

Table 7.1. Cellular classification of salivary gland tumors.

Epithelial neoplasms
Benign salivary gland neoplasms
Pleomorphic adenoma or mixed tumor
Papillary cystadenoma lymphomatosum or Warthin's tumor
Monomorphic adenomas
Basal cell adenoma
Canalicular adenoma
Oncocytoma
Sebaceous adenoma
Sebaceous lymphadenoma
Myoepithelioma
Cystadenoma
Ductal papillomas
Sialoblastoma
Malignant epithelial neoplasms
Mucoepidermoid carcinoma
Adenoid cystic carcinoma
Adenocarcinomas
Acinic cell carcinoma
Polymorphous low-grade adenocarcinoma
Adenocarcinoma, NOS
Rare adenocarcinomas
Basal cell adenocarcinoma
Clear cell carcinoma
Cystadenocarcinoma
Sebaceous adenocarcinoma
Sebaceous lymphadenocarcinoma
Oncocytic carcinoma
Salivary duct carcinoma
Primary mucinous adenocarcinoma
Malignant mixed tumors
Carcinoma ex-pleomorphic adenoma
Salivary carcinosarcoma
Metastasizing mixed tumor
Rare carcinomas
Primary squamous cell carcinoma
Epithelial-myoepithelial carcinoma
Anaplastic small cell carcinoma
Undifferentiated carcinomas
Small cell undifferentiated carcinoma
Large cell undifferentiated carcinoma
Lymphoepithelial carcinoma
Myoepithelial carcinoma
Adenosquamous carcinoma
Non-epithelial neoplasms
Lymphomas and benign lymphoepithelial lesion
Mesenchymal neoplasms
Malignant mesenchymal Salivary gland tumors

the inclusion of malignant secondary tumors is presented to be inclusive.

As noted in the introduction, statistics regarding incidence, frequency, and prognosis have varied depending on the study. Moreover, a cursory review of the literature generally reveals that power analyses are rarely performed to access the necessary sample size for many of these studies, and most rudimentary statistical measures are employed to arrive at conclusions. In large part, these deficiencies have stemmed from the general rare incidence of many salivary gland neoplasms. Although the AFIP statistics have been criticized to be biased because of the methods of case accrual as a reference service, these data are probably the most reliable, especially for rare and unusual lesions.

Benign Salivary Gland Neoplasms

Pleomorphic Adenoma

The pleomorphic adenoma or mixed tumor is the most common salivary gland tumor, representing 45–75% of all salivary gland tumors. Clinically, the tumors are smooth, multilobular, and appear encapsulated. However, microscopically, tumor extensions may be seen extending beyond the apparent capsule. The tumor is varied depending on the cellularity and the myxoid content. The presence of both epithelial and mesenchymal-like elements resulting from epithelial cells and myoepithelial cells produces significant diversity in the appearance of these tumors. Notable is that stromal components may encompass myxoid, fibroid, or chondroid features providing the mixed appearance of these lesions (Ellis and Auclair 1996).

Papillary Cystadenoma Lymphomatosum

The papillary cystadenoma lymphomatosum or Warthin's tumor has been regarded as the second most common benign salivary gland neoplasm, and comprises 6–10% of all parotid tumors. These tumors seldom arise in the submandibular or minor salivary glands. Men are more commonly affected than women, with a gender ratio of 5:1. Interestingly, the prevalence increases in smokers and bilateral distribution has been noted in ~12% of cases (Ellis and Auclair 1996).

Monomorphic Adenomas

Basal Cell Adenoma

The basal cell adenoma is a lesion characterized by a monomorphous uniform basilloid pattern and