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Figure 1a

Figure 1b

A 49 years old Malay gentleman presented with left painless parotid mass of three years duration with no other significant symptoms. Patient gave a history of visiting a brothel 10 years ago. Clinical examination noted a firm and fixed left parotid mass measuring 4x4cm. CT scan of the neck confirmed a single left parotid cyst with thick enhancing wall (Figure 1a&b). FNAC of the mass showed mainly inflammatory cystic content with no malignant cells.

What is the diagnosis?

Answer: refer to page 144

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Answer: Parotid Lymphoepithelial cyst in HIV Infection

Parotid swellings of various types have been reported in HIV patients such as parotitis, benign lymphoepithelial lesions, inflammatory disorders, Kaposi sarcoma, lymphoma and neoplasm.² The pathophysiology of the cyst has been postulated to be due to the migration of HIV-infected cells into the parotid gland, which then triggers lymphoid proliferation promoting metaplastic changes in the salivary duct. The cellular proliferation causes ductal obstruction which further leads to cyst formation. The cyst serve as a reservoir of HIV-1 p24 and RNA copies that are sometimes 1000 times higher than plasma concentration.^{1,2}

Management of these patients will involve multidisciplinary team. If the patient has already been diagnosed previously with HIV infection, then they should continue to be follow up at the nearest HIV disease centre. For those who are newly diagnosed, they should be referred for appropriate counseling and support services to reduce their risk of spreading the infection to others.

Pharmacotherapy with anti-retroviral drugs have shown to resolve certain lesions. Radiotherapy of both high and low-dose have been used to treat this lesion. However, there were high incidence of recurrence and malignant transformation. Although aspiration may help in diagnosing the lesion, it is not advisable to use that as a main treatment as the effects are not permanent and recurrence rate is high.^{2,3} Doxycycline with sclerotherapy has been reported to respond well, which is a choice of treatment especially in children where surgery is avoided.

For asymptomatic patients with parotid cyst who do not want surgical excision, regular follow up can be recommended. However, patients should be informed of the high risk of malignant transformation. FNAC or biopsy is indicated for suspicious lesions. Enucleation of the cyst from the parotid tissue is associated with recurrence in some patients.^{2,4} Superficial parotidectomy is recommended for patients who do not respond to medical treatment or those with recurrence or risk of malignant transformation.^{1,2} In our patient, superficial parotidectomy was performed and patient has been free of recurrence.

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