



Solitary fibrous tumor of the accessory parotid gland: a unique case

Aksesuvar parotis bezinin izole fibröz tümörü: Benzersiz bir olgu

Tayfun Apuhan, M.D.,¹ Hans Iwenofu, M.D.,² Enver Özer, M.D.¹

¹Department of Otolaryngology, Ohio State University, Ohio, USA

²Department of Pathology, Ohio State University, Ohio, USA

Solitary fibrous tumors are benign spindle-cell neoplasms, mostly originating from the visceral pleura. They are common in individuals aged 20-70 with no sex predilection. To our knowledge, this is the unique case of the solitary fibrous tumor originating from the accessory parotid gland in the literature.

Key Words: Accessory parotid gland; hemangiopericytoma; solitary fibrous tumor.

İzole fibröz tümörler, genellikle benign iğsi hücreli neoplazmlar olup, genellikle viseral plevradan köken alır. Cinsiyet ayrımı olmaksızın, 20 ila 70 yaş arasında sıkça görülür. Bilgimiz dahilinde, bu, literatürde aksesuvar parotis bezinden köken alan tek izole fibröz tümör olgusudur.

Anahtar Sözcükler: İzole fibröz tümör; aksesuvar parotis bezi; hemanjiyoperisitom.

Solitary fibrous tumor (SFT) was first described in 1931. These mesenchymal neoplasms of subepithelial origin were commonly termed as hemangiopericytomas (HPCs) in the past.^[1] These tumors are usually composed of benign spindle cells that mostly originate from the visceral pleura and are observed between the ages of 20-70 years with no sex predilection. But more recently they have been described in many extra-serosal sites such as lung, mediastinum, abdominal wall, liver, gastrointestinal tract, pelvic space, spinal cord and deep soft tissues of the extremities.^[1,2]

They have been reported to occur in various subsites of the head and neck, including the nasal cavity, nasopharynx, paranasal sinuses,

parapharyngeal spaces, thyroid, parotid and salivary glands, and orbit.^[3,4] To our knowledge, this is the unique case of the SFT originating from the accessory parotid gland.

CASE REPORT

A 51-year-old male presented with a two-year history of swelling in the right midface. He denied pain, progression, numbness or tingling sensations. His facial nerve functions were all intact. Head and neck examination revealed a 4 cm mobile, firm mass at the right anterior parotid region without any skin change. Computed tomography of the neck showed a 3.3x3.6 cm soft tissue mass with diffuse enhancement in

