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## Carcinoma Ex Pleomorphic Adenoma in the Parapharyngeal Space

### ABSTRACT

**Objective:** To present a case of carcinoma ex pleomorphic adenoma in the parapharyngeal space and discuss its management.

**Methods:**

**Design:** Case Report

**Setting:** Tertiary Government Teaching Hospital

**Patient:** One

**Results:** A 40-year-old male patient with dysphagia for three months and a left-sided mucosa-covered oropharyngeal mass was found to have a prestyloid parapharyngeal lesion on CT scans. Fine Needle Aspiration Cytology (FNAC) revealed a pleomorphic adenoma. With a past history of parapharyngeal pleomorphic adenoma excised transorally three years before, the present mass was excised by mandibular swing approach. Post-operative recovery was uneventful but the final histopathological report was carcinoma ex pleomorphic adenoma.

**Conclusion:** Malignant transformation should be suspected in recurrent salivary tumors in the parapharyngeal space. Provided there was truly no pre-existing malignant focus in the originally-excised tumor, and that early recurrence was not due to inadequate initial excision, this patient had a rare condition where the same tumor underwent malignant transformation within three years only. To the best of our knowledge, such an early transformation to malignancy of a minor salivary gland tumor of the parapharyngeal space has not been reported in the English literature.

**Keywords:** carcinoma ex pleomorphic adenoma, pleomorphic adenoma, carcinoma, parapharyngeal space, malignant transformation, minor salivary gland tumor, mandibular swing

**Parapharyngeal tumors** comprise only 0.5-1% of head-neck neoplasms. Most (70-80%) are benign and 40-50% of them arise from salivary glands, pleomorphic adenoma being the most frequent variety.<sup>1</sup> Though salivary gland tumors are the most common group in this location malignant mixed cell tumors are a rare variety. This type of tumor can arise *de novo* or in a pleomorphic adenoma. Complete excision of these malignant masses maintaining oncologically-safe margins is a challenge to the attending head-neck surgeon.

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