

## ACKNOWLEDGMENTS

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**Author Contributions:** Lim, Alami, Goh, Zhang, Png: study design, acquisition of participants and data, data analysis and interpretation, manuscript preparation.

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## CASE REPORTS

### ASYMPTOMATIC FLOOR-OF-MOUTH MASS IN A 79-YEAR-OLD WOMAN MISINTERPRETED AS A SUBLINGUAL GLAND MUCOUS EXTRAVASATION CYST

*To the Editor:* A 79-year-old woman presented to the Clinic of Stomatology, Federal University of Ceará (Sobral, Brazil) with referral to evaluate a firm intraoral growth previously interpreted as an oral ranula (sublingual gland mucous extravasation cyst). Initially during the anamnesis, the woman did not remember any dental or medical procedures that she believed to be related to the appearance of the lesion, and she denied smoking, alcohol abuse, any drug consumption, or a history of oral trauma. Intraoral examination detected a firm swelling on the left floor of the mouth of normal color. The mass had not been progressively increasing in size and was not affecting her ability to swallow, speak, chew, or breathe. X-ray showed no abnormalities, and no sialolith was evident. After the initial consultation, an excisional biopsy was performed under local anesthesia, and the surgical specimen was sent for histopathological analysis.

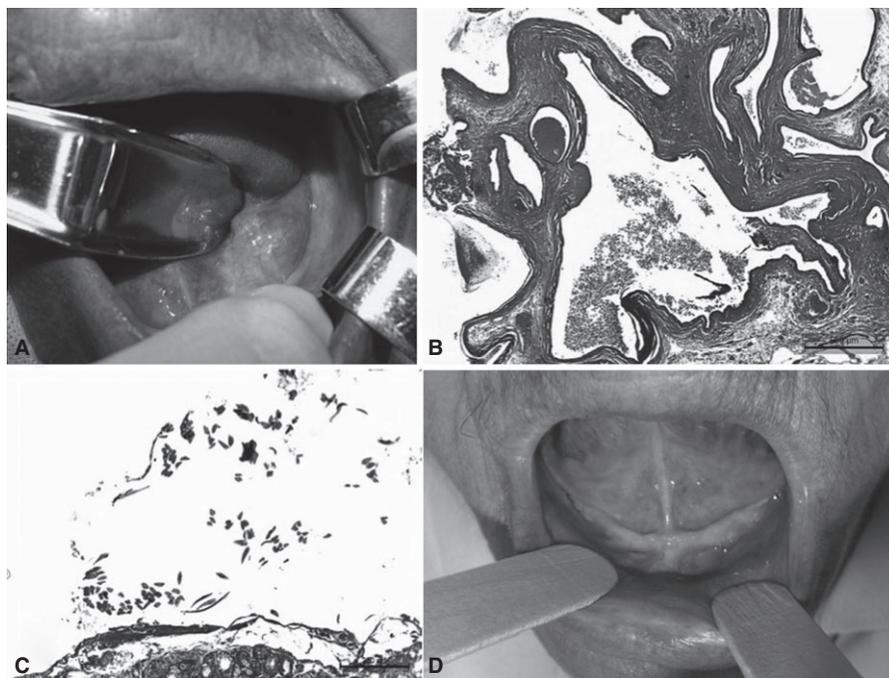
Low-power microscopic examination showed a multilocular cystic lesion coated with epithelium that sometimes had papillary projections toward the cystic lumen and salivary glandular remains on the periphery of the specimen. The epithelial lining of the cysts was composed of columnar and cuboid cells in one or two layers and was sometimes coated with oncocytic cells. The cystic spaces were partially filled with amorphous and eosinophilic material, where numerous crystalloids or Psammoma bodies were seen. These crystalloids were of various

shapes, such as rectangular, polyhedral, and bassinet. They were not birefringent under polarized light and were negative to Masson Trichrome, although they were compatible with crystalloids of the nontyrosine type. According to the clinical and histopathological findings, the final diagnosis was oncocytic papillary cystadenoma. The lesion had not recurred as of 2-year follow-up (Figure 1).

The oral cavity of elderly adults is prone to a wide number of oral pathologies, varying from nonneoplastic conditions to benign and malignant diseases.<sup>1</sup> A rare case of oncocytic papillary cystadenoma with crystalloids of the nontyrosine type in an elderly woman with an atypical presentation is presented. This case has educational importance because of the vast spectrum of differential diagnoses. Elderly adults with floor mouth lesions should be examined for ranula, dermoid cyst, abscess, lipoma, lymphoma, and salivary gland tumors as potential diagnoses.<sup>2</sup> Ranula are lesions that characteristically derive from the sublingual glands and dissect from the floor of mouth through the mylohyoid muscle into the lateral neck.<sup>2</sup> Ranula present as firm and asymptomatic masses (as in this case) and usually have a history of progressively increasing in size (unlike this case), which can lead to severe functional impairments in elderly persons.<sup>3</sup> Clinicians should consider a malignant process when a soft tissue mass is present in the sublingual region. Minor polymorphous gland low-grade salivary adenocarcinoma can have a presentation similar to that of the present case. A polymorphous low-grade adenocarcinoma was reported in an 81-year-old individual with a slow-growing asymptomatic floor mouth mass resembling the present clinical picture.<sup>4</sup> Histopathological evaluation was essential to reach the final diagnosis. Cystadenoma is a rare, benign salivary gland neoplasia, with a slight predominance in middle-aged women.<sup>5</sup> Histologically, this lesion may present as unicystic or multicystic and circumscribed or encapsulated, and it can be classified as papillary or mucinous, with the papillary pattern being the most common type.<sup>5</sup> The cystic epithelial coating shows varied cell differentiation, including oncocytes, mucous cells, signet ring cells, apocrine glands, and stratified squamous epithelium.<sup>5</sup> Intraluminal crystalloids are rarely observed.<sup>6</sup> Thus, to the knowledge of the authors of the current study, this is the first description of an oncocytic papillary cystadenoma with non-tyrosine-related-type crystalloids in the geriatric literature. Case reports of papillary cystadenoma treated using simple excision did not have evident recurrence,<sup>5,6</sup> as observed in this case. Recurrence of the lesion can be associated with incomplete excision and clinical misdiagnosis.<sup>5</sup> Thus, correct diagnosis and long-term follow-up of the individual are strongly recommended.

In brief, this case highlights the importance of meticulous inspection of the oral cavity in elderly adults. Regardless of the rarity of oncocytic papillary cystadenoma with non-tyrosine-related-type crystalloids, floor mouth lesions in elderly adults constitute a challenge.

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**Figure 1.** (A) Intraoral examination showing swelling of the left floor of the mouth. (B) Histological sections showing multilocular cystic lesion lined by epithelium with papillary projections and columnar, cuboid, and oncocytic cells in one or two layers (hematoxylin-eosin stain, x100). (C) The cystic spaces were partially filled with amorphous and eosinophilic material, where numerous non-tyrosine crystalloids were observed (hematoxylin-eosin stain, x400). (D) Clinical presentation after 2 years of follow-up showing a normal appearance.

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#### FAILURE OF GLUCOSE MONITORING IN AN INDIVIDUAL WITH PSEUDOHYPOGLYCEMIA

*To the Editor:* In June 2013, a 65-year-old African-American woman with a history of embolic stroke and non-insulin-dependent diabetes mellitus presented to the hospital with a chief complaint of new acute right facial numbness, facial droop, and right upper extremity weakness. She was