

# The Palate: Mucoepidermoid Carcinoma

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## Abstract

The mucoepidermoid carcinoma of the palate is an uncommon disease. Internet search disclosed cases reported from several countries. Therefore, this paper compares the data collected from them with personal data relating to the Igbo ethnic group in Nigeria.

**Keywords:** Palate; Mucoepidermoid carcinoma; Epidemiology; Nigeria

## Introduction

The palate characteristically exhibits the uncommon mucoepidermoid carcinoma. Now, Internet search revealed cases documented from countries as far apart as Brazil [1], China [2], Croatia [3], Germany [4], India [5-7] and USA [8,9]. Therefore, this paper documents epidemiological data concerning the Igbo ethnic group in Nigeria [10], because it has been postulated that a histopathology data pool facilitates such an analytical study [11].

### a) Investigation

From 1970, the Government of the Eastern Region of Nigeria established a Reference Pathology Laboratory at the capital, Enugu. Since I was the pioneer pathologist, I saw to it that doctors serving the entire populace could send biopsy specimens provided that epidemiological data were supplied. As I had kept personal copies of all the cases, their analysis became fruitful.

## Result

Those pertaining to the palate and its mucoepidermoid carcinoma are worthy of tabulation.

## Discussion

The Table 1 reveals that none was provisionally diagnosed as mucoepidermoid carcinoma, although two were generalized as cancer and one as malignancy. Females narrowly outnumbered males in the ratio of 5:4. The youngest was a girl of 13 years and the oldest a woman of 70 years. Incidentally, this figure was the same as the Brazilian case [1]. From Germany, there was the case of a 5-year-old girl [4] while USA produced a boy of 8 years [8]. Lamellated calcifications were present in an Indian patient [6]. None was seen in this series. The question of smoking arose in an Indian who had been a smoker for 25 years [5]. None of the local

patients fell into this category. On the whole, one must conclude, as did the Germans [4], namely, "Especially for nonresponders to initial treatment, early biopsy is recommended for histological confirmation or exclusion of minor salivary gland tumor".

**Table 1:** Epidemiological data.

No	Initials	Age	Sex	Provisional Diagnosis
1	AL	43	M	Lipoma
2	AA	70	F	Accessory salivary gland
3	UE	60	F	Malignant growth
4	OO	46	M	Onchocerciasis
5	ON	61	M	Pleomorphic adenoma
6	NM	63	F	Cancer
7	MC	60	M	Cancer
8	MA	13	F	Mixed salivary tumor
9	EI	40	F	Pleomorphic adenoma

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