J Oral Pathol Med (2006) 35: 523–4

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LETTER TO THE EDITOR

Chondromyxoid tumor of palate

I am puzzled by the recent report of Nigam et al. (1) concerning an extralingual location of ectomesenchymal chondromyxoid tumor (ECT) of the anterior tongue. In my opinion, there may be no justification for placing their palatal lesion within the category of ECT even if this tumor is displaying some similarities under the microscope. It is obvious that the authors misunderstand ECT at a conceptual level. The basic myxocartilaginous characters described are the equivalent of a conventional 'mesenchymal' chondromyxoid tumor presently known as soft-tissue chondroma or cartilaginous choristoma (2–4), and look quite different from genuine ECT as explicitly defined in the benchmark report (4). Put in simple terms, I never understood what Nigam et al.'s 'ECT' is.

To my knowledge, ECT is a peculiar chondromyxoid tongue lesion with unique immunoprofiles (3–5) and no one has seen an ECT occurring outside the tongue as yet (3, 5). Even if ECT may be recorded in a new oral location other than the tongue as part of the soft-tissue myoepithelioma family in a peer-reviewed setting (3, 6), the diagnosis would have remained obscure without a thorough immunophenotyping (3). Unlike indubitable ECT (7), myxoid areas in the other known chondromyxoid lesions are negative for glial fibrillary acidic protein, S-100 protein and CD57 (Fig. 1). If Nigam et al.'s case proves consistently to express established markers of ECT (3, 5–7), then perhaps use of the term 'ECT' will have to be reconsidered.

To conclude, it is inaccurate to characterize ordinary chondromyxoid tumors to be synonymous with ECT. Although I am amazed that Nigam et al. ignored not only a specific site predilection but also a unique microscopic appearance of ECT; it is of even more concern that the referees who accepted the article for publication did not know that the authors' claim was completely without foundation. Nowadays, I, and apparently others, believe that ECT is not a diagnosis of exclusion but rather a morphologically distinct and well-defined type of benign chondromyxoid tongue tumor, more akin to soft-tissue myoepithelioma (3, 6).

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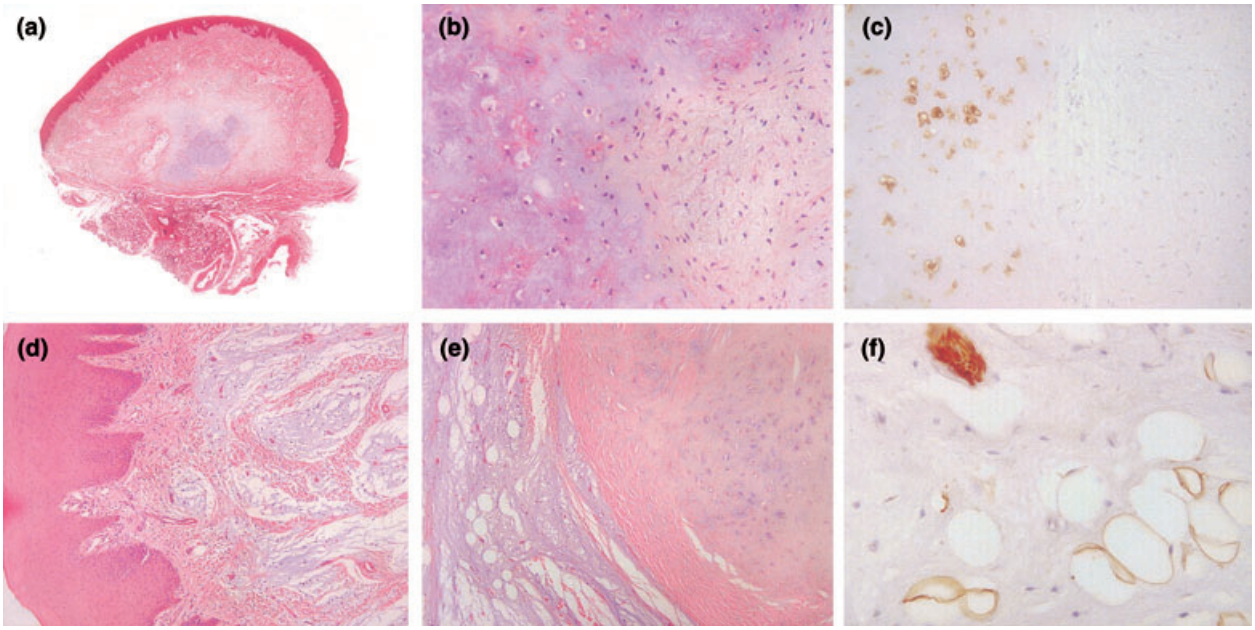

Figure 1 Soft-tissue chondroma (so-called) of the hard palate. (a–c) 57 years, female. (d–f) 41 years, male. (c & f) No reactivity for S-100 protein in myxoid areas; strong positivity of chondrocytes (c) and intralesional adipocytes and nerve bundle (f) serves as internal controls.

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Reply to Letter to the Editor

We read the comments by Fumio Ide with great concern. Let us try to make our position clear on the subject. Ectomesenchymal chondromyxoid tumor (ECT) is indeed a distinct benign tumor. When we said that ECT is a diagnosis of exclusion, we were referring to histological exclusion of other differential diagnosis. The differential diagnosis of cartilaginous choristoma and extraskeletal myxoid chondroma were indeed considered and excluded on morphology as clearly mentioned in the case report. Thus, our case is not an ordinary chondromyxoid tumor of palate.

The second objection seems to be that the lesion reported is in an unusual site. This is the precise reason for reporting our case. Fumio Ide also concedes that similar lesions have been described in other sites in peer reviewed setting.

The third premise for criticizing our case report is that we have ignored the unique microscopic appearance of ECT. As far as we are concerned, we have described all the unique diagnostic features in our case report, which have been described in other reports of ECT, viz. presence of un-encapsulated lobular proliferation of round to polygonal and stellate cells in chondromyxoid matrix, occasional binucleate cells, and proliferating capillaries.

Sometimes, we come across a situation where immunohistochemistry cannot be performed, and then we have to rely on microscopic appearance of the lesions. We concede that immunohistochemistry could not be carried out, for which the reason is also given in the text. Immunohistochemistry would have cleared all the doubts, if any.

We were always clear in our concepts of microscopic appearance of ECT and hence had suggested the names of authors of benchmark report as one of the referees.

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