

## Chapter 10

# Cystic Parotid Lesions and Classification of Parotid Tumors

### ABSTRACT

*The causes of cystic parotid lesions may be congenital or acquired and may cause bilateral or unilateral cysts. Bilateral cystic lesions include Warthin's tumor, benign lymphoepithelial lesions of human immunodeficiency virus, Sjogren's syndrome, and sialoceles. Unilateral cystic lesions include Warthin's tumor, sialocoele, first-branchial cleft cyst, parotid lymphoepithelial cyst, parotid lymphangioma, necrotic and infected lymph node. This chapter describes in more detail the etiology, clinical presentation, evaluation, and treatment of "sialocoele" and "dermoid cyst of the parotid gland." It also summarizes parotid gland tumors based on the World Health Organization histological classification, which categorizes parotid tumors into benign epithelial tumors (most commonly pleomorphic adenoma), soft tissue tumors (hemangioma), hematolymphoid tumors (lymphoma), and secondary tumors (represent less than 2% of all head and neck neoplasms).*

DOI: 10.4018/978-1-7998-5603-0.ch010

Table 1. Cystic parotid lesions

Bilateral	Unilateral
<ul style="list-style-type: none"><li>- Warthin's tumor</li><li>- Benign lymphoepithelial lesions of HIV</li><li>- Sjogren's syndrome</li><li>- Sialoceles</li></ul>	<ul style="list-style-type: none"><li>- Warthin's tumor</li><li>- Sialoceles</li><li>- First branchial cleft cyst: parotid lymphoepithelial cyst.</li><li>- Parotid lymphangioma</li><li>- Necrotic LN(s), especially SCC.</li><li>- Infected LN(s)</li></ul>

CYSTIC LESIONS OF THE PAROTID GLAND

Cysts of the parotid gland represent a clinical dilemma. They may be congenital or acquired caused by neoplasms, benign lymphoepithelial lesion of human immunodeficiency virus (HIV), trauma, parotitis, calculi, duct obstruction or mucus extravasation.

ETIOLOGY / CLASSIFICATION

Unilateral or Bilateral?

Cystic parotid lesions may be *bilateral* or *unilateral*; their causes are summarized in Table 1. Apart from the cystic forms of benign and malignant neoplasms, cysts of the parotid gland may be the presentation of a variety of diseases. Such non-neoplastic cysts are uncommon and represent 2-5% of all salivary gland lesions (Williams, Bulstrode, & O'Connell, 2008). A *first branchial arch anomaly* must be considered when one encounters a case of parotid cyst (Tripti-Maithani & Seema, 2014).

*Sialoceles* result from trauma to the parotid gland or duct. *Dermoid cysts* (Yigit, Karslioglu, Yildizoglu, & Karakoc, 2014) and *hydatid* cysts Kara T, et al, 2014) have also been reported in the parotid, though exceptionally rare.

Parotid duct cysts, also known as *sialocysts*, *simple cysts*, and *retention cysts*, result from duct *obstruction* due to various causes (Yigit, 2014; Eversole, 2001; Batsakis, 1989). They are true cysts lined by epithelium, unlike *mucocele*, which is lined by granulation tissue (Batsakis & Raymond 1989). Parotid duct cysts should not be confused with duct ectasia (Figure 1).

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