

An Incidental Oral Lymphoepithelial Cyst in Oral Cancer

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The oral lymphoepithelial cyst (LEC) is an uncommon, soft-tissue, developmental cyst first described by Gold in 1962 as "branchial cleft cyst". These cysts can arise in pancreas, stomach, thyroid and mediastinum. In the head and neck region, these cysts are commonly seen arising in the lateral cervical region and the parotid glands, the LECs of major salivary glands are associated with the human immunodeficiency virus (HIV). The intra-oral counterparts usually occur in the floor of mouth or involve the lateral margin of tongue. These lesions usually present as painless nodules ranging from normal to yellow to white colour and are soft to firm consistency, measuring less than 1 cm [1].

Histopathologically, they present as well circumscribed cystic spaces lined by parakeratinized stratified squamous epithelium with lymphoid stroma. It may have connection to the overlying epithelium but this connection is not always identified. The cystic contents include predominantly keratin debris, amorphous eosinophilic material and inflammatory cells comprising chiefly of lymphocytes. The lymphoid stroma may or may not have germinal centers [1,2].

The present case was a male in fourth decade of life who was a diagnosed case of squamous cell carcinoma of right buccal mucosa. The patient underwent composite resection of the primary lesion involving right buccal mucosa along with ipsilateral neck dissection. While examining the microscopic sections, there was incidental microscopic finding of lymphoepithelial cysts in the lingual tonsil. The cysts had the characteristic histopathologic picture showing cystic cavity lined by parakeratinized stratified squamous epithelium with prominent hyperplasia of the parakeratin layer. The cystic lumen was predominantly filled with keratin debris, amorphous eosinophilic material and inflammatory cells. The cystic cavity was surrounded by lymphoid stroma.

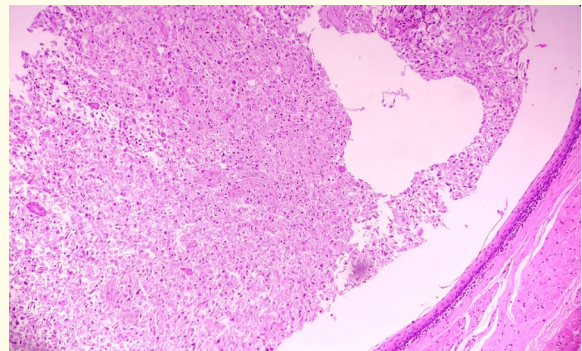


Figure 1: Photomicrograph showing cystic cavity lined by parakeratinized stratified squamous epithelium with prominent parakeratin layer (HE 40x).

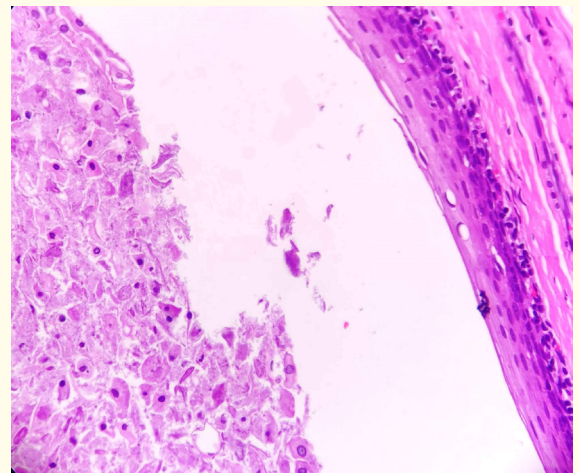


Figure 2: Photomicrograph showing cystic cavity filled with keratin debris, amorphous eosinophilic material and inflammatory cells- lymphocytes (HE 400x).

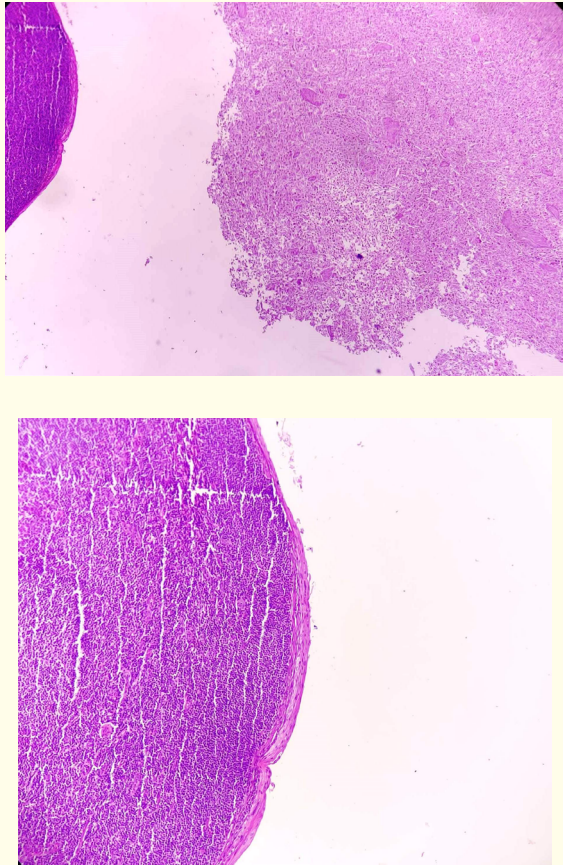


Figure 3 and 4: Photomicrograph showing lymphoid tissue surrounding the cystic cavity (HE-100x).

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