PAPILLARY CYSTADENOMA LYMPHOMATOSUM

CASE REPORT: A RARE TERATOID OF THE
SUBMAXILLARY GLAND

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The literature contains but four case reports of cystic lymphoid papillary adenoma of the salivary glands. Albrecht and Arzt (1) described two tumors of this type which occurred in the parotid and submaxillary regions respectively. Recently Warthin (2) has reported two similar tumors of the parotid region. Callender of the Army Medical Museum has reported a case to Warthin (3) since the publication of the latter's article.

The papillary cystadenoma lymphomatosum of the right submaxillary gland herein reported is similar in structure to the two cases reported by Warthin (4).

REPORT OF CASE

Mr. J. G., a farmer 56 years old, a German by birth, entered the Halstead Clinic, August 3, 1929, complaining of a lump under the right jaw which, he states, during the past year and a half varied in size appearing sometimes to be as large as a plum and then apparently disappearing for a time. He thinks any respiratory infection increases the size of the lump. One month prior to admission it increased to its present size and has never receded.

Examination shows a freely movable and circumscribed oblong mass about the size of a walnut in the right submaxillary region. It is firm to the touch, slightly bosselated and not at all tender on pressure. A diagnosis of mixed tumor of the submaxillary gland was made.

The day of admission Dr. Arthur E. Hertzler, to whom I am indebted for the privilege of reporting this case, removed the
tumor under local anesthesia. After its removal, the sub-maxillary gland was found to be absent. The tumor was not attached to the parotid gland.

**PATHOLOGIC DESCRIPTION**

The tumor is firm and elastic, has a definite capsule and is free from inflammatory reaction. It measures $6 \times 3 \times 2.5$ cm. The tumor is irregularly ovoid, the surface being interrupted by low bosselations (a, Fig. 1). The cut surface is pale pink, in part uniform but for the most part finely granular. Here and there the granular appearance is seen to be due to the projection of small papules into cystic spaces (b, Fig. 1). It is impossible to add to Professor Warthin's excellent description but the following points may be emphasized. The intracapsular space is closely packed with branched papillae which are separated by and bathed in an albuminous and granular precipitate which contains some leukocytes, a few desquamated epithelial cells,
Fig. 2. Spaces in which the papillae project.

Fig. 3. Columnar cells covering the papillae.
and stains red with eosin (Fig. 2). The tissue is not very vascular and presents no evidence of malignancy. The papillae are both narrow and broad and lined with a stratified columnar epithelium upon the greater portion of which are cilia (Fig. 3). The epithelium rests upon a delicate basement membrane. There is no evidence of mucin-formation in the columnar portion or in the albuminous precipitate of the cyst spaces. The delicate intracapsular reticulum is peppered with lymphocytes and throughout are scattered germinal centers. The latter are present only in the broad papillae (Fig. 4).

Fig. 4. Lymphoid Follicles in the Papillae.

From the clinical standpoint it is interesting to note that while Warthin's cases were attached to the lower pole of the parotid gland, this tumor had no such attachment but consisted of the entire submaxillary gland. Whether or not this fact has any bearing on the theory that these tumors represent a heteropia of the mucous membrane from the pharyngeal entoderm which has assumed a neoplastic tendency, it is impossible to say. The rarity of this papillary cystadenoma lymphomatosum detracts from its clinical significance, and its only remote possibility,
which time alone will tell, is the malignant transformation into the primary adenocarcinomas of the salivary gland region.

REFERENCES

3. Personal communication.
4. Microscopic sections were examined by Prof. Warthin, who, in a personal communication, verified the similarity of the tumors.