



breast and prostate have contractile cells derived from the ectoderm called as myoepithelium, the definition has expanded. Precise criteria for classification

of myoepitheliomas still remain controversial [3]. Among all myoepitheliomas of major salivary gland 50% arise from the parotid, 33% from the sublingual gland and 13% from the submandibular gland [4]. The tumour varies in its presentation from benign [5] to malignant [6] and also potentially malignant [7].

Myoepithelioma of parotid presenting in the post auricular region has not been reported in the wide review of the literature. Myoepithelioma

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One of the recommended treatment protocols for management of myoepithelioma, both benign and malignant is complete surgical excision. A lobectomy is indicated, when the mass occurs in the parotid gland [4]. Treatment should be designed as for a benign salivary gland tumour with a margin of normal uninvolved tissue being included within the surgical excision [9]. It is because a benign myoepithelioma can undergo malignant transformation, especially in longstanding tumours or in tumours exhibiting multiple recurrences, it is imperative that a careful follow-up schedule is provided to the patient. Our patient was followed up for 4 months with no evidence of recurrence.

In one of the studies most myoepitheliomas were located in the superficial lobe and abutted the capsule of the parotid gland. Whereas, this particular patient presented with a tumour bulk from the tail of parotid and growing in the post aurial region. More over the patient also had concomitant ear disease, which becomes a diagnostic dilemma to the surgeon.

Computed tomographic analysis of the tumour shows well differentiated margins in 90% of cases [10] and so is our patient. And also 80% of the patients had inhomogeneous enhancement [10] as did our patient. From what was understood in a study the imaging findings of myoepithelioma are highly nonspecific, so differential diagnosis with most benign and low grade malignant lesions are very difficult. Thus, the most important differential diagnoses for myoepithelioma of the parotid gland include pleomorphic adenoma, Warthin tumour, basal cell adenoma, and low-grade malignant tumor [8]. Since pleomorphic adenoma of salivary gland tumours have rich myoepithelial cells they are now considered in the middle of spectrum, which has myoepithelioma on one end and basal cell adenoma on the other end [2].

To conclude, the varied presentation of salivary gland tumours makes treating such diseases very challenging. Follow up schedule is essential in all such cases.

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According to a well-documented series, benign myoepitheliomas are less prone to recurrence than pleomorphic adenomas, which tend to have a higher recurrence rate.