

Figures 8.2a and 8.2b. MR T1 and T2 weighted images of a cystic pleomorphic adenoma deep in the cheek is a diagnostic challenge as to whether this is a minor salivary gland tumor or an accessory parotid tumor.

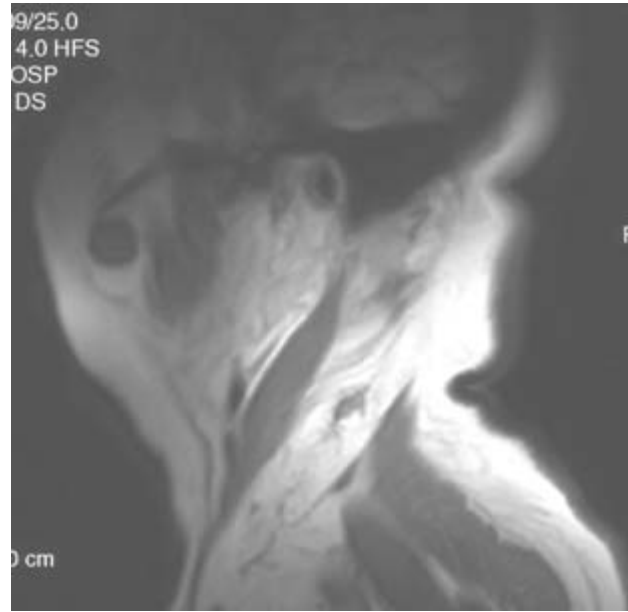


Figure 8.2c. Clinically this lesion appears to be inferior to the parotid duct, as seen in the sagittal view, which would make an accessory lobe tumor unlikely.

benign PAs and lead to increased recurrence (Figure 8.3). Although FNAB will not usually change the proposed treatment plan of parotidectomy, a malignant diagnosis may allow better pre-surgical counseling for possible facial nerve sacrifice. In addition, when extracapsular dissection or limited superficial parotidectomy is contemplated (see below), it is best to have confirmation of the benign nature of the tumor (O'Brien 2003). There is still controversy whether FNAB is mandatory as part of the diagnostic workup for a presumed parotid tumor. Although Schroder, Eckel, and Rasche et al. (2000) report a sensitivity of 93.1%, specificity of 99.2%, and accuracy of 98.2%, other papers have shown lower figures, sensitivity 81.5% and specificity 97.5% (Longuet et al. 2001).

Zbaren, Schar, and Hotz et al. (2001) recommended FNAB as a valuable adjunct to preoperative diagnosis, reporting 86% accuracy, 64% sensitivity, and 95% specificity. However, in a study of 6,249 participant responses from the database of the College of American Pathologists Interlaboratory Comparison Program in Nongynecologic Cytology, the sensitivity and specificity for interpreting salivary tumors as benign or malignant was 73% and 91%. Benign cases with the commonest false positive rates were monomorphic