

INTRODUCTION

Salivary gland tumours are quite uncommon, their incidence ranges between less than 3% to 6% of all head and neck tumours. Approximately 80% of their tumours occur in the parotid gland. Among the tumours of the parotid in Byrne and Spector (1988), study 63.2% are benign tumours; 21.6% are malignant neoplasm and 15.2% are non neoplastic lesions. In their study, age incidence ranged from 2 to 97 years with a mean of 51.0 years with slight female predominance (Byrne and Spector, 1988.)

Spiro and Spiro 1989 reported that 45% of submandibular tumours are benign while 46% are malignant. Among minor salivary gland tumours, 35% of them are benign while 65% are malignant (Spiro and Spiro, 1989).

Neoplasm of sublingual glands are unusual, 90% of them are malignant in Conley's series in 1975 (Donald, 1984).

Metastasis in the parotid gland are unusual, however when they do occur, the primary sites are usually head and neck squamous cell carcinomas or melanomas often involving the skin. There are also a small percentage of metastasis from distant sites such as lung, breast, kidney and gastro-intestinal tract, occasionally, the metastasis is the initial manifestation of the disease (Owens, et al., 1989).

Tumours arise from the submandibular gland less often.

than inflammatory processes and produce a paucity of symptoms. Consequently, it is not unusual for them to be a significant delay in diagnosis and enlargement of adjacent lymph nodes may be a further contribute to the diagnostic difficulties and delay (Weber, et al., 1990).

Salivary gland tumours are a challenge to the surgical pathologist in two ways. First of all, the rarity of these tumours in routine diagnostic practice makes it difficult together necessary experience for their evaluation. Second, the prognosis of most of these tumours remains unpredictable, since histologic type is not necessarily correlated to clinical aggressiveness (Hamper, et al., 1989).

Surgery has been the primary form of treatment of salivary gland tumours, and it is still the treatment of choice. Radio-therapy did not play a major role in the management of salivary gland tumours except in recent years, because these tumours were believed to be radioresistant (Reddy and Marks, 1988).