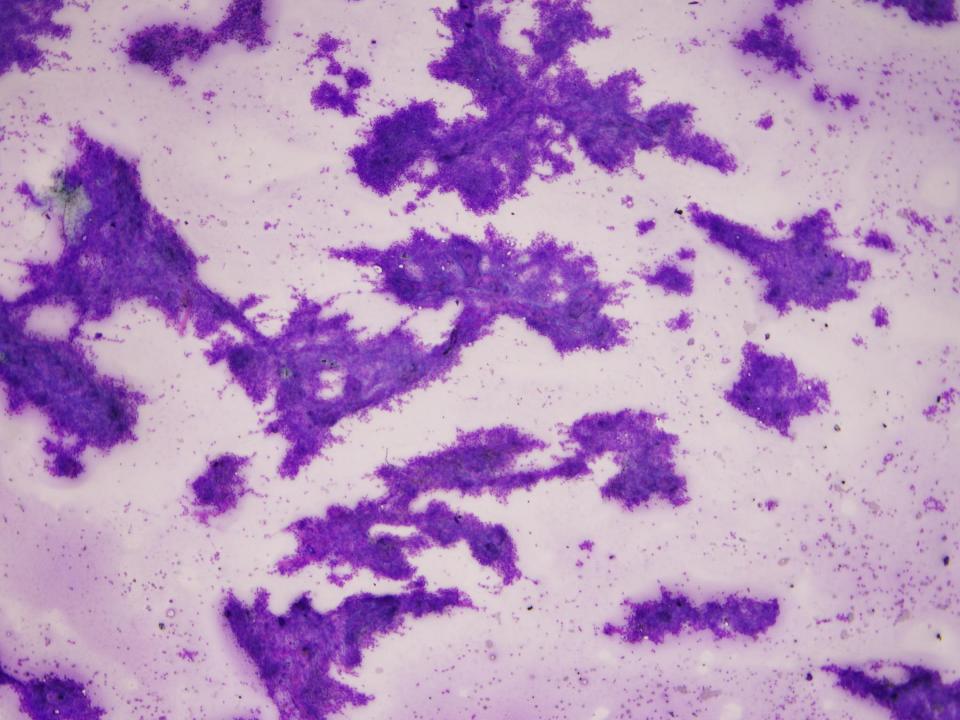
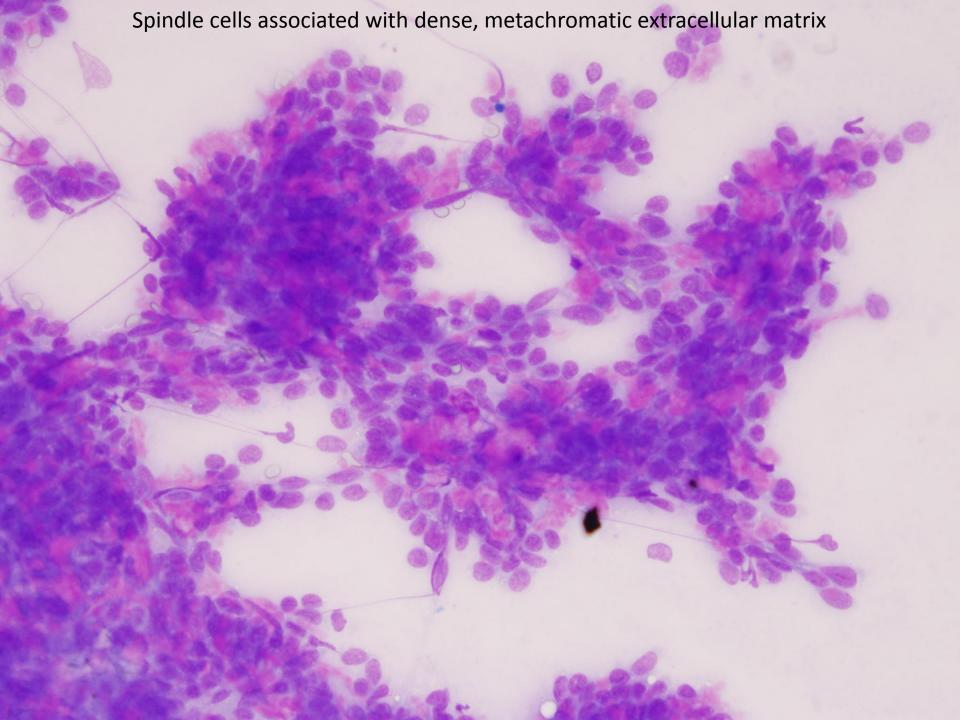
Interesting case conference

