Eur Arch Otorhinolaryngol (1995) 252:53–56

CASE REPORT

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Recurrent amyloid tumor of the parotid gland

Received: 10 October 1993 / Accepted: 25 July 1994

Abstract A case of an organ-limited amyloid tumor of the left parotid gland is described with a history of recurrence. A slowly growing parotid mass was the only symptom. After 5.5 years following local excision, the patient was readmitted with a slowly growing recurrence in the superficial lobe of the previously treated gland. Lateral parotidectomy was performed with wide excision of the infiltrated tissue and preservation of the facial nerve. Primary amyloidosis of the AL type was confirmed with immunohistochemical studies revealing staining for lambda but not kappa light chains of immunoglobulins. There has been no clinical or laboratory evidence of systemic amyloidosis or recurrence after 2 years. To the best of our knowledge, this is the first report of a recurrent amyloid tumor of the parotid gland.

Key words Parotid gland · Amyloidosis · Electron microscopy

Introduction

Amyloidosis is a rare group of disorders, all of which are characterized by deposition of an abnormal fibrillar protein in extracellular spaces [3]. Amyloidosis can be localized or systemic in its distribution within various organs and tissues [17]. Primary localized amyloidosis is a benign disease of unknown origin, with local amyloid deposits possibly forming large tumors in various organs and tissues.

Localized amyloid has been reported in a variety of sites in the head and neck, including the nasal and paranasal cavities, nasopharynx, gingiva, tongue, tonsils, larynx and tracheobronchial tree [10, 13, 21, 23, 29, 30]. An amyloid tumor of the parotid gland has been reported in one patient only [28]. On the other hand, amyloid deposits in all of these sites may be part of systemic amyloidosis [1, 21]. Oral and sinonasal amyloidoses in particular are often manifestations of systemic diseases including plasma cell dyscrasias [26]. These latter diseases can also lead to functional disorders like the sicca syndrome when salivary and lacrimal glands are involved [25].

We report the clinical, histopathological and immunohistochemical features of a case of localized primary amyloidosis of the parotid gland. The clinical importance of primary localized amyloidosis in the parotid gland is that it simulates a neoplastic process, but treatment can be conservative. Since tumorous amyloid deposits in the parotid gland can also be a prominent symptom of systemic amyloidosis, it may be associated with a poor prognosis and requires a special therapeutic regimen.

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Case report

In June 1985, a left preauricular tumor mass that had presented as a fatty growth in a 54-year-old Swiss male was excised under local anesthesia. In January 1991, the patient presented again with a slowly enlarging left parotid mass. Examination revealed a 3 × 3 cm firm, non-tender, mobile mass just posterior to the ascending ramus of the mandible. Facial nerve function was normal, as was the remainder of the physical examination. Baseline laboratory data, chest radiography and urinalysis showed no abnormalities. A fine needle aspiration of the mass was performed but results were non-diagnostic. A left lateral parotidectomy was then planned as excisional biopsy. At surgery a 3 × 3 cm firm, pale mass was found located in the superficial lobe of the parotid gland and was partly adherent to the upper two main peripheral branches of the facial nerve. However, tumor could be separated from the nerve and was totally removed. Postoperatively, a slight left facial weakness was noted, but recovered within a few days.

Histological examination revealed primary amyloidosis of the parotid gland. To rule out systemic amyloidosis, differential hemogram, serum electrophoresis, bone marrow aspiration and subcutaneous fat aspiration of the abdomen were performed. These diagnostic studies were repeated after 1 year but all results were within normal limits, supporting the assumption that the parotid growth was a localized lesion. Clinical follow-up examinations 2 years after surgery have been unremarkable and there has been no evidence for recurrence or systemic amyloidosis.