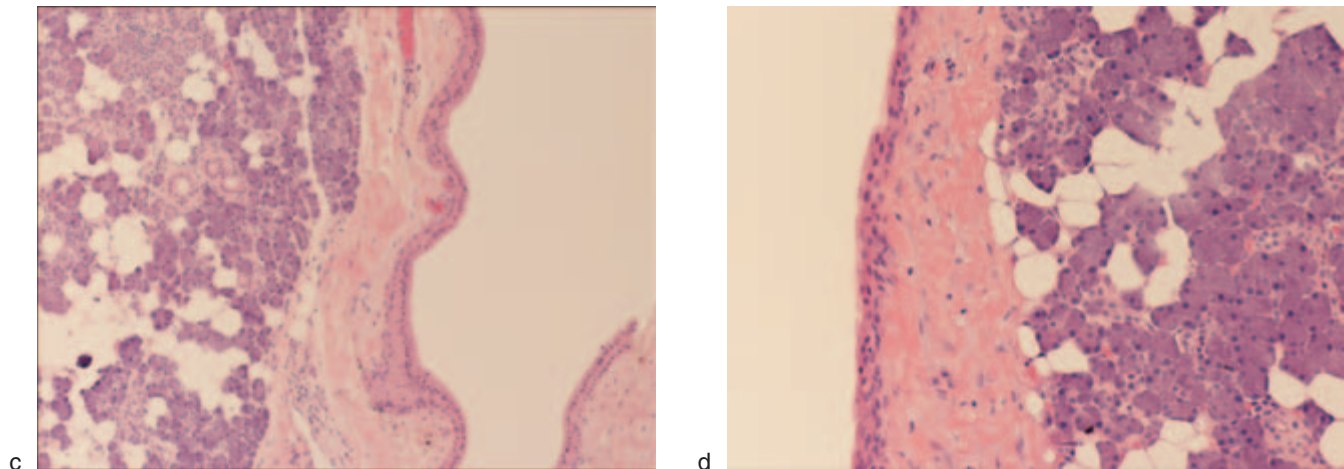


**Figures 4.12a and b.** A mucous retention cyst of the parotid gland as noted on MRI (T1 images, a; T2 images, b). The patient underwent a superficial parotidectomy due to the concern for a cystic neoplasm.



**Figures 4.12c and 4.12d.** Histopathology showed a parotid cyst lined by columnar epithelium in one section of the cyst (c) and squamoid epithelium in another section (d).

cysts, and 10 mucopapillary cysts. From a pathologic and surgical standpoint, perhaps the most striking piece of information in this report was the need to distinguish the mucopapillary cyst from the low-grade mucoepidermoid carcinoma.

Treatment of mucous retention cysts is most commonly conservative surgical excision (Figure 4.12). Cysts within or closely associated with a salivary gland should include that salivary gland with the excision. Some mucous retention cysts, however, may be removed without the inclusion of the salivary gland, a distinct departure from the recommendations associated with mucous escape reactions.

### **Parotid Cysts Associated with Human Immunodeficiency Virus Infection**

Infection with the human immunodeficiency virus has been shown to manifest in a variety of ways. Symptoms related to the head and neck have historically been encountered in this disease. It has been reported that 41% of patients with acquired immunodeficiency syndrome (AIDS) initially presented with signs or symptoms of head and neck disease (Marcussen and Sooy 1985). Salivary gland diseases include the enlargement of major salivary