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# A Rare Case of Recurrent Necrotizing Sialometaplasia: Challenges in Diagnosis and Management

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**Abstract:** ***Necrotizing sialometaplasia (NS) is a rare benign inflammatory disorder primarily affecting the minor salivary glands, characterized by ischemic necrosis and squamous metaplasia. Here, we present a rare case of recurrent NS in a 42 - year - old male, highlighting the challenges in diagnosis and management. Despite initial conservative management, the patient experienced recurrent episodes, necessitating surgical intervention. Histopathological examination confirmed the diagnosis, and long - term follow - up demonstrated resolution of symptoms. This case underscores the importance of considering NS in the differential diagnosis of ulcerative lesions within the oral cavity and emphasizes the need for individualized management strategies.***

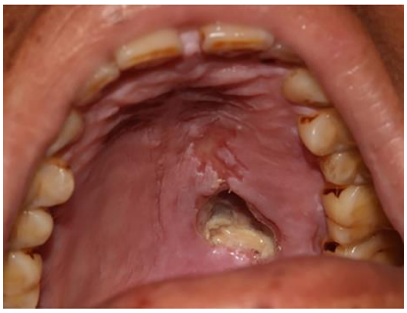
**Keywords:** necrotizing sialometaplasia, recurrent, minor salivary glands, diagnosis, management

## 1. Introduction

Necrotizing sialometaplasia (NS) is an uncommon inflammatory condition primarily affecting the minor salivary glands, characterized by ischemic necrosis and squamous metaplasia [1]. While typically self - limiting, recurrent or persistent cases pose diagnostic and management challenges. We present a rare case of recurrent NS, highlighting the complexities in diagnosis and management.

## 2. Case Presentation

A 42 - year - old male presented with a 4 - week history of a painful ulcerative lesion on the hard palate. He reported a similar episode two years prior, which resolved spontaneously without intervention. Clinical examination revealed a well - demarcated ulcer with surrounding erythema, raising concern for malignancy. However, absence of induration and fixation to adjacent structures prompted consideration of NS [2]. Initial conservative management with topical analgesics and antiseptics was initiated.



**Initial appearance of the oral injury, presenting clinically as a necrotic ulcer**

Despite initial improvement, the patient experienced recurrence of symptoms after 6 months, prompting further evaluation. Histopathological examination of the lesion revealed necrosis of salivary gland acini, squamous metaplasia, and pseudoepitheliomatous hyperplasia, consistent with NS [3]. Immunohistochemical staining confirmed the absence of malignant features. The patient underwent excisional biopsy to alleviate symptoms and confirm the diagnosis.

**Management and Follow- up:** Following surgical excision, the patient experienced resolution of symptoms without recurrence for 18 months. However, a subsequent episode of NS occurred, presenting as a painful ulcerative lesion in the same location. Given the recurrent nature of the condition, the patient was closely monitored with regular follow - up visits. Long - term management focused on symptomatic relief and prevention of complications.

## 3. Discussion

Recurrent NS poses diagnostic and management challenges due to its resemblance to malignant lesions and unpredictable clinical course [4]. While conservative management may suffice for initial episodes, recurrent cases may require surgical intervention for definitive diagnosis and symptom relief [5]. Histopathological examination remains crucial for confirming the diagnosis and ruling out malignancy. Long - term follow - up is essential to monitor for recurrence and ensure optimal management.

## 4. Conclusion

Recurrent necrotizing sialometaplasia is a rare benign inflammatory disorder of the minor salivary glands, presenting diagnostic and management challenges. Clinicians should maintain a high index of suspicion for NS when evaluating ulcerative lesions within the oral cavity, particularly in cases of recurrence. Individualized management strategies, including conservative measures and surgical intervention, should be tailored to each patient based on clinical presentation and recurrence patterns. Further research is warranted to elucidate the underlying mechanisms of recurrence and optimize management strategies for this rare condition.

## References

[1] Abrams AM, Melrose RJ, Howell FV. Necrotizing sialometaplasia. A disease simulating malignancy. Cancer.1973; 32 (1): 130 - 135. doi: 10.1002/1097 - 0142 (197307) 32: 1<130:: aid - cncr2820320119>3.0. co; 2 - v

[2] Carlson DL. Necrotizing sialometaplasia: a practical approach to the diagnosis. Arch Pathol Lab Med.2009; 133 (5): 692 - 698. doi: 10.1043/1543 - 2165 - 133.5.692
[3] Krishnan B, Shenoy S, Kumar RV. Necrotizing sialometaplasia: a diagnostic dilemma. J Oral Maxillofac Pathol.2012; 16 (2): 280 - 284. doi: 10.4103/0973 - 029X.99089
[4] El - Naggar AK, Chan JKC, Grandis JR, Takata T, Slootweg PJ. WHO Classification of Head and Neck Tumours.4th ed. International Agency for Research on Cancer; 2017.
[5] Regezi JA, Sciubba JJ, Jordan RC. Oral Pathology: Clinical Pathologic Correlations.7th ed. Saunders; 2016.