

## Letters to Editor

### Parotid duct cyst in a child

Sir,

Cystic lesions localised in salivary gland are commonly of neoplastic origin, whereas non-neoplastic cysts are quite rare, and constitute approximately 2-5% of all salivary gland lesions. Salivary gland duct cysts in non-neoplastic group are mass lesions with an epithelium lining inside, and these are also named as mucous retention cyst or mucous duct cyst. These are true cysts that can be congenital or acquired. The most common type is the acquired type, which develops due to obstruction of the duct. Salivary gland duct cysts are generally observed in minor salivary glands. They are rarely seen in major salivary glands and are commonly localised in the superficial lobe. Cystic lesions of the salivary gland are commonly seen between the ages of 30 and 40. They are rarely observed in childhood.<sup>[1-5]</sup> In this case, a 6-year-old child was admitted to the polyclinic due to painless swelling on the right side of the face, which had been present since birth and gradually increased in size in the last year. Upon physical examination, an immobile, uniformly consistent, soft mass that was approximately 6 cm × 7 cm in size and painless on palpation was detected in the preauricular region [Figure 1]. A cystic mass was observed in the superficial lobe of the right parotid gland of the patient on ultrasonographic examination. The magnetic resonance imaging revealed a multiloculated, sharply-circumscribed cystic mass of 5.5 cm × 5 cm × 4 cm in size that partially extend from the superficial lobe to the deep lobe was detected and a second cystic lesion of 2.5 cm × 2 cm × 2 cm in size extending to retroauricular region was detected in the deep lobe [Figure 2]. In the fine needle aspiration biopsy, the lesion was considered to have benign cyst content. Exploration was done, and a superficial parotidectomy was performed, preserving the facial nerve. The removed cystic tissue was examined using frozen section. It was found to be benign, and the cyst extending to the deep lobe was totally excised, and the deep lobe was preserved [Figure 3]. No postoperative complications developed. No



Figure 1: Preoperative photograph

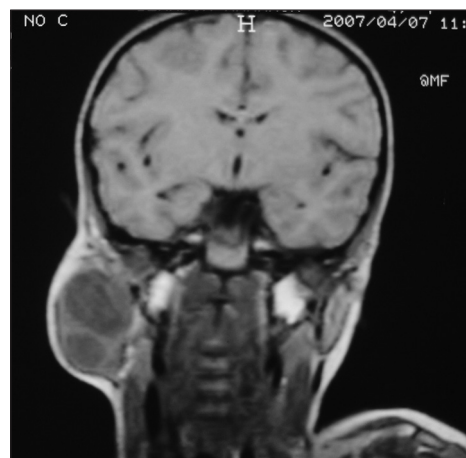


Figure 2: Preoperative magnetic resonance imaging



Figure 3: Intraoperative view of the facial nerve

recurrence was detected during the postoperative 1-year follow-up of the patient. The current case is

presented as a rare case, as the patient was a child and as the lesion was large and present in both lobes of the unilateral parotid gland. Although rarely observed, non-neoplastic cystic lesions of the parotid gland should be kept in mind when considering parotid gland masses.

**Mehmet Dadaci<sup>1</sup>, Gökhan Tuncbilek<sup>2</sup>,  
Bilsev İnce<sup>1</sup>, Fatma Bilgen<sup>3</sup>**

<sup>1</sup>Department of Plastic, Meram Faculty of Medicine, Reconstructive and Aesthetic Surgery, Necmettin Erbakan University, Konya, <sup>2</sup>Department of Plastic, Faculty of Medicine, Reconstructive and Aesthetic Surgery, Hacettepe University, Ankara, <sup>3</sup>Clinic of Plastic, Reconstructive and Aesthetic Surgery, Necip Fazıl State Hospital, Kahramanmaraş, Turkey

**Address for correspondence:**

Dr. Mehmet Dadaci, Department of Plastic, Meram Medical Faculty, Reconstructive and Aesthetic Surgery, Necmettin Erbakan University, Meram 42080, Konya, Turkey.  
E-mail: mdadaci@gmail.com

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