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Case Report

Ear,Nose and Throat Section

Soft Tissue Myxoma- A Rare Differential Diagnosis of Localized Oral Cavity Lesions

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ABSTRACT

Myxomas have a common histologic appearance of myxoid ground substance and are classified in group of soft tissue tumors. According to literature myxomas occurring in every decade of life have been reported. Very often intraoral soft tissue myxoma can be misinterpreted as malignant and are difficult to differentiate from the other tumours with myxoid stroma. Of the different variants of soft tissue myxoma, intraoral is extremely rare, slow growing, benign mesenchymal tumour. We report a case of a 22-year-old male who presented with swelling in the right cheek and mass in the right buccal mucosa that appeared gradually over two year. No history of pain over the lesion or bleeding on touch. On intraoral examination a lesion measuring 3 X 3 cm was seen in the right buccal mucosa. Biopsy of the lesion revealed oral soft tissue myxoma. Wide excision with clinically clear margins was done under general anaesthesia. Histopathological report revealed the diagnosis as to be oral soft tissue myxoma. A case of oral soft tissue myxoma is presented for its rarity and for differential diagnosis of localized oral cavity lesions.

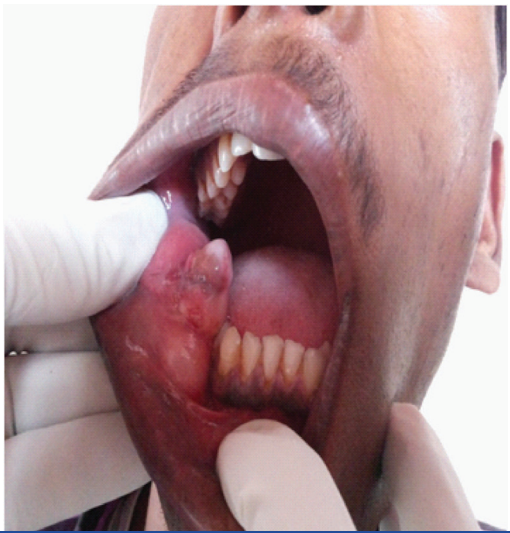
Keywords: Buccal mucosa, Myxoma, Oral cavity

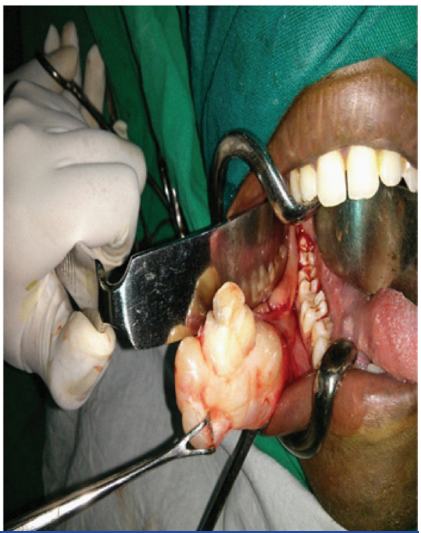
CASE REPORT

We report a case of 22-year-old male who presented with swelling in right cheek and mass in the oral cavity since two years. He gave a history of the mass being initially small in size and progressive in nature to attain present size. No history of pain over mass, trauma, intraoral bleeding or tooth extraction. No history of any addictions. Extraoral examination revealed facial asymmetry of right side and swelling of size 3 X 2 cm was present over the ramus of right mandible, mobile, non tender, firm consistency, smooth surface and skin was pinchable [Table/Fig-1]. Intra oral examination revealed a lobulated lesion in the right buccal mucosa measuring 3 X 2 cm extending anteriorly upto lower canine, posteriorly upto 3rd premolar, inferiorly upto lower gingivobuccal sulcus, superiorly 3 cm below upper gingivobuccal sulcus. Non tender and no bleeding on touch [Table/Fig-2]. The past medical history was non-contributory. The general physical examination was within normal limits. All routine investigations were within normal limits. Biopsy of buccal mucosal lesion revealed oral soft tissue myxoma. Under general anaesthesia a wide excision with clinically clear margins were carried out through a transoral approach [Table/Fig-3]. Grossly the resected specimen measured 4 X 3cm, firm in consistency [Table/Fig-4]. Patient had an uneventful recovery in postoperative period and no recurrence of growth was seen during a follow up period of six months. Histopathological examination of section showed squamous mucosa with mild hyperplasia with a tumour expanding the lamina propria. The tumour consisted of lobules of paucicellular myxoid tissue with few thin walled blood vessels. Stellate shaped cells were seen and diagnosis of oral soft tissue myxoma was reported [Table/Fig-5].