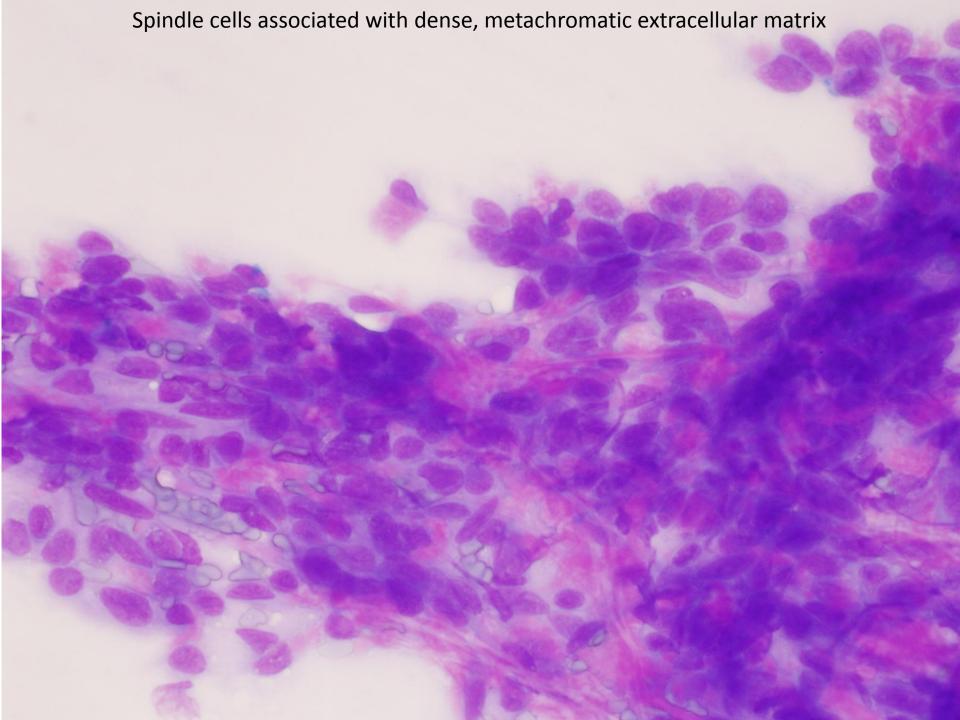
9/17/12

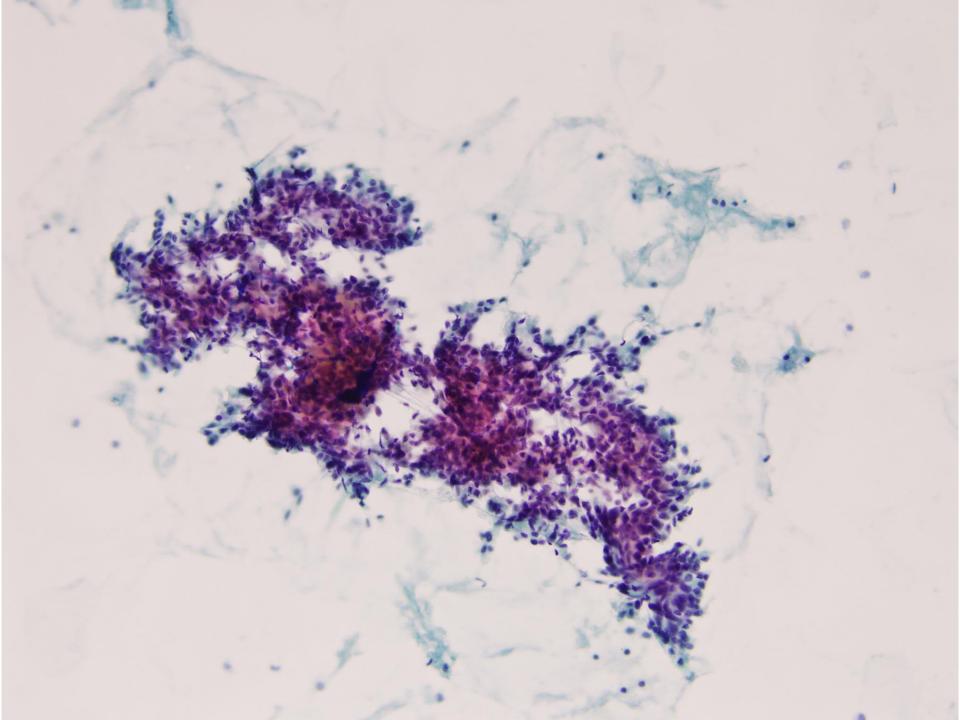
Clinical Information:

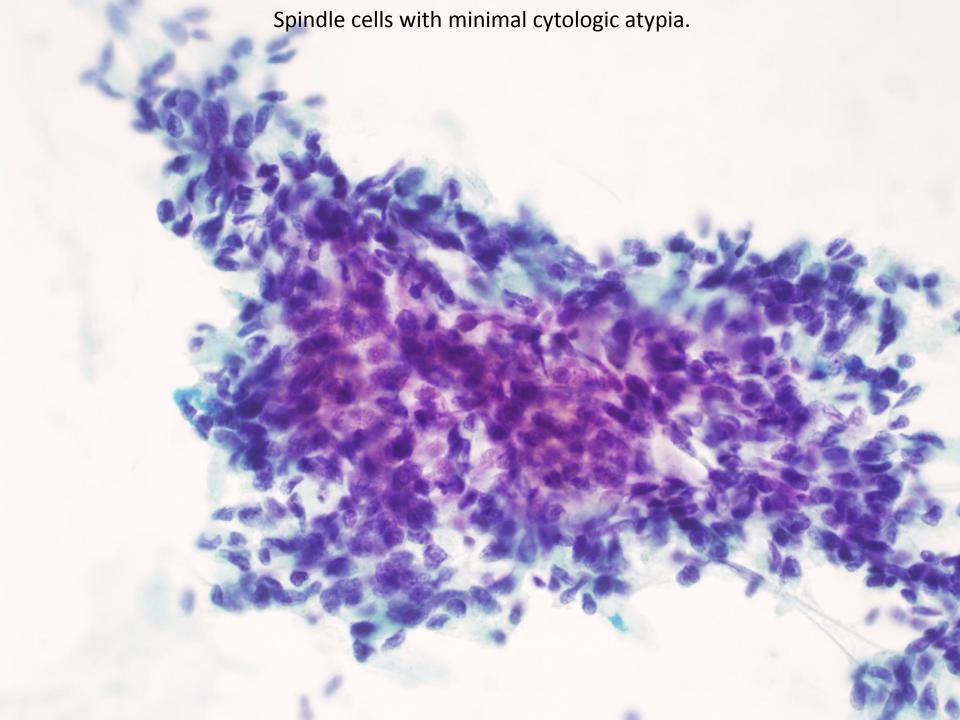
- 75-year-old female with a 20-year history of right-sided Bell's palsy of unclear etiology.
- Initially presented to otolaryngology clinic 10/2011 with a slowly enlarging right parotid mass for the last 5 years
- A fine-needle aspiration performed 6/2011 at an outside hospital was read as "consistent with an adenoma"; the differential diagnosis included basal cell adenoma versus a pleomorphic adenoma.
- CT on 7/2011 demonstrated a 3.7 centimeter lesion within the superficial portion of the right parotid gland.
- Underwent a right total parotidectomy with possible facial nerve sacrifice 7/26/2012.
- Scrape smears prepared from the resection specimen at the time of frozen section.

