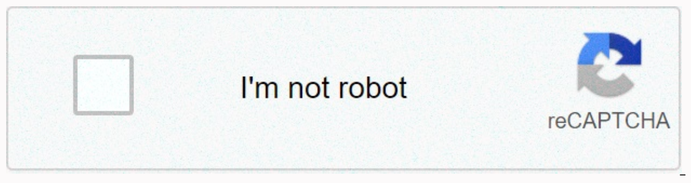


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# Pleomorphic adenoma of parotid gland pdf

Pleomorphic AdenomaPleomorphic consists of mixed epithelial components (left) and mesenkimal cells (right). The latter often exhibit the appearance of myxofibrous and in some circumstances show chondromatous distinction. SpecialtyOncology Pleomorphic adenoma is an ordinary benigna gland neoplasm characterized by the germination of neoplastic parenchymatous gland cells together with myoepithelial components, having malignant potential. It is the most common type of salivary gland tumor and the most common tumor of the parotid gland. It comes from the art of pleomorphism (the appearance of a changer) seen by a light microscope. It is also known as a mixed tumor, a type of salivary gland, which refers to the origin of two of the epithelial and myoepithelial elements in comparison with its pleomorphic appearance. Tumor clinical offerings are usually private and spread as a single nodular jisim that is slow, painless. Remote nodules amly outgrowths the main nodules instead of multinodular offerings. It is usually easy to transfer but is found in auctionites and can cause the atrophy of mandible ramus when located in the parotid gland. When found in the parotid tail, it may present as the ear lobe god. Although it is classified as a benign tumor, pleomorphic adenomas have the capacity to develop into large unconsciousness and can undergo malignant transformation, to form cariooric ex-adenomas, a risk that increases with time (9.5% chance of converting into malignancy within 15 years). Although it is benign, the tumor is aneuploid, it can recur after removal, it attacks the regular contiguous tissue, and distant metastases have been reported after a long interval (+10 years). This tumor most often spreads in the lower pole of the glandular lobe, approximately 10% of the tumor arises in the deeper part of the gland. It occurs more often in women than men, the ratio of profiting 6:4. The majority of injuries were found in patients in the fourth to sixth decades with an average incidence age of about 43 years, but this is somewhat common in young adults and is known to apply in children. The Histology specimen sialadenectomy shows the ketumbuhan pepejal outlined with the carilagdination area. Morphological diversity is the most characteristic feature of this neoplasm. Histologically, it is very capricious in appearance, although in individual tumors. Classically it is biphasic and is characterized by a mixture of polygonal epithelial and spindle-shaped myoepithelial elements in the background stroma that may be mucoid, myxoid, cartilaginous or hyaline. Epithelial elements can be arranged in structures such as ducts, veils, groups and/or interlacing strands and consist of polygonal, spindle or stellate-shaped cells (thereto pleiomorphism). Squamous metaplasia region and epithelial may be present. The tumor is not a letter cover, but it is surrounded by pseudocapsule fibrous fibrous Thickness. Tumors extend through common gland parenchyma in the form of finger-like pseudopodia, but this is not a sign of malignant transformation. Tumors often display chromosome transplant characteristics between chromosomes #3 and #8. This causes the PLAG gene to be pasted to the gene for beta catenin. This activates the path of catenin and leads to inappropriate cell division. The diagnosis of Pleomorphic adenoma in the ultrasound diagnosis of hygiene gland tumors uses both tissue diving and radiographic studies. Tissue replication procedures include fine needle aspirations (FNA) and core needle biopsies (needles larger than FNA). Both procedures can be done in an outpatient atmosphere. Diagnostic imaging techniques for salary gland tumors include ultrasound, computer topography (CT) and magnetic resonance imaging (MRI). The biopsy of fine needle aspirations (FNA), operated in experienced hands, can determine whether a malignant tumor with sensitivity is around 90%. [2] The FNA may also distinguish the main pay tumor from metastatic disease. A core needle biopsy can also be done in an outpatient environment. It is more invasive but more accurate than the FNA with diagnostic accuracy greater than 97%. [3] Furthermore, the core needle biopsy allows for more accurate histological typing of the tumor. In terms of imaging studies, ultrasounds can determine and characterize shallow parotid tumors. Some types of hygienic gland tumors have certain sonographic characteristics on the ultrasound. [4] Ultrasounds are also often used to guide FNA or core needle biopsies. CT enables direct bilateral visualization of salivary gland tumors and provides information on overall dimensions and tissue invasion. CT is excellent for showing bony aggression. MRI provides superior soft tissue depreciation such as perineural invasion when compared to CT only. [5] Overall treatment, the main treatment for salary gland tumors is reflection surgery. Needle biopsies are highly recommended before surgery to confirm the diagnosis. More detailed surgical techniques and support for additional adjuvant radiotherapy depend on whether the malignant or benign tumor. The treatment of parotid gland tumor surgery is sometimes difficult, partly because of the anatomical relationship of the facial nerve and parotid lodge, but also through increased potential for postoperative relapse. Therefore, early stage detection of parotid gland tumors is very important in terms of prognosis after surgery. [6] Generally, benign tumors of the parotid gland are treated shallowly or total parotidectomy; local surgery tumors are not recommended due to high recurrence. [7] Facial nerves should be preserved as far as possible. The benign tumors of the submandibular gland are treated with simple pleasure with the preservation of facial nerve bath branches, hypoglossal nerves, and lingual nerves. [8] benigna small glandular tumor hygiene treated the same. Malignan salary tumors usually require extensive breeding of major tumors. However, if a complete re-encounter cannot be achieved, adjuvant radiotherapy needs to be added to improve local control. [10] The surgical treatment has many treatments such as cranial nerve damage, Frey syndrome, cosmetic problems, and so on. Typically approximately 44% of patients have complete histology removal of the tumor and this refers to the most significant survival rate. See also Warthin tumor – monomorphic adenoma Carcinoma Sialadenitis Referral ^ Cohen EG, Patel SG, Lin O, et al. (Jun 2004). Biopsy of the delicate aspirations of the salary glands in the population of selected patients. Arch Otolaryngol Surg Neck Head. 130 (6): 773-8. doi:10.1001/archotol.130.6.773. 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