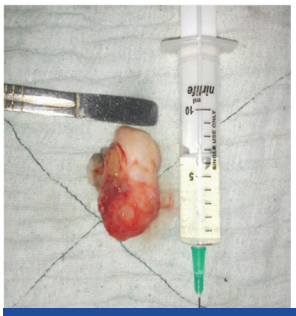
DISCUSSION

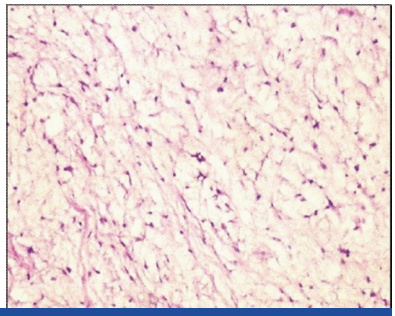
Myxomas of head and neck are rare tumours. Myxomas are a heterogenous group of soft tissue tumours which have a common histologic appearance of abundant myxoid ground substance. Myxomas of oral and paraoral soft tissue have been well documented [1]. Myxoma is a benign tumour of primitive indifferent mesenchyme, closely mimicking the structure of mucoid connective tissue of umbilical cord. They were considered as true neoplasms according





[Table/Fig-1]: Clinical picture showing facial asymmetry, swelling in the right cheek **[Table/Fig-2]:** Intraoral Examination reveals a lobulated mass in right buccal mucosa, **[Table/Fig-3]:** Wide excision done through transoral approach





[Table/Fig-4]: Gross appearance of excised specimen **[Table/Fig-5]:** Haematoxylin and eosin stained section showed stellate shaped cells and paucicellular myxoid tissue with few thin walled blood vessels

to Stout [2]. Most of soft tissue myxomas are deeply situated lesions. Common sites of occurrence are in the skin or subcutaneous tissues, the genitourinary tract, the gastrointestinal tract or in organs such as the liver, the spleen or even the parotid gland. Intraoral soft tissue myxoma is an extremely rare lesion and only a few reports are available in literature [2-6].Myxomas were first described by Virchow in 1871 [7]. The intraoral soft tissue myxoma is an extremely rare lesion. An intraoral myxoma maybe either intrabony (central) odontogenic in nature or purely peripheral (soft tissue) in nature [8]. The cases occurring centrally within the bone of the jaws have been classified, particularly in the dental literature, as odontogenic myxoma, i.e. as tumours derived from odontogenic tissue [9]. The majority of oral cases undoubtedly represent only myxomatous degeneration in a fibrous tumour, and these cannot be considered true myxoma, although Elzay and Dutz [2] in 1978 found a total of 15 cases of bonafide myxomas of the oral and paraoral soft tissues. In 1984 Tse and Seymour [3] reported a total of 8 cases of myxoma of oral mucosa. Peripheral myxomas and true soft tissue myxomas of the oral cavity is an extremely rare lesion and recently three more cases have been reported [4-6]. Occasionaly, it is misinterpreted as malignant as it may be difficult to differentiate myxoma from other tumours with myxoid stroma [8]. Differential diagnosis for myxoid appearing lesions in head and neck regions are soft tissue myxoma, odontogenic myxoma, myxomatous degeneration in a fibrous lesion, oral focal mucinosis and nerve sheath myxoma [10,11]. The nerve sheath myxoma is a benign tumour thought to arise from perineural cells or peripheral nerves and is characterized by the occurrence of stellate cells in a prominent mucoid matrix. The soft tissue myxoma is characteristically a loose textured tissue containing moderate numbers of delicate reticulin fibers and mucoid material, probably hyaluronic acid. Interspersed throughout are varying numbers of stellate cells. The tumour is not encapsulated and may invade surrounding tissue. The treatment of myxoma is essentially surgical. Recurrence is common, but this is not of grave concern, since the tumour does not metastasize. The attempt to avoid recurrence may necessitate sacrifice of an appreciable amount of apparently uninvolved surrounding tissue [12]. Most cases are misdiagnosed as irritation fibroma, fibroepithelial polyp and tumours of minor salivary glands. Diagnosis can be established only after histologic examination of lesion [13].

CONCLUSION

Although rarely encountered in the oral cavity, myxomas represent a malady that should be taken into consideration. Soft tissue myxomas are characterized by slow growth, lack of symptoms, progressive invasion of surrounding tissues and recurrences ranging from 3 to 8%. Soft tissue myxoma have good prognosis.

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