

Adenoid Cystic Carcinoma of the Parotid in a Developing Community

Wilson IB Onuigbo*

**Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria.*

Received March 22, 2019; Accepted March 27, 2019; Published April 07, 2019

ABSTRACT

The adenoid cystic carcinoma is a singularly well named malignancy. Thus, it was recognizable in the breast far back in 1881. Curiously, in albino skins, where the squamous variety holds sway, it has been reported on personally. Therefore, although it is held to spread slowly into adjacent tissues, its occurrence among the Igbo ethnic group in Nigeria is deemed worthy of documentation with special reference to the worldwide age patterns.

Keywords: Adenoid cystic carcinoma, History, Age, Epidemiology, Developing community

INTRODUCTION

The strikingly well named adenoid cystic carcinoma is worthy of research. In fact, so recognizable was it back in 1881 that I was able to draw attention to it [1]. In the words of Evans [2], this carcinoma tends “to spread slowly into the adjacent tissues.” A documented local example concerned a colonic case involving a surgeon who survived extirpation and is well in his 80s [3]. Accordingly, with reference to the Igbo ethnic group [4], research on its involvement of the parotid gland is deemed worthy of documentation.

INVESTIGATION

A Birmingham (UK) group proposed that the establishment of a histopathology data pool facilitates epidemiologic analysis [5]. In this context, the author in 1970 became the pioneer head of such a data pool established by the then Government of the Eastern Region of Nigeria at the Capital City, Enugu. Having encouraged the local physicians to send biopsy materials complete with epidemiologic data, I amassed materials whose copies I kept personally. For this study, the chosen organ was the parotid. It requires tabulation as to the data on the diagnosed adenoid cystic carcinoma.

RESULTS AND DISCUSSION

The age range was from 24 to 75 years (mean 44.7 years). The Tunisian patient was similar in that the age was 47 years [6].

In the Turkish patient, the girl was aged only 14 years [7]. From India, the 29 year old male was also younger than the local case [8]. The Italian report generalized that those less than 50 years fared better [9] (**Table 1**).

Corresponding author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, 8 Nsukka Lane, Enugu 400001, Nigeria, E-mail: wilson.onuigbo@gmail.com

Citation: Onuigbo WIB. (2019) Diffuse Large B-Cells Lymphoma in Cameroon: Global Survival of Adult Patients at the Douala General Hospital. *Oncol Clin Res*, 1(1): 36-37.

Copyright: ©2019 Onuigbo WIB. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Table 1. Epidemiological analysis of parotid adenoid cystic carcinoma.

No.	Initials	Age	Sex	Provisional diagnosis
1	OC	33	M	Tumor
2	AI	46	F	Adenocystic carcinoma
3	IM	36	M	Pleomorphic adenoma
4	IS	40	F	Cancer
5	AP	24	M	Pleomorphic adenoma
6	AF	65	M	Mixed tumor
7	ON	50	M	Carcinoma
8	NR	50	F	Mucorepidermoid carcinoma
9	AN	75	F	Basal cell carcinoma
10	AL	28	F	Carcinoma

CONCLUSION

Older age groups were involved in reports from Japan [10], India [11] and Chile [12]. This was not the case in this developing community. Moreover, the male/female ratio was 1:1. Therefore, these data are deemed to be contributions to the epidemiology of parotid cystic adenoid carcinoma even if only one case was correctly diagnosed provisionally. Incidentally, carcinomas accounted for most other lesions, while 2 cases were suspected as being benign.

REFERENCES

- Onuigbo WIB (2017) Early case of mammary adenoid cystic carcinoma described in 1881. *J Gynecol Women's Health* 6: JGWH.MS.ID.555689.
- Evans RW (1968) *Histological appearances of tumors*. 2nd Edn, Edinburgh and London: E. & S. Livingstone, p: 931.
- Onuigbo WIB (2016) Epidemiology of adenoid cystic carcinoma of the breast in a developing community. *JOJ Case Stud* 1: 555557.
- Basden GT (1966) *Niger Ibos*. Lond: Cass.
- Macartney JC, Rollaston TP, Codling BW (1980) Use of a histopathology data pool for epidemiological analysis. *J Clin Pathol* 33: 351-355.
- Ayadi K, Ayadi L, Daoud E, Mnif Z, Ben Mahfoudh K, et al. (2010) Adenoid cystic carcinoma of the parotid with facial nerve invasion. *Tunis Med* 88: 46-48.
- Bahadir O, Livaoglu M, Ural A (2008) Adenoid cystic carcinoma of the parotid gland: Anastomosis of the facial nerve with the great auricular nerve after radical parotidectomy. *Indian J Plast Surg* 41: 201-205.
- Das S, Nayak UK, Buggavetti R, Sekbar S (2016) Adenoid cystic carcinoma of accessory parotid gland: A case report. *J Oral Maxillofacial Surg* 74: 1097.e1-1097.e5.
- Mannelli G, Cecconi L, Fasolati M, Santoro R, Franchi A, et al. (2017) Parotid adenoid cystic carcinoma: Retrospective single institute analysis. *Am J Otolaryngol* 38: 394-400.
- Takano M, Watanabe A, Matsuzaka K (2019) A quite-small adenoid cystic carcinoma in a patient with parotid gland sialolithiasis. *Oral Health and Care* 2: 1-3.
- Harish K, Gouri M (2004) Adenoid cystic carcinoma of the parotid metastasizing to liver: Case report. *BMC Cancer* 4: 41.
- Ilson S, Michael F, Enrique P, Pablo O, Carolina D (2015) Parotid adenoid cystic carcinoma: A case report and review of the literature. *Oncol Cancer Case Rep* 1: 101.