



Figure 9.2a. Elderly lady with hard submandibular mass (adenoid cystic carcinoma on fine needle aspiration biopsy) who presented with a palsy of the marginal mandibular branch of the facial nerve.



Figure 9.2b. Lateral facial view shows skin fixation and tethering.

beneath the anterior border of the sternocleidomastoid muscle.

Imaging techniques to delineate submandibular gland lesions include ultrasound, CT, and MR. As the submandibular gland is superficial in the neck high-resolution ultrasound can distinguish intraglandular from extraglandular masses and can differentiate benign tumors from those that are malignant (Alyas, Lewis, and Williams et al. 2005). CT scanning may be useful in detecting early cortical erosion of the mandible and identifying cervical nodes in malignant cases (Figure 9.3). In a study to identify whether a submandibular mass was intra- or extraglandular, the accuracy of contrast enhanced CT was 87%, CT sialography 85%, and MR 91% (Chikui, Shimizu, and Goto et al. 2004).

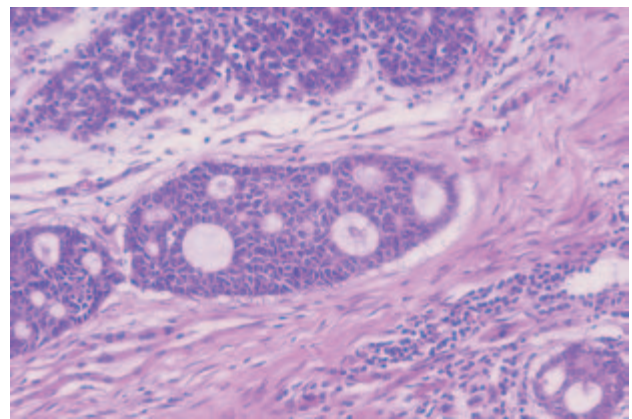


Figure 9.2c. Histopathology of adenoid cystic carcinoma of submandibular gland.