

What is Your Diagnosis? Tanınız Nedir?

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A 71-year old man was referred to our clinic with a lesion arising from dorsal tongue (Figure 1). He had a painless mass, which has been grown slowly. In the history, it was found out that the mass had been gradually growing for 30 years. The physical examination showed a well-defined, benign tumor. There was no evidence suggesting local and/or distant metastases. After local anesthesia with lidocaine, the mass was completely re-

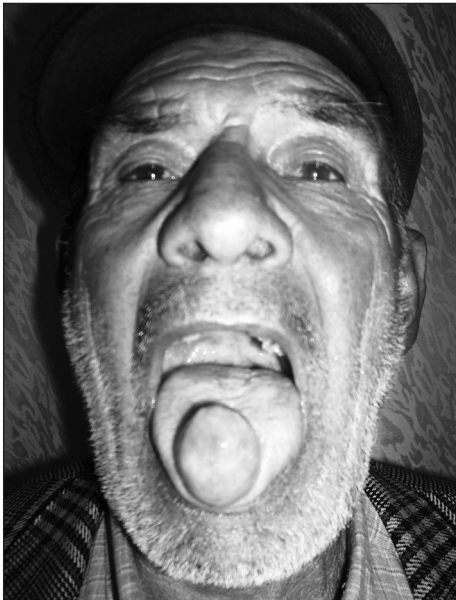


Figure 1a. Anterior view of the mass on the tongue.

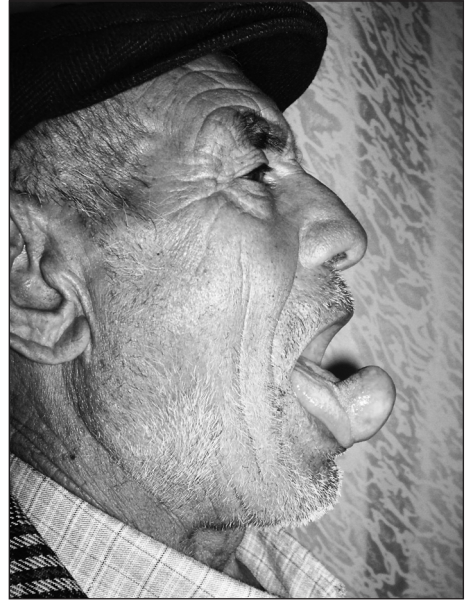


Figure 1b. Lateral view of the mass on the tongue.

“Tanı, Cilt 21, Sayı 2’de yayınlanacaktır.”

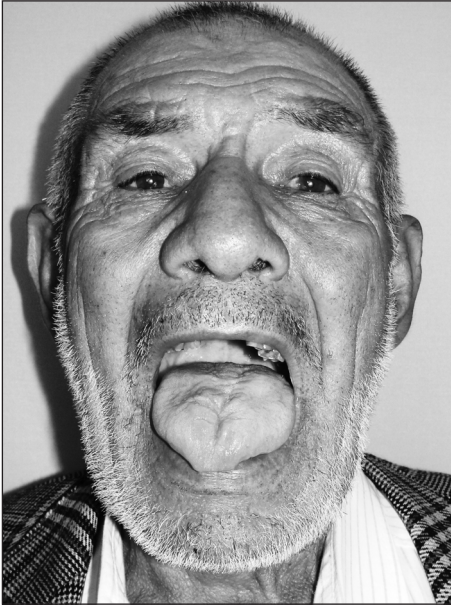


Figure 2. Postoperative view of the tongue after six months.

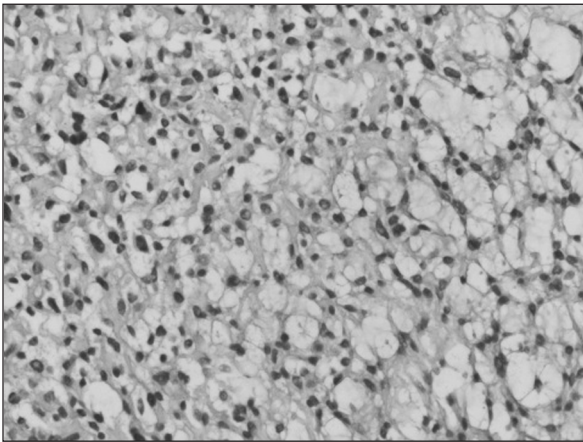


Figure 3. Epithelioid tumor cells in myxoid matrix (HEx100)

moved with 2 mm surgical margins. Primary sutures were used to close postoperative surgical area. No recurrence was detected within 6 months after surgery (Figure 2). The evaluation was carried on by patholog-

ical examination of the specimen. In the pathology report, the tumor was defined as a lobulated lesion with fibrous bands, which were consisted of cords of cells with epithelial appearance on a myxoid background (Figure 3). A diffuse and strong positive staining was observed with S100 in tumor cells, while there was moderate and membranous staining with EMA (Figure 4,5).

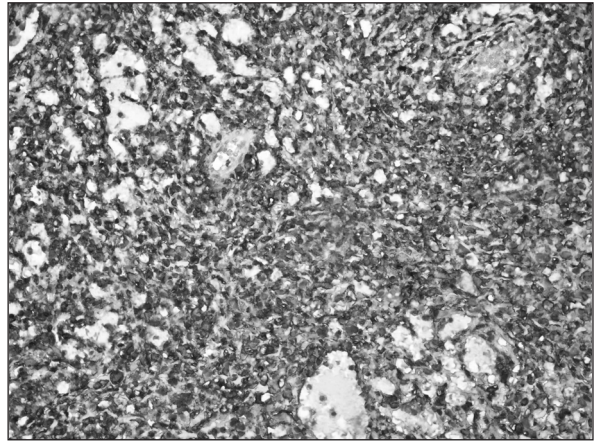


Figure 4. S100 immunohistochemical stain; diffuse and strong positive staining (HEx200).

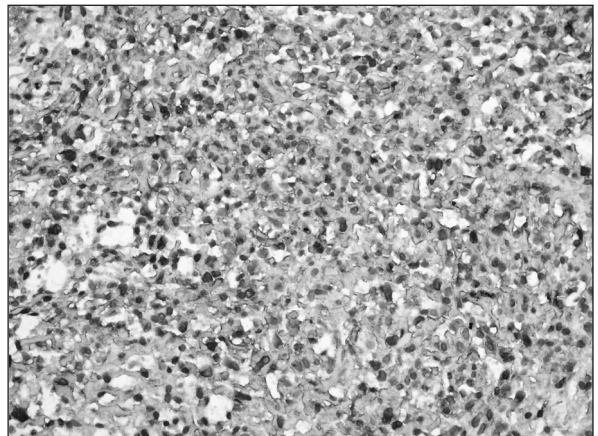


Figure 5. EMA immunohistochemical stain; membranous and moderate staining pattern (HEx200).