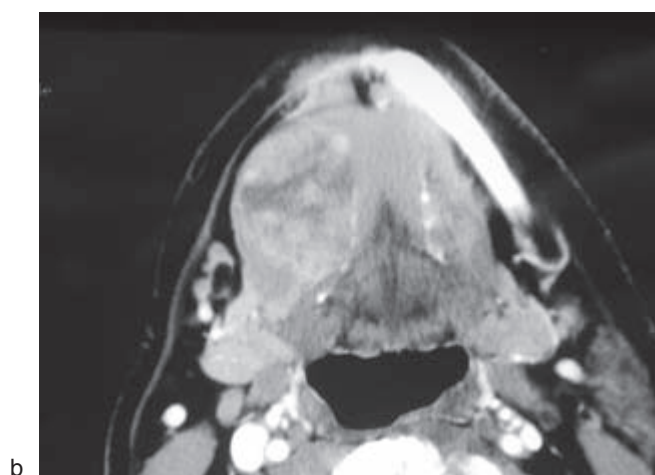


a



b

Figures 9.3a and 9.3b. CT scans showing submandibular mass with differing regions of radiolucency and opacity. Histopathology showed pleomorphic adenoma.

These authors did not find displacement of the facial vein and its relationship to the mass a helpful guide.

Open biopsy of the submandibular gland mass is contraindicated for similar reasons that were discussed in relation to the parotid (see chapter 8). Fine needle aspiration biopsy (FNAB) is the method of choice for these tumors, one literature review finding an overall accuracy of greater than 80% in skilled hands, which is comparable with the accuracy of frozen section (Pogrel 1995).

SUBLINGUAL GLAND TUMORS

Tumors of the sublingual gland present as a mass in the floor of the mouth, usually painless and



Figure 9.4a. Adenocarcinoma of right sublingual gland.



Figure 9.4b. Polymorphous low-grade adenocarcinoma of the sublingual gland. Re-published with permission from Blanchaert RG, Ord RA, Kumar D. 1998. Polymorphous low-grade adenocarcinoma of the sublingual gland. *Int J Oral Maxillofac Surg* 27:115–117.

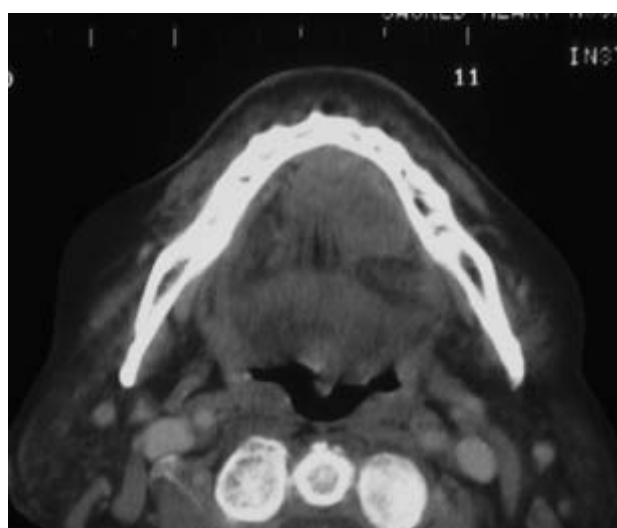


Figure 9.5. CT scan of large malignant sublingual gland tumor.