

# Warthin's

- Cystadenoma lymphomatosum
- Elderly men *and women* (smoking, prior radiation)
- Most common multiple and bilateral tumor of the parotid
- No malignant potential
- Technetium 99M positive (like oncocytomas)

# Warthin Tumor

- **20% multifocal**
  - May be multiple lesions in 1 gland or bilateral lesions
  - May be synchronous or metachronous
- Sharply marginated **parotid tail mass**
- **Parenchymal heterogeneity** is characteristic
- Cystic component in 30% with thin, uniform walls & CT density of 10-20 HU
  - Difficult to differentiate from 1st branchial cleft cyst, infected lymph node, or other cystic mass
- Increased uptake of FDGIncidentally PET/CT finding

# Imaging

- Contrast-enhanced CT or MR provides adequate presurgical information
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# Warthin's tumor

- Well circumscribed soft tissue lesion, often showing cystic changes
- Bilaterality or presence of multiple lesions is helpful in arriving at the correct diagnosis
- Commonly in **elderly man**



# Multiple Bilateral parotid masses

Warthins Tumor

Oncocytoma

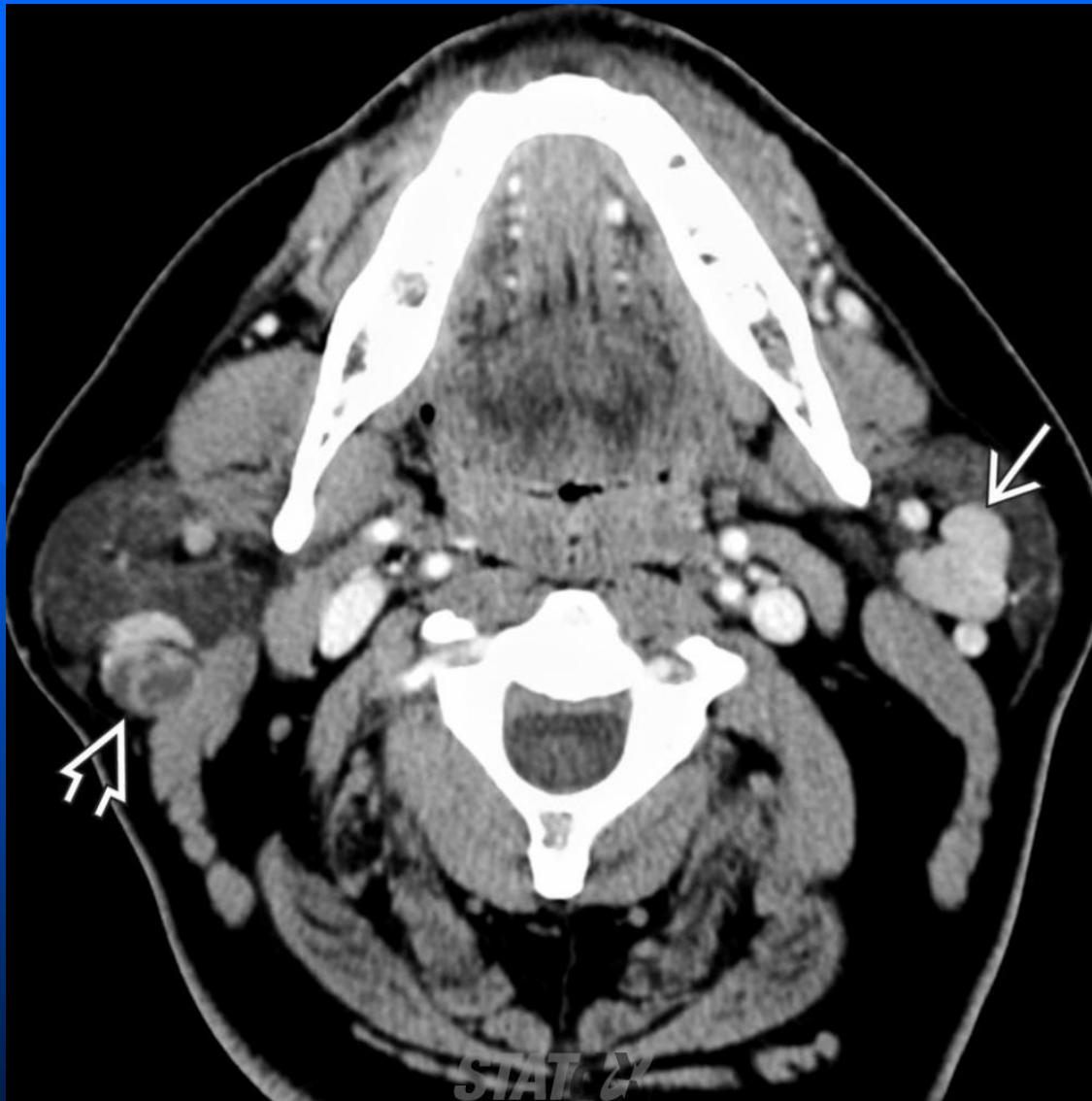
Acinic Cell Ca

Lymphoma

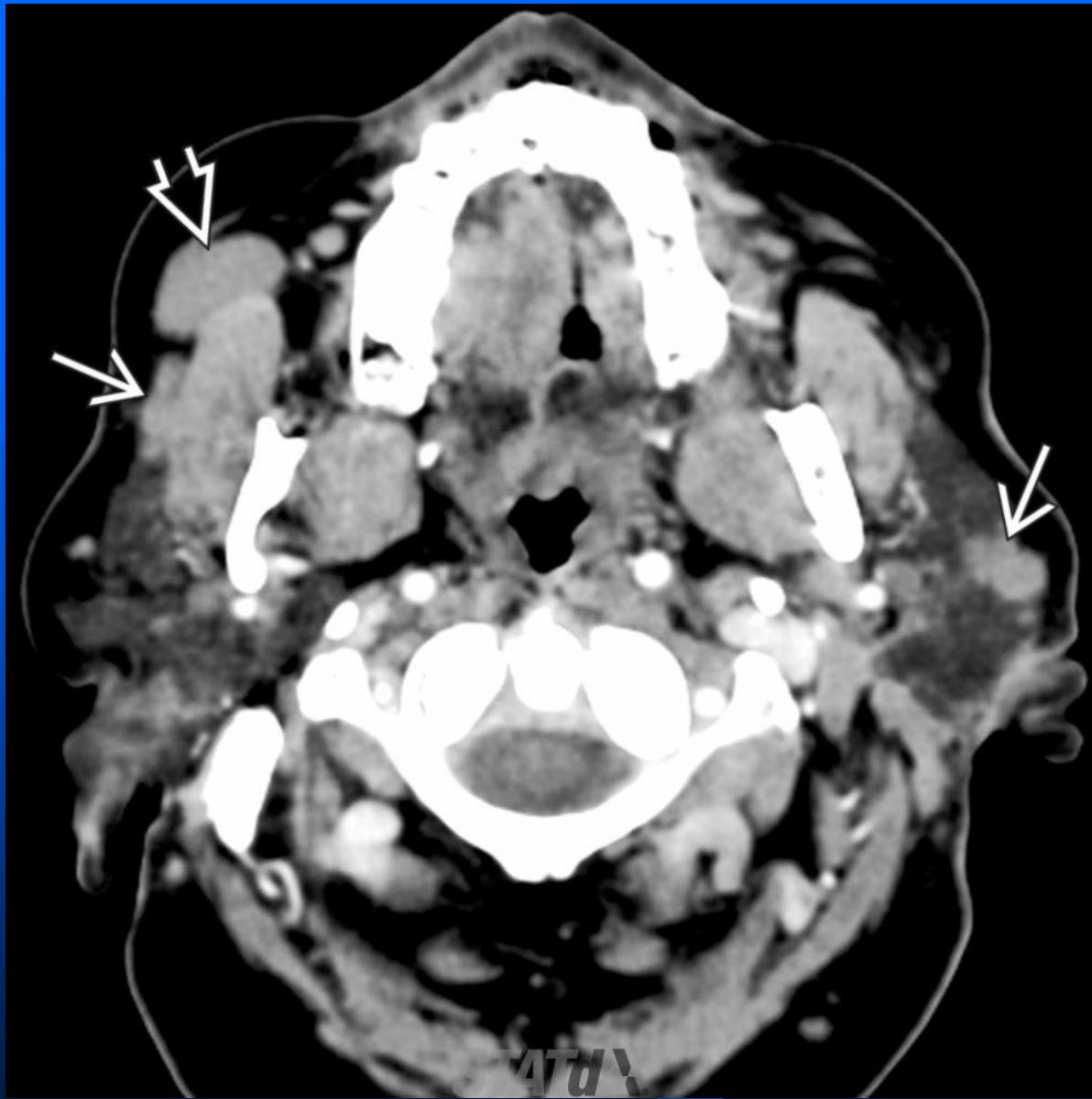
LN

Sjogren Syndrome

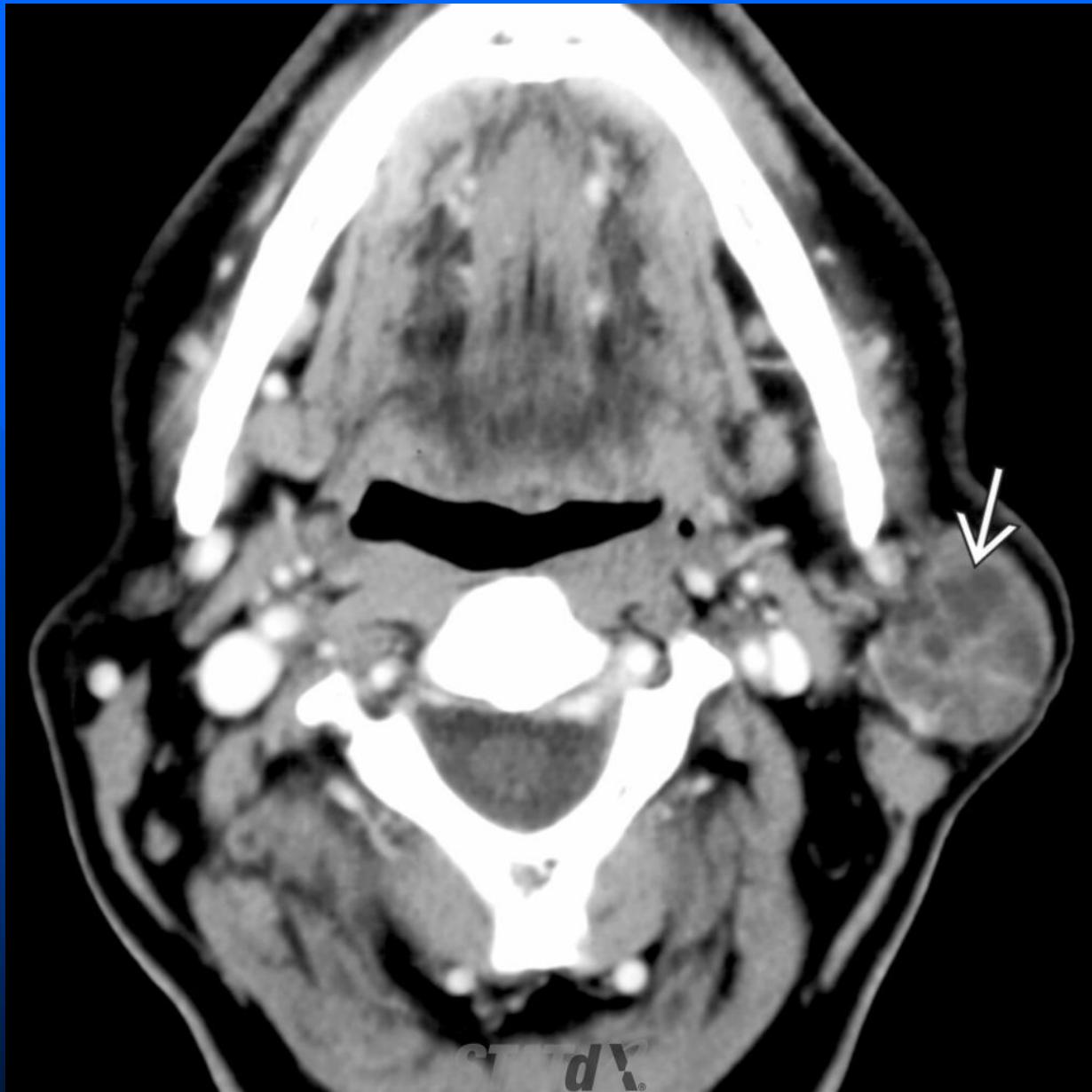
HIV



Axial CECT shows bilateral parotid masses. The left-sided lesion (white solid arrow) is homogeneously enhancing. The right-sided lesion (white open arrow) is heterogeneous. 20% of Warthin tumors are multifocal.



Axial CECT shows multiple bilateral, ovoid, poorly enhancing Warthin tumors (white solid arrow) within the parotid glands. Note, in particular, the tumor involving the right accessory parotid lobe (white open arrow).



Axial CECT shows a Warthin tumor (white solid arrow) within the tail of the superficial lobe of the left parotid over the angle of the mandible with classic marked heterogeneity and heterogeneous contrast enhancement.