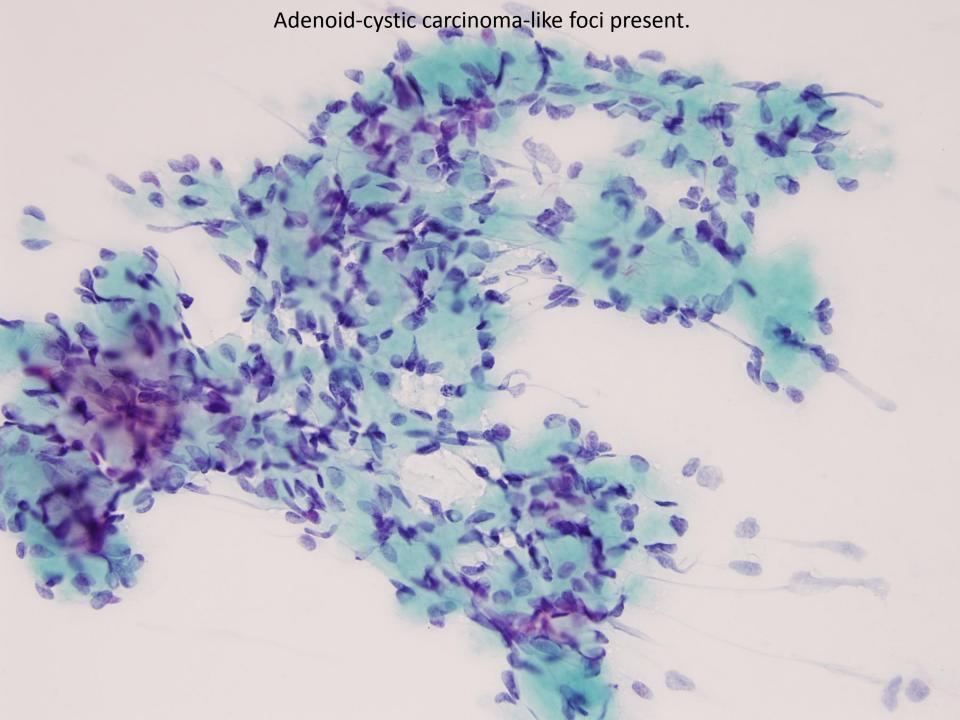


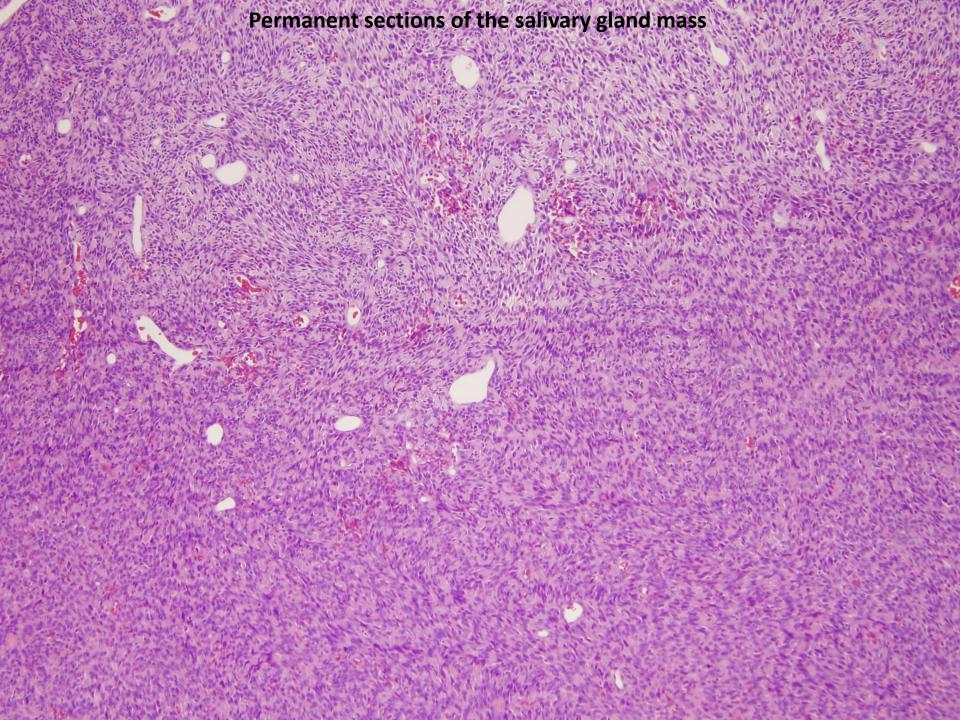


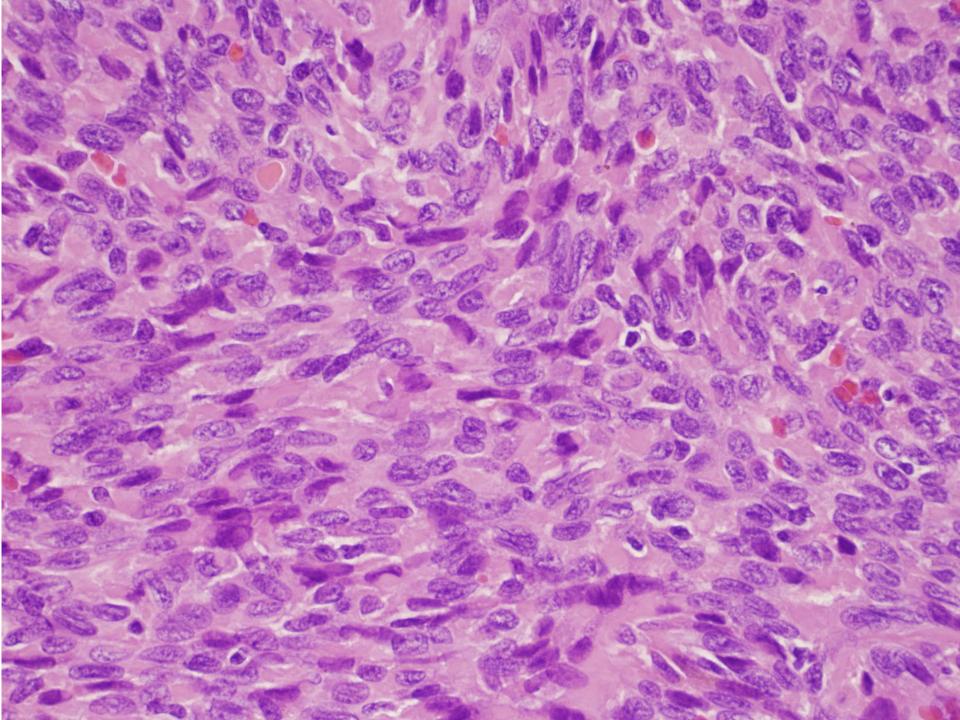












FINAL DIAGNOSIS

MICROSCOPIC DIAGNOSIS:

1. Right parotid gland, subtotal parotidectomy: Myoepithelioma (5.3 cm). Margins free. Two benign lymph nodes.

Summary of Myoepithelioma

- Myoepithelial cells are identical to those present in a pleomorphic adenoma.
- Myoepithelial cells can adopt a spindle cell, clear cell, epithelioid, or plasmacytoid cell morphology.
- Some authors believe that myoepitheliomas are a monomorphic, single-cell type variant of pleomorphic adenomas.
- Variable amounts of extracellular matrix.
- Pleomorphic adenomas can exhibit adenoid cystic carcinoma-like foci. If myoepitheliomas are truly part of the spectrum of pleomorphic adenomas, this concept would apply to myoepitheliomas as well.