Benign Cervical Lymphoepithelial Cyst - Rare in the Elderly

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Abstract

A seventy year old female presented with a cyst in the submandibular region, clinically thought to be an abscess or an inflamed lymph node. Their possible occurrence in patients with HIV have made them more significant today. Histopathology showed features of the unusual benign lymphoepithelial cyst.

Introduction

Lymphoepithelial cysts are also known as branchiogenic cysts. They occur in the parotid gland and rarely in the floor of the mouth. The cysts are lined by a flattened stratified epithelium, surrounded by a lymphoid stroma. It is not clear whether these lesions arise from lymphoepithelial lesions of the striated ducts or from salivary gland inclusions in intraparotid lymph nodes.

A lympoepithelial cyst in a 70 year old man is discussed here.

Case History

A seventy year old female, presented with a painful swelling in the left submandibular region. The clinical impression was a submandibular abscess or inflamed submandibular lymph node. The lesion was surgically excised.

On gross examination the lesion was a 3 cm diameter cyst, which on opening contained pultaceous material. Histopathology of the cyst showed a sqamous epithelial lining with sqamous pearls, surrounded by a wall of lymphoid tissue, which was covered with a fibrous capsule. The lumen showed keratin and sqamous pearls (Fig. 1). Based on this a diagnosis of benign lymphoepithelial cyst was made.

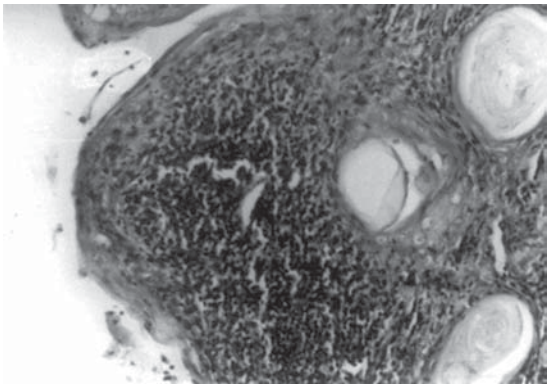

Fig. 1 : Cyst with flattened epithelial lining with squamous pearls, surrounded by lymphoid tissue.

Discussion

The majority of these cysts occur in young adults. In this case the patient is a seventy year old female. These cysts are slow growing. They originate through cystic transformation of epithelium entrapped in cervical lymph nodes. The epithelium source is either salivary gland or epithelium of the branchial apparatus. This histogenesis is still debated.[1] They can be located anterior to the sternocleidomastoid muscle near the angle of the mandible, as in this case, where they are also referred to as branchiogenic cysts. They can also be located in the oral floor beneath the tongue or in the parotid gland. They are treated by thorough surgical

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excision.

Recurrence occurs if there are residual remnants or if the lesion is simply aspirated or drained. Lymphoepithelial cysts in the parotid gland can be found in patients infected with the human immunodeficiency virus.[2] They present as an asymptomatic, circumscribed, movable mass in the neck. The development of carcinoma from the epithelium lining the cyst has been reported but is uncommon.

References

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NEW REFERENCE TREATMENT FOR MULTIPLE MYELOMA

'The results of our trial provide strong evidence to indicate that the use of thalidomide in combination with melphalan and prednisone should, at present, be the reference treatment for previously untreated elderly patients with multiple myeloma'

Combination chemotherapy with melphalan and prednisone has been used in the treatment of multiple myeloma for many years. However, new treatments are needed since the median survival with this regimen is about 3 years. Thierry Facon and colleagues did a randomised trial comparing melphalan and prednisone with melphalan and prednisone plus thalidomide or an intermediate-dose regimen with melphalan at 100 mg/m^2 and stem-cell support in previously untreated patients with multiple myeloma. The investigators showed that the addition of thalidomide significantly extended survival for patients. They noted that the combination with thalidomide was better than standard melphalan and prednisone in terms of response, including complete response, overall survival, and progression-free survival. In a Comment, Antonio Palumbo and Mario Boccadoro discuss these findings and those from different randomised studies, and conclude that there is extensive evidence to support the introduction of melphalan and prednisone plus thalidomide as the standard of care for elderly patients with multiple myeloma.

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