CASE REPORT

Oral Soft Tissue Myxoma

Leena James, Akshay Shetty, Namitha Jaypal, Durga Okade

ABSTRACT

The intraoral soft tissue myxoma is an extremely rare, slowly growing, benign mesenchymal tumor. The myxomas are insidious, infiltrative tumors which occurred in all age groups, with an average patient age of occurrence of 38 years. Most frequent locations were the cheek, floor of the mouth and palate. The lesions were present from 2 weeks to 6 years prior to treatment. The recommended therapy is surgical resection with adequate margins. We present a rare case report of soft tissue myxoma arising from the tongue in a 62-year-old male patient.

Keywords: Myxoma, Mesenchymal tumor, Focal mucinosis.


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INTRODUCTION

Myxoma is a benign tumor of primitive indifferent mesenchyme, closely mimicking the structure of mucoid connective tissue of umbilical cord. Stout considered these tumors as true neoplasms made up of tissue resembling primitive mesenchyme.1 Most soft tissue myxomas are deeply situated lesions, occurring in the skin or the subcutaneous tissues, the genitourinary tract, the gastrointestinal tract or in organs, such as the liver, the spleen or even the parotid gland. Twenty percent of tumors grow intramuscularly, found frequently in the muscles of the thigh. Intraoral soft tissue myxoma is an extremely rare lesion and only few reports are available in the literature.2 Based on the clinical features a differential diagnosis includes benign connective tissue lesions, such as lipoma, nerve sheath tumors and oral focal mucinosis. A routine blood investigation was advised and after physicians consent, an excisional biopsy was done (Figs 2 and 3) under local anesthesia. The histopathologic examination of hematoxylin and eosin-stained section of the tissue shows overlying parakeratinized stratified squamous epithelium (Fig. 4). The underlying connective tissue is loose and myxomatous surrounded by normal connective tissue. Stellate-shaped multipolar fibroblasts seen in the myxoid connective tissue are suggestive of soft tissue myxoma. The patient is under regular follow-up and showed no evidence of recurrence.

DISCUSSION

The intraoral soft tissue myxoma is an extremely rare lesion.1-3 The majority of oral cases undoubtedly represent only myxomatous degeneration in a fibrous tumor, and these cannot be considered true myxoma, although Elzay and Dutz in 1978 found a total of only 15 cases of bonafide myxomas of the oral and paraoral soft tissues. Since then, Tse and Seymour reported in 1984 a total of eight cases of myxoma of oral mucosa. In their study, men were affected more than women and most common location was the palate followed by the parotid area. These tumors may occur almost every decade of life with a peak occurrence in fourth decade.4-6 The clinical features of oral soft tissue myxoma are not pathognomonic. Most cases are misdiagnosed as irritation fibroma, fibroepithelial polyp and tumors of minor
salivary glands. Diagnosis can be established only after histologic examination of the lesion.\textsuperscript{7}

Several theories concerning the pathogenesis of this tumor were proposed. The prevailing opinion was that altered fibroblasts or myofibroblasts could produce an excess of mucopolysaccharides and were commonly incapable of forming mature collagen even if some cells could retain this capacity.\textsuperscript{8} Another theory attributed the origin of these tumors to mesenchymal elements derived from dental papilla, dental follicle or periodontal membrane.\textsuperscript{9,10} However, the histogenesis of these lesions remains obscure and further studies are necessary to clarify its origin. Pathologically, it may be difficult to differentiate from other tumors with a myxoid stroma and is occasionally misinterpreted as malignant.\textsuperscript{11}

Histologically soft tissue myxomas are hypocellular lesions composed of slender spindle and stellate cells with benign appearing nuclei. The tumor cells are embedded in an abundant myxoid or mucus background that contain reticulin fibers. The presence of blood vessels is rare.\textsuperscript{2,7}

In our case, clinical differential diagnosis was made in particular with lipomas, oral focal mucinosis and nerve sheath tumors. Oral soft tissue myxomas should be histologically differentiated from oral focal mucinosis. Oral focal mucinosis is characterized by lack of reticulin fibers in the mucoid stroma that is clearly defined from the surrounding tissues.\textsuperscript{7} The nerve sheath myxoma is a benign tumor thought to arise from perineural cells of peripheral nerves and is characterized by occurrence of stellate cell in prominent mucoid matrix. A few cases have been reported in the oral cavity on tongue, buccal mucosa and retromolar area and these have been reviewed by Sist and Greene.\textsuperscript{2} Soft tissue myxomas show positive staining for vimentin and negative staining for S-100 protein. Oral focal mucinosis is clinically indistinguishable but histologically the connective tissue is alcianophilic and with no reticulin fibers.\textsuperscript{12}

CONCLUSION

The biologic behavior of soft tissue myxomas is characterized by slow growth, lack of symptoms, progressive invasion of surrounding tissues and recurrences that range from 3 to 8\%.\textsuperscript{13} The recurrences are related to anatomic location of the tumor and depend on the excision of the tumor with normal tissue margins. However, soft tissue myxoma is not reported to cause recurrence or metastasis. The prognosis of this soft tissue tumor is good.

REFERENCES


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