RESUMO SIMPLES - OUTRAS ÁREAS TEMÁTICAS

SALIVARY GLAND CARCINOMA IN A CAT

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Salivary gland neoplasms are uncommon in dogs and cats, with an estimated incidence of approximately 0.17%, accounting for less than 0.2% of all tumors diagnosed in both species, with a higher prevalence in felines. The etiology remains poorly understood, and there is no evidence of genetic or breed predisposition, nor any association with environmental or infectious factors. These neoplasms originate from glandular or ductal epithelium and primarily affect the mandibular and parotid glands. Veterinary literature on the subject is scarce, and much of the available information is outdated. Among the histological types, adenocarcinoma is the most frequently described, followed by mucoepidermoid carcinoma and adenoid cystic carcinoma. These tumors exhibit locally invasive behavior and variable metastatic potential. The prognosis is guarded but tends to worsen when bone involvement is present,

especially in felines, as mandibulectomy or maxillectomy procedures have a considerable impact on the quality of life of these patients. The objective of this report was to describe a case of salivary gland carcinoma with probable lymph node metastasis in a domestic cat. A 13-year-old, male, mixed-breed cat was presented to the Veterinary Hospital of the Federal Rural University of Rio de Janeiro (UFRRJ) with a complaint of an oral cavity mass, previously excised at an external clinic, with a histopathological diagnosis of salivary gland ductal carcinoma. Oncologic staging exams (thoracic radiographs and abdominal ultrasonography) revealed no significant abnormalities. Computed tomography of the skull showed an expansive mass in the left maxilla (3.4 cm × 2.4 cm × 2.3 cm), associated with bone lysis, invasion of the zygomatic gland, mild infiltration of the masseter muscle, and enlargement of the mandibular and retropharyngeal lymph nodes, suggestive of metastatic disease. Given the extent of the neoplasm, curative surgical treatment was ruled out, as bone lysis and tissue infiltration made complete lesion removal unfeasible. The available surgical option would involve total maxillectomy, a procedure that would substantially compromise the patient's quality of life. Therefore, palliative treatment was chosen to control clinical signs and maintain quality of life. Gabapentin (10 mg/kg) and dipyrone (12.5 mg/kg) were administered for pain control, and robenacoxib (1 mg/kg) was used for its anti-inflammatory and analgesic effects, in addition to measures to support appetite and manage local infection. Computed tomography, combined with clinical staging, allowed confirmation of the advanced nature of the neoplasm, with findings consistent with tissue infiltration and probable mandibular and retropharyngeal lymph node metastasis. Despite its rarity, salivary gland carcinoma should be considered among the differential diagnoses for oral masses in cats, given its invasive behavior and guarded prognosis. In this case, palliative management was the most appropriate approach, prioritizing the patient's quality of life. Computed tomography was essential for assessing tumor extent and determining the therapeutic plan. Considering the infiltrative nature of the tumor and the presence of metastases, palliative treatment aimed at pain control and quality-of-life maintenance proved to be the most suitable strategy for this patient.

Palavras-chave: cancer; feline; glandular.