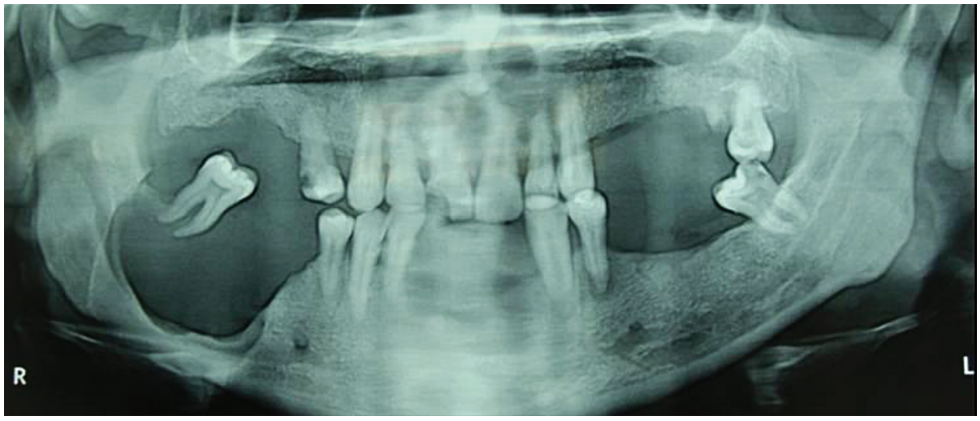


Fig. 3. Orthopentomogram shows well defined osteolytic lesion in the mandible.

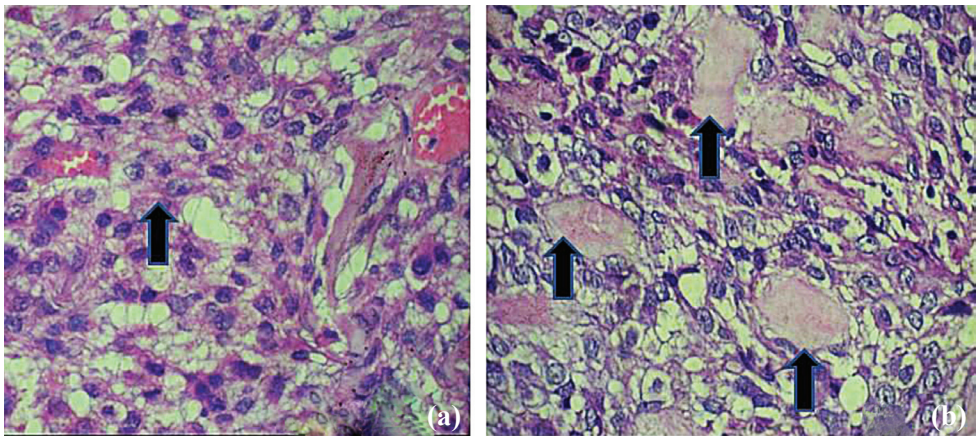


Fig. 4a & b. Myoepithelial carcinoma predominantly composed of plasmacytoid cells (**Fig. 4a**-black arrows) in sheets, were separated by abundant pink, acellular and eosinophilic basement membrane like material (**Fig. 4b**-black arrows). Cellular atypia and high mitotic activity can be noted (H & E 40x).

well defined lytic lesion along with a floating tooth (Fig. 3).

Histopathology confirmed the diagnosis of myoepithelial carcinoma (MC) metastasizing to the lymphnodes (Fig. 4a and 4b). Hemimandibulectomy with radical neck dissection was performed in April 2009. Post-opetative radiotherapy was also given.The lesion recurred after eight months and thereafter the patient died in January 2010.

MC is a relatively rare salivary gland tumour with clinicopathologic diversity and a variety of stages of myoepithelial differentiation. Histologic aggressiveness, marked cellular pleomorphism, and high cell proliferative activity are usually related with poor clinical outcome.

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