**Case Report:**

**Diagnostic misdiagnosis of lymphoepithelial cyst of the parotid in a HIV patient**

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**Abstract:**

The lymphoepithelial cyst is a benign cyst originates from the epithelial remnants of the lymphoid tissue during the embryogenesis. Lymphoepithelial cyst most commonly occurs in the lateral neck region, less frequently in the oral cavity and in salivary glands. Among the salivary glands, the parotid is the most common site due to the presence of intra-parotid lymph nodes. The parotid gland involvement incidence increased significantly after the discovery of Human Immunodeficiency (HIV) virus infection and the pathogenesis is related to ductal obstruction phenomenon that goes along with a follicular hyperplasia in the periductal and intra-parotid lymph nodes. However, Lymphoepithelial cysts are rare in non-HIV patients. According to literature lymphoepithelial cysts are considered as early or initial indicators of Human Immunodeficiency Virus infection. Basic investigations such as Ultrasound and Fine Needle Aspiration Cytology (FNAC) play an important role in establishing the diagnosis of the lesion but in this case both the investigations gave the diagnosis as Warthin’s tumor of the parotid gland. Enucleation of the cyst is the treatment of choice along with Anti-retroviral therapy but more chances of recurrence is associated with enucleation. Complete removal of the parotid gland is the gold standard treatment. This report documents a case of middle aged HIV positive male who was misdiagnosed as Warthin’s tumor on Ultrasonography and Fine Needle Aspiration Cytology. The diagnosis of Lymphoepithelial cyst was made on Histopathological examination (HPE) which plays a major role in making definite diagnosis of cystic lesions.

**Keywords**: Lymphoepithelial Cyst, HIV, FNAC, Warthin’s Tumor, Benign Cystic Lesion