

A STUDY OF SALIVARY GLAND BIOPSIES IN SRI LANKA

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Consecutive biopsies involving salivary tissue received during 1978-1981 were analysed. This constituted less than 5% of biopsies. 87 Biopsies were received, of these 84 were intraoral biopsies. 18 lesions (21%) were of neoplastic origin, 59 lesions (68%) were cystic and 10 lesions (11%) were of inflammatory origin.

Tumours.—Intraoraltumours accounted for 14 (82%) and extraoral 3 (18%) of all salivary tumours. The commonest tumour was the Plemorphic Adenoma (P.A.) 13 lesions (72%). There was one Monomorphic Adenoma (Adenolymphoma) and 4 (22%) Mucoepidermoid Tumours (M.T.).

More than 60% of intraoral P.A. arose in the posterior region of the hard palate. For P.A. the M : F=1.4 : 1, age range 20-60 years, mean age 34.5 years and the age group most frequently affected was the second and third decades. The mean duration before seeking treatment was 2.9 years. Of the 4 M.T. three lesions presented intraorally at the maxillary incisor canine and premolar region with involvement of the upper lip and premaxilla. All lesions were in females. Age range 23-48, mean age 37 years.

Cysts.—Of the cystic lesions 32 (54%) was of the mucous retention type while the rest 27 (46%) mucous extravasation type. 37 (62.7%) of all cysts occurred in the lower lip. 10 (17%) of cysts occurred in the buccal mucous membrane and commisural areas, 8 (13%) of cysts occurred in the floor of the mouth. The younger age group 11 of 30 had 50% cysts, the age 41-70 had 20%. (Age range 5 to 68 years). There was a slight female preponderance M : F=1 : 1.3. The racial distribution was Sinhalese—47, Tamils—4, Moors—8.

Sialoadenitis.—This age consisted of 4 intraoral lesions and 6 extraoral lesions (M : F=1 : 2.5). Three intraoral lesions arose in the upper lip. Age range 35-88 years, mean age 58. All sub-mandibular lesions were with salivary calculi. Three sublingual lesions were due to nonspecific inflammation.

The age for the P.A. (second and third decades) is younger than the western¹ studies (fifth and sixth decades). The M.T. occurred in the maxillary anterior region in this study. The mandibular molar and premolar area is the commonest site affected in other studies.² The histopathological profile will be discussed along the W.H.O. classification.³

References

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