





In histological examination, adenomas are composed of epithelial components in form of nests, ducts or solid sheets of cells and myoepithelial cells that appear plasmacytoid or spindled in a fibrocollagenous, myxochondroid, or chondroid background. There are some variations in the histologic appearance of this tumor type. They are common and may include lipomatous or osseous changes, squamous metaplasia, calcification, cartilage-appearing tissue, oxyphilic cells, and a palisading appearance of the underlying stroma [1,2,6,7].

Pleomorphic adenomas are round and solitary tumors. The cut surface is solid and hard or soft in consistency with a whitish gray to pale yellow color. Pleomorphic adenomas of the major salivary glands have a capsule. In contrast of this the minor salivary glands masses are usually nonencapsulated.

Clinical manifestation is present with nasal obstruction, affected left or right side of the nasal cavity, sometimes epistaxis or anosmia. They appear after a long silent period. In neglected cases it may appear and pain symptoms, dictated by tumour extension and compression of surrounding structures [8,9].

The main treatment should be surgical. Complete excision of the tumour with histologically clear margins is obligatory. A radical and wide resection reduce the risk of recurrence, especially when the tumour capsule is impaired and a contact with the normal surrounding tissue is present [10].

Malignant transformation of pleomorphic adenoma is rare and occurs most frequently in patients with long-standing tumors. The risk of malignant transformation in pleomorphic adenoma is 1.5% within the first 5 years of diagnosis but increases to 10% if observed for more than 15 years [11].

Cases of benign pleomorphic adenoma metastasizing to cervical lymph nodes have been described [12]. But nasal cavity may also be a metastatic destination of major salivary gland pleomorphic adenoma [13]. The differential diagnosis of these tumors include other benign or malignant tumors, such as nasal polyposis, inverted papilloma, squamous cell carcinoma, adenocarcinoma, esthesioneuroblastoma, sinonasal melanoma, juvenile nasopharyngeal angiofibroma etc.

## References

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