LETTER TO THE EDITOR

RJME
Romanian Journal of Morphology & Embryology
http://www.rjme.ro/

Adenomatous oncocytic hyperplasia of labial minor salivary gland duct: age-related or treatment-induced change?

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TO THE EDITOR

Sir,

Oncocytic hyperplasia of the minor salivary glands had been defined as a well-described entity in the 90s by Takeda [1, 2]. Etiopathogenic relations to duct obstruction and inflammation, mitochondriopathy, ischemia (nicotine-related or not), increased age and/or ethanol have been proposed [3, 4]. We would like to draw attention on another possible relation, that to corticoid and/or Mycophenolate mofetil treatment.

We have recently identified on a labial minor salivary gland biopsy, oncocytic hyperplasia of an interlobular salivary gland duct. The labial biopsy was performed for dry syndrome occurring one year after corticoid, Mycophenolate mofetil and Azathioprine treatments (non-specific interstitial pneumonia). The glandular tissue showed mild, fibro-inflammatory sialadenitis. The oncocytic hyperplastic lesions, extending to over half the circumference of the duct and obstructing the duct, were seen on six serial-sections. They consisted in an increase of the number of suprabasal cells. These cells showed a decreased nuclear/cytoplasm ratio, mild atypia and anisocytosis. Nucleoli were inconspicuous. Basal cells were scarce or absent. Gland-type, tubular cavities, suggestive of an adenomatous change, were formed in the thickness of the hyperplastic epithelium, without a Periodic acid–Schiff (PAS)-positive surrounding basement membrane (Figure 1).

Oncocytic metaplasia or oncocytosis is reported more frequently in male patients, in the parotid glands [1]. Besides the age (71 years old), corticoid treatment could have resulted in the ductal oncocytic metaplasia we have observed [5]. Mycophenolate mofetil may also be incriminated in the genesis of these lesions, a case of adrenal carcinoma with oncocytic change being reported after post-transplant immunosuppressive treatment [6].

In conclusion, the etiopathogenesis of salivary gland duct oncocytic metaplasia is complex. Besides well-known factors, corticoid and Mycophenolate mofetil treatments may be involved. Further studies are required for investigation the relevance of the development of an adenomatous pattern in hyperplastic oncocytic metaplasia lesions, whether preneoplastic or not.

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Received: May 30, 2018 *Accepted: July 27, 2018*

ISSN (print) 1220–0522 ISSN (online) 2066–8279

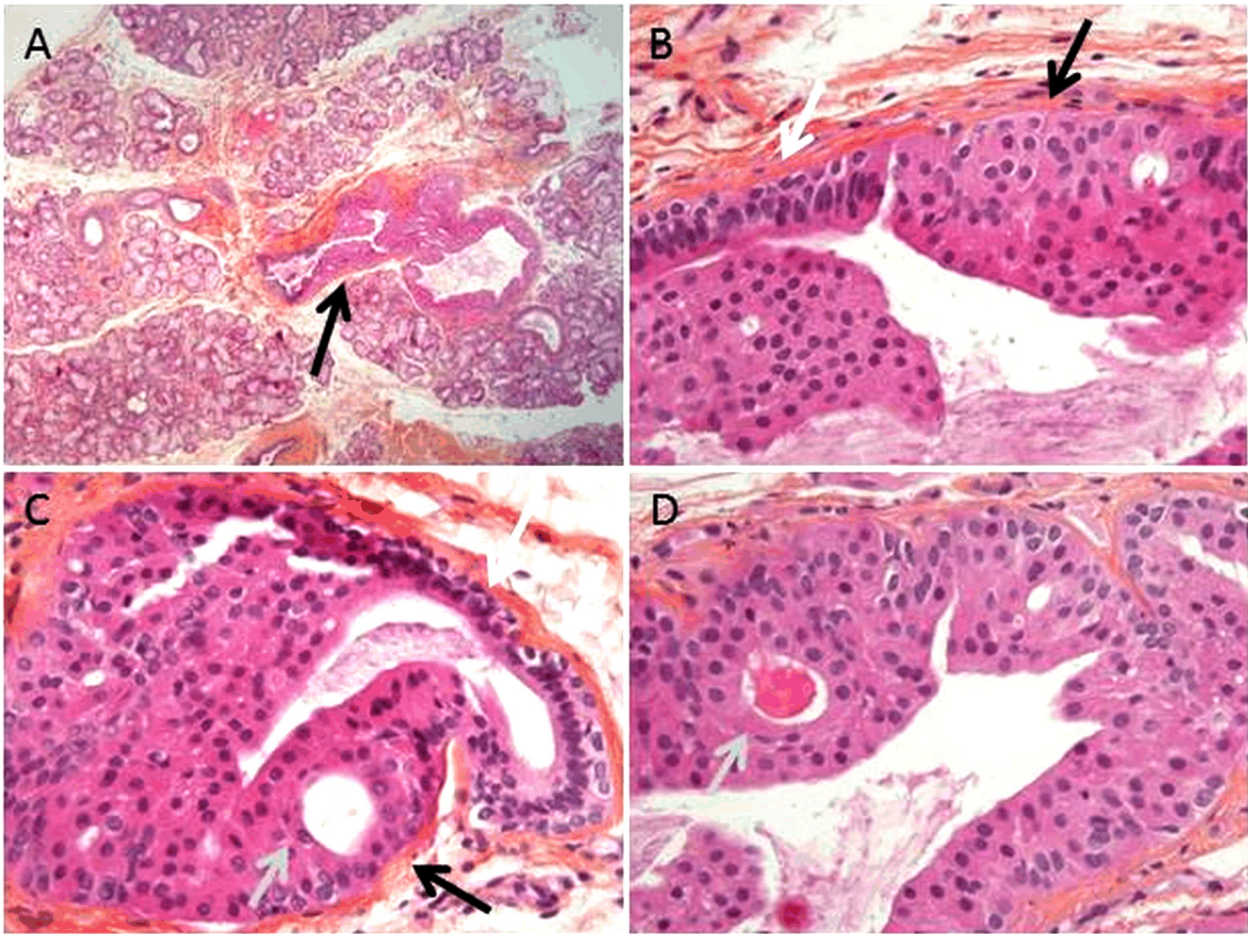

Figure 1 – ***The lesions of hyperplastic oncocytic metaplasia obstructed partially the interlobular salivary duct (A, black arrow). These lesions consisted in a pluristatified epithelium composed of an increased number of oncocytic suprabasal cells (B and C, black arrow). Basal cells were identified only in the adjacent ductal epithelium (B and C, white arrow). Gland-like cavities were observed in the hyperplastic oncocytic metaplasia epithelium, not surrounded by a basement membrane (C and D, gray arrow). Hematoxylin–Eosin staining: (A) ×50; (B–D) ×400.***