

“A CASE STUDY OF RARE SUBMANDIBULAR GLAND SWELLING:SPINDLE CELL NEOPLASM”

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INTRODUCTION

- Neck swellings presents a broad differential diagnosis, ranging from benign conditions to serious pathologies.
- Accurate diagnosis requires a thorough understanding of the underlying etiology, particularly when the swelling is localized to specific anatomical regions, such as the submandibular gland.
- Submandibular glands are major paired salivary glands.
- It is in the submandibular triangle, covered by the investing layer of deep cervical fascia. Mylohyoid muscle separates the superficial and deep lobes of the glands. Submandibular glands drain into the mouth via Wharton’s duct

CASE REPORT

- A 37-year-old female patient, presented to OPD with complaints of progressive swelling in the right submandibular region, with pain from past 6 months.
- In Initial clinical examination a non tender 6*4cm, oval shaped, solitary swelling in right submandibular region , Mobile, firm in consistency, bidigitally palpable with smooth surfaces, skin over the swelling normal, no other swelling in the neck,
- The patient’s medical history included recurrent episodes of pain and swelling, which had been managed conservatively without significant improvement.
- Differential diagnosis made were sialadenitis, sialolithiasis, and neoplastic conditions.



Pre op picture showing swelling under right mandibular region

MANAGEMENT

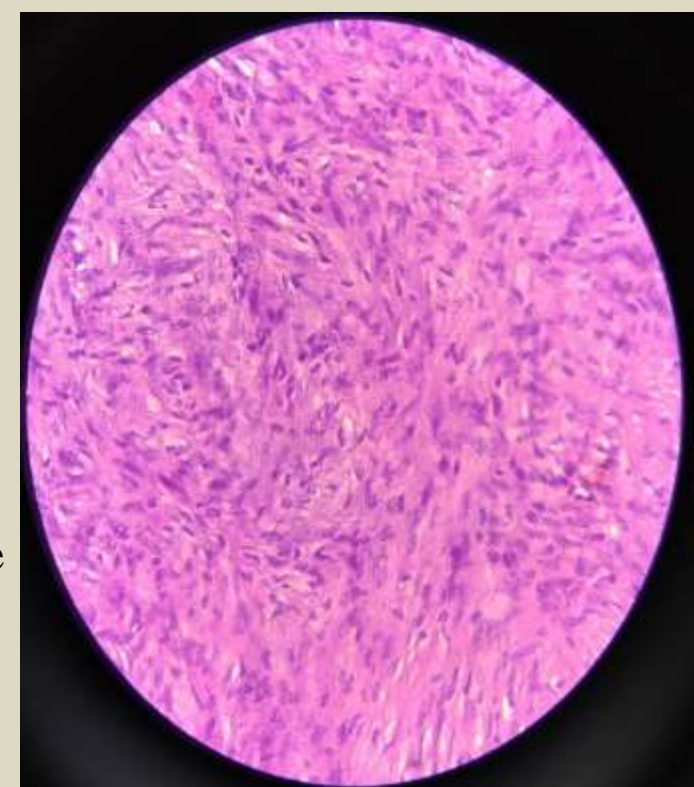
- **Diagnostic workup:** A comprehensive diagnostic approach taken
- Clinically-a large, mobile mass probably diffuse swelling of submandibular gland.
- USG- heterogenous hypoechoic lesion between right submandibular gland and mandible bone.
- FNAC- consistent chronic inflammation, suggested to be likely of neoplastic etiology.
- **Management and Outcome:** The patient underwent a successful submandibular gland excision from posterior aspect
- Branches of Facial artery and vein were identified and ligated, base was separated and duct was identified and ligated.
- Sample was sent for biopsy which later on gave an impression as ‘benign spindle cell neoplasm’.(inflammatory myofibroblastic tumor)
- Post-operative recovery was uneventful, with significant resolution of swelling.



DISCUSSION

DISCUSSION: Such cases emphasize a wide area of discussion like

1. Diagnostic Challenges: case emphasizes the challenge of diagnosis associated with neck swelling.
2. Role of Imaging: Imaging modalities such as ultrasonography, CT, and MRI are crucial in identifying the nature of the swelling and guiding management.
3. Management Strategies: Effective management of submandibular gland swelling, particularly in neoplastic condition often necessitates surgical intervention i.e of excision of submandibular gland.
4. Preventive and Follow-up Care: Post-operative care and preventive measures are essential to avoid recurrence on other side and ensure long-term gland function..



CONCLUSION

- This case underscores the importance of a systematic diagnostic approach to neck swelling, particularly when the submandibular gland is involved. Any neoplastic etiology should be considered in the differential diagnosis for localized glandular swelling, and prompt surgical intervention can lead to favorable outcomes. This case also highlights the role of imaging and cytology in guiding effective management strategies.