Sialoblastomas are rare, locally aggressive, perinatal or congenital salivary gland tumours that mostly originate in the parotid gland. Significant variability in histological range and clinical course exists. This report is of a case of congenital sialoblastoma of the accessory parotid gland.

**Case report**

A 3-day-old male neonate was referred with a large left facial mass with a provisional diagnosis of a teratoma. The baby was born at 35 weeks per normal vaginal delivery. Clinical examination revealed a 7 x 8 cm solid mass over the left cheek with central ulceration. Dilated superficial blood vessels and facial distortion were noted. The mass was non-pulsatile. The rest of the physical examination was unremarkable.

MRI of the face with contrast was performed. A lobulated soft-tissue mass of the face was noted on the left with internal septations and foci of T1 hyperintensity. The mass extended to the inferior margin of the left orbit and laterally to the infratemporal fossa. Deviation of the nose to the left, absence of serpiginous flow voids and intense enhancement were noted. The mass was non-pulsatile. The rest of the physical examination was unremarkable.

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MRT of the face with contrast was performed. A lobulated soft-tissue mass of the face was noted on the left with internal septations and foci of T1 hyperintensity. The mass extended to the inferior margin of the left orbit and laterally to the infratemporal fossa. Deviation of the nose to the left, absence of serpiginous flow voids and intense enhancement were noted. The mass was non-pulsatile. The rest of the physical examination was unremarkable.

**Discussion**

Less than 3% of salivary gland tumours occur in children. The most common salivary gland lesion in childhood is a haemangioma.
CASE REPORT

Salivary gland tumours that occur predominantly in the parotid gland\textsuperscript{3} and were initially classified as benign.\textsuperscript{1,3} The biological behaviour of this lesion is incompletely defined because of its rarity, and early surgery is recommended.\textsuperscript{3} In the literature, only 4 cases with lung metastases and 1 case with nodal neck metastases have been reported.\textsuperscript{5}

Surgical resection with negative margins is the mainstay of treatment, with some centres using neoadjuvant chemotherapy.\textsuperscript{3} Histologically, sialoblastomas appear as organoblasts in the primitive stage of salivary gland development.\textsuperscript{3} Typically, the tumours are iso-intense to muscle on T1, iso-intense to fat on T2, and enhance sparsely.\textsuperscript{3,4,6} In this case, the imaging characteristics and intense enhancement is atypical. Congenital haemangioma or fibrosarcoma are reasonable differential diagnoses in this case.\textsuperscript{4}