

4.5 Major Salivary Gland Tumours

General:

Salivary gland tumours are tumours which arise in salivary gland tissue. Salivary gland tissue is found in the major salivary glands (parotid, submandibular and sublingual glands) as well as in the minor salivary glands. The minor salivary glands are located throughout the aerodigestive tract. Salivary gland tumours comprise a broad spectrum of tumours. The majority are benign. Amongst the malignant ones, there is a wide range of histologic types and biological behaviours. The prognosis and the tendency to metastasize vary amongst the various histologic types.

Accurate diagnosis and accurate staging of the extent of the disease are important factors in the management of these tumours.

Histology and Pathology

The suggested histopathologic typing is that proposed by the World Health Organization¹.

- Acinic cell carcinoma
- Mucoepidermoid carcinoma
- Adenoid cystic carcinoma
- Polymorphous low-grade adenocarcinoma
- Epithelial-myoepithelial carcinoma
- Basal cell adenocarcinoma
- Sebaceous carcinoma
- Papillary cystadenocarcinoma

- Mucinous adenocarcinoma
- Oncocytic carcinoma
- Salivary duct carcinoma
- Adenocarcinoma
- Myoepithelial carcinoma
- Carcinoma in pleomorphic adenoma
- Squamous cell carcinoma
- Small cell carcinoma
- Other carcinomas

Histologic Grade (G)

Histologic grading is applicable only to some types of salivary cancer: mucoepidermoid carcinoma, adenocarcinoma not otherwise specified, or when either of these is the carcinomatous element of carcinoma in pleomorphic adenoma.

In most instances, the histologic type defines the grade (i.e., salivary duct carcinoma is high grade; basal cell adenocarcinoma is low grade).

Staging

Clinical Staging. The assessment of primary salivary gland tumours includes a pertinent history (pain, trismus, etc.), inspection, palpation, and evaluation of the cranial nerves. Radiologic studies may add information valuable for staging. The soft tissues of the neck from the skull base to the hyoid bone must be studied, with the lower neck included whenever lymph node metastases are suspected. Images of the intratemporal facial nerve are critical to the identification of perineural tumour in this area. Cancers of the submandibular and sublingual salivary glands merit cross-sectional imaging. Computed tomography (CT) or MRI may be useful in assessing the extent of deep extraglandular tumour, bone invasion, and deep tissue

¹ American Joint Committee on Cancer. Cancer Staging Manual, Sixth Edition New York: Springer-Verlag New York. 2002 p85

extent (extrinsic tongue muscle and/or soft tissues of the neck).

Pathologic Staging. The surgical pathology report and all other available data should be used to assign a pathologic classification to those patients who have resection of the cancer.²

² American Joint Committee on Cancer. Cancer Staging Manual, Sixth Edition New York: Springer-Verlag New York. 2002 p82

Practice Pathway for the Management of Cancer of the Major Salivary Glands

