

A CASE OF PLEOMORPHIC ADENOMAAND ACROMEGALY: **A COINCIDENCE OR A PATHOPHYSIOLOGICAL ASSOCIATION?**



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INTRODUCTION

> Hypohpyseal adenoma was excised by transsphenoidal Acromegaly is a chronic disease caused by excessive and immunohistochemical analysis showed secretion of growth hormone (GH), and as a result, of route extensive GH positivity. She had residual tumor after the growth factor -1 (IGF-1). insulin-like Although operation and somatostatin analogous therapy was started controversial, frequency of both benign and malignant in the follow-up period. After eight months from the neoplasm formation is thought to be increased in hypophyseal operation the parotid tumor was excised and acromegalic patients. Pleomorphic adenoma is the most pathology showed that it was a pleomorphic adenoma. common arising tumor from the parotid salivary gland. It often presents as a swelling on the lateral pharyngeal wall. Here we report the case of a 33-year-old woman with acromegaly and also who presented with a swelling on the

left neck and diagnosed as pleomorphic adenoma arising from parotid gland after excision of the tumor.

CASE REPORT

> Thirty three-year-old woman admitted to the hospital complaining of a two-weeks history of visual loss and headache. She also determined weight gain, menstrual irregularity, libido loss, and galactorrhea. She had a slowly growing swelling on the left neck during the last year. Hypophyseal MRI revealed a mass of 20x32 mm occupying the sellae and invasing right cavernous sisternae and **CONCLUSION** extending to the optic chiasm.





Figure 1. Pleomorphic adenoma. Prominent glandular and ductal epithelial cells in chondromyxoid stroma (H&E;400)

> To the best of our knowledge, this is the first case of a

Hormonal evaluation demonstrated that the patient had coincidence between an acromegaly and pleomorphic acromegaly and secondary hypothyroidism. Parotid adenoma of parotid gland. We don't have still any ultrasound (US) revealed a 42x28x45 mm heterogenous, knowledge about an association between salivary gland hypoechoic intraglandular lobulated solid mass occupying tumors and acromegaly. If present or not this association left parotid gland superficial lobe and extending to the deep must be evaluated. lobe.