

Oya Topaloglu¹, Sefika Burcak Polat², Cemalettin Ozturk³, Murat Bavbek⁴, Togay Muderris⁵,
Reyhan Ersoy¹, Bekir Cakir¹

¹ Yildirim Beyazit University Faculty of Medicine, Department of Endocrinology and Metabolism, Ankara, Turkey

² Atatürk Education and Research Hospital, Department of Endocrinology and Metabolism, Ankara, Turkey

³ Atatürk Education and Research Hospital, Department of Internal Medicine, Ankara, Turkey

⁴ Yildirim Beyazit University Faculty of Medicine, Department of Brain Surgery, Ankara, Turkey

⁵ Yildirim Beyazit University Faculty of Medicine, Department of Otorhinolaryngology, Ankara, Turkey

INTRODUCTION

➤ Acromegaly is a chronic disease caused by excessive secretion of growth hormone (GH), and as a result, of insulin-like growth factor -1 (IGF-1). Although controversial, frequency of both benign and malignant neoplasm formation is thought to be increased in acromegalic patients. Pleomorphic adenoma is the most common arising tumor from the parotid salivary gland. It often presents as a swelling on the lateral pharyngeal wall. Here we report the case of a 33-year-old woman with acromegaly and also who presented with a swelling on the left neck and diagnosed as pleomorphic adenoma arising from parotid gland after excision of the tumor.

CASE REPORT

➤ Thirty three-year-old woman admitted to the hospital complaining of a two-weeks history of visual loss and headache. She also determined weight gain, menstrual irregularity, libido loss, and galactorrhea. She had a slowly growing swelling on the left neck during the last year. Hypophyseal MRI revealed a mass of 20x32 mm occupying the sellae and invading right cavernous sinisternae and extending to the optic chiasm.

➤ Hormonal evaluation demonstrated that the patient had acromegaly and secondary hypothyroidism. Parotid ultrasound (US) revealed a 42x28x45 mm heterogenous, hypoechoic intraglandular lobulated solid mass occupying left parotid gland superficial lobe and extending to the deep lobe.

➤ Hypophyseal adenoma was excised by transsphenoidal route and immunohistochemical analysis showed extensive GH positivity. She had residual tumor after the operation and somatostatin analogous therapy was started in the follow-up period. After eight months from the hypophyseal operation the parotid tumor was excised and pathology showed that it was a pleomorphic adenoma.

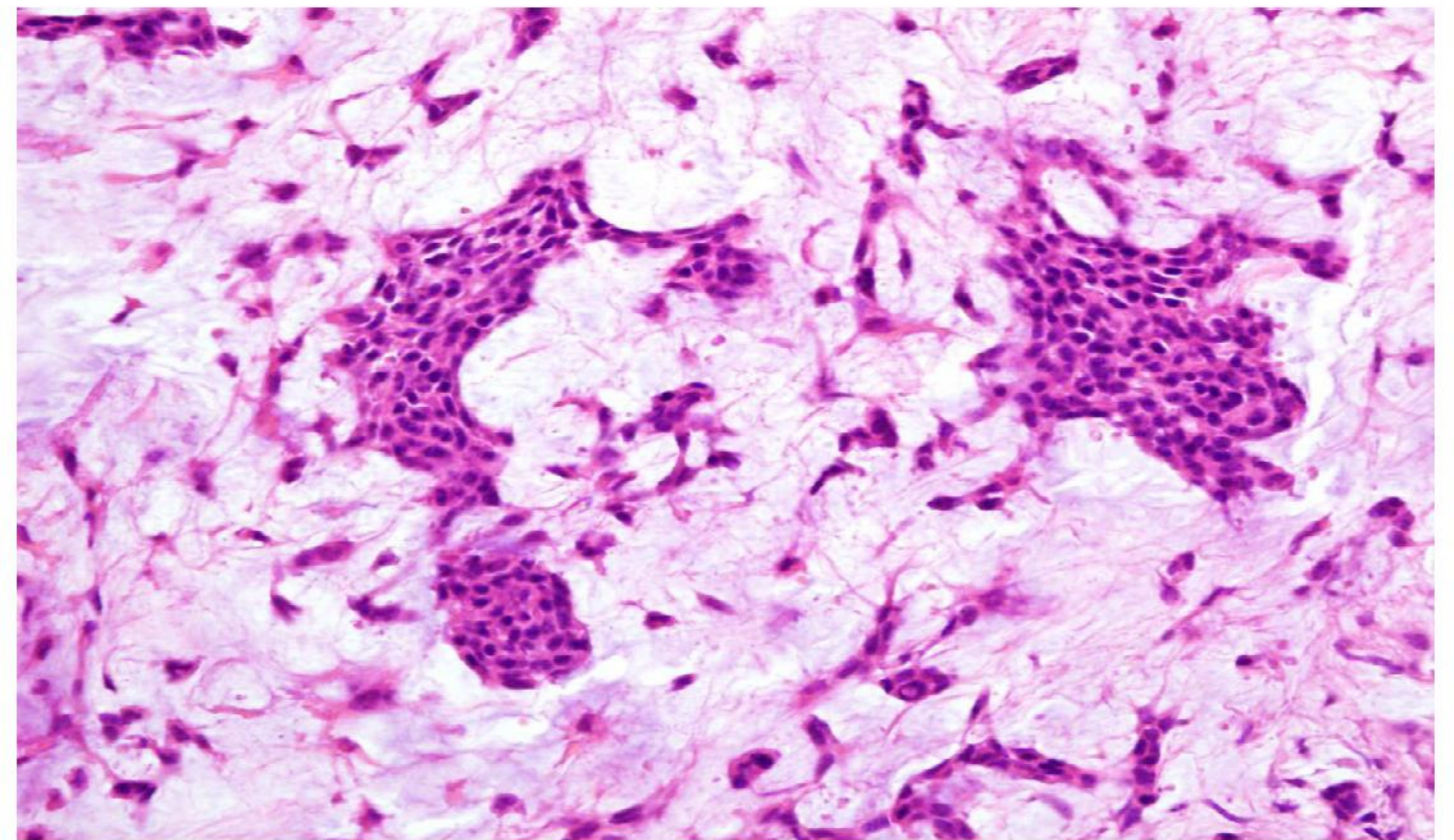


Figure 1. Pleomorphic adenoma. Prominent glandular and ductal epithelial cells in chondromyxoid stroma (H&E;400)

CONCLUSION

➤ To the best of our knowledge, this is the first case of a coincidence between an acromegaly and pleomorphic adenoma of parotid gland. We don't have still any knowledge about an association between salivary gland tumors and acromegaly. If present or not this association must be evaluated.

