**WARTHIN TUMOR OF THE OROPHARYNGEAL MINOR SALIVARY GLAND**

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**Introduction:**
Warthin tumor (WT) is the second most common salivary gland neoplasm and accounts for 3-17% of tumors in the parotid gland.¹ It is a benign neoplasm most commonly found in the parotid gland and presents as a slow growing, smooth, fluctuant mass.¹,² Diagnosis and management is complicated by varying presentations including synchronous or metachronous, bilateral or unilateral, and multifocality.² WT of the minor salivary gland is rare with 22 previously reported cases in locations including the buccal mucosa, hard palate, lip, and oropharynx. The treatment for WT of the minor salivary gland is local excision.³

**Case Description:**
A 71 year old Hispanic male presented with a 2 month history of dysphagia and left oropharyngeal fullness. He had received a left superficial parotidectomy in 2008 for WT of the left parotid gland. Physical examination was significant for left oropharyngeal soft palate fullness without ulceration. MRI of the head and neck showed a small, submucosal ovoid shaped mass with a peripheral ring of enhancement in the left oropharynx. The patient underwent excision of the mass and surgical pathology revealed WT of the minor salivary gland. A more careful review of the pre-parotidectomy CT showed a smaller left oropharyngeal lesion present in 2008, classifying this as a unilateral synchronous presentation of WT of the parotid and oropharyngeal minor salivary gland.
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Conclusion:
WT of a minor salivary gland is a rare occurrence, with this being first report of a unilateral synchronous presentation of WT in the parotid and minor salivary gland. Even though the minor salivary gland WT was synchronously present with the parotid WT, it was undetected at the time. This suggests that the incidence of synchronous tumors could be underestimated if there is a significant time lapse between diagnoses of multiple WT. Clinicians should include WT on their differential list for an oropharyngeal mass, especially in individuals with previous history of WT. Follow up after the original diagnosis and treatment of WT would benefit patients with WT because of the possibility of undetected synchronous tumors or metachronous tumors that could occur in the future.

References