

EP-110

재발성 지방종으로 오인된 볼의
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(Carcinoma ex-Pleomorphic Adenoma of the
Cheek Masquerading as Recurrent Lipoma)



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Purpose : Large longstanding facial masses may clinically mimic lipoma but require consideration of sarcoma or salivary malignancy. The author presents an 88-year-old woman with a 20-year cheek mass initially excised as lipoma 15 years prior, later diagnosed as carcinoma ex-pleomorphic adenoma requiring wide excision and partial parotidectomy.

Methods : An 88-year-old woman presented with a recurrent 7.8 cm left cheek mass that had slowly enlarged over 10 years following previous lipoma excision 15 years prior. Contrast-enhanced MRI revealed a 7.7 cm enhancing mass in the left buccal space with an additional 2 cm deep lesion and indeterminate parotid lymph nodes, concerning for malignancy including sarcoma. Wide excision and partial parotidectomy were performed under general anesthesia with facial nerve monitoring.

Results: Wide excision of superficial and deep masses was performed through elliptical incision. Intraoperative frozen biopsy confirmed pleomorphic adenoma in the deep mass. Facial nerve integrity was preserved during dissection, Stensen's duct was ligated after confirming obstruction, and parotid superficial lobe with lymph nodes was resected with negative margins. Final pathology confirmed carcinoma ex-pleomorphic adenoma (myoepithelial carcinoma, minimally invasive, negative margins). Postoperative transient left facial nerve palsy improved significantly by 3-month follow-up with excellent wound healing and no recurrence.

Conclusion : Large facial masses require thorough preoperative imaging including MRI to assess salivary gland infiltration even without rapid growth, ensuring appropriate safety margins during wide excision. This case highlights the need for sarcoma/malignancy suspicion in atypical longstanding masses and careful multidisciplinary workup to guide oncologic resection and facial nerve preservation.



Fig. 1. Preoperative photograph of large facial mass



Fig. 2. Intraoperative photograph showing the cheek mass



Fig. 3. Sequential postoperative photographs of left facial nerve palsy recovery at 3 weeks and 3 months



Fig. 4. Three-month postoperative photograph of healed surgical wound