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LETTER TO THE EDITOR

In reply: Pleomorphic adenoma with extensive necrosis report of two cases. *Oral Diseases* 2004; 10: 54–59

This case report is interesting as it conveys an important point that necrosis is not essentially a feature of malignant salivary gland neoplasms. I am writing this letter to express my opinion regarding one of these two reported cases.

In Case-1, it is mentioned that clinical impression of the palatal swelling of 5×5 cm was only pleomorphic adenoma. Although pleomorphic adenoma is common but among the clinical differential diagnosis one must include mucoepidermoid carcinoma, adenoid cystic carcinoma, acinic cell carcinoma, low grade adenocarcinoma and lymphoma which frequently occurs as masses in the palate (Marciani *et al*, 1999; Moss *et al*, 2001).

It is stated that incisional biopsy of the lesion was performed. Subsequently healing was satisfactory. But 2 weeks later the entire mass became necrosed and slipped into the oral cavity. In the discussion, biopsy is mentioned as the cause of necrosis. It is important to know the site and type of incision made which is not mentioned in the case report. It is possible that damage to the palatal arteries may have occurred during the biopsy procedure, which could have resulted in necrosis. In such case, it is not incidence of necrosis in pleomorphic adenoma but it is necrosis because of an iatrogenic cause. This issue of biopsy further gains importance as the author's claim it be the first and only reported case of spontaneous necrosis and slipping of the necrotic mass into the oral cavity following biopsy.

Theoretically, necrosis is considered an ominous sign of malignancy because of outstripping of tumor blood supply by uncontrolled proliferation of cells resulting in death of tumor cells. But necrosis in benign neoplasms can occur when the lesion outgrows its blood supply (Allen *et al*, 1994).

In Case-1; incisional biopsy was performed. It is not mentioned whether biopsy was performed from single or multiple sites. If biopsies from multiple sites was not performed than we may not get the true characteristic of the entire lesion especially when their size is big, as 5×5 cm in this case. Malignant transformation can occur in pleomorphic adenoma (Tortoledo *et al*, 1984; Boneu *et al*, 1998). In view of these facts malignant transformation in some part of the swelling cannot be completely excluded in the first case.

Therefore with reference to Case-1; no single reason can alone explain such rapid necrosis within 2 weeks. The mass completely underwent necrosis and second biopsy did not reveal features suggestive of pleomorphic adenoma. Therefore possibility of both ischemic necroses caused by biopsy as well as malignant transformation in some part of this palatal tumor, both coexisting together can be considered as the cause of rapid spontaneous necrosis.

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