

口腔病理科 Case Report

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(Intern B組)

指導老師：口腔病理科全體醫師

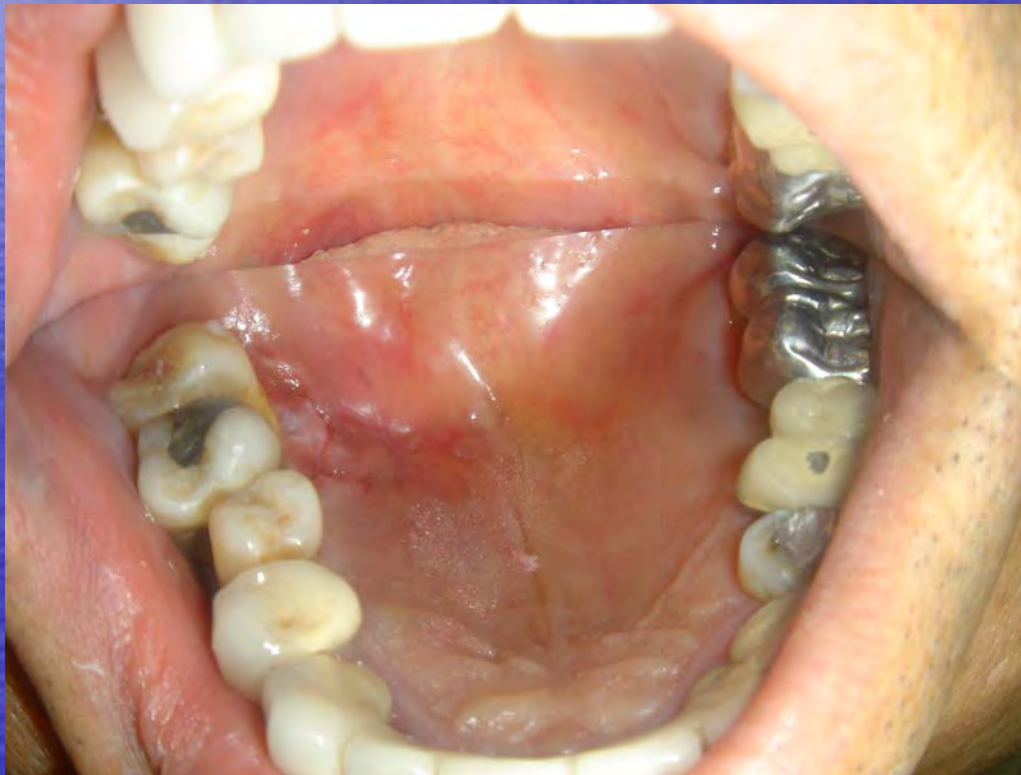
報告日期：96.1.26

General Data

- Name: 王 X X
- Chart No:233xxxxx
- Sex : 男
- Age : 55 y/o
- Native: 台南
- Occupation: 工程師
- First visit: 95.12.25

Chief Complaint

Severe tooth mobility of R't upper posterior teeth & R't facial numbness



Present Illness

This 55 y/o male p't felt facial numbness from R't eye to nasal alar and to R't upper lip for 1 year. His right eyesight was involved recently. He went to see the neurologist and ophthalmologist, but in vain. Therefore he went to our ENT for treatment on 95.12.25. The ENT doctor referred him to our OPD for dealing his teeth problem due to severe mobility of his right upper posterior teeth.

Past Medical History

- Hepatitis B
- Drug allergy – 抗發炎藥物
- Food allergy – Denied

Past Dental History

- Extraction
- OD
- Endo
- Prosthesis
- Attitude to dental treatment: cooperative

Personal Habits

- Alcohol drinking (-)
- Betel quid chewing (-)
- Cigarette smoking (-)

Extraoral findings

- Numbness from R't eye to nasal alar and to R't upper lip
- The right eyesight was involved recently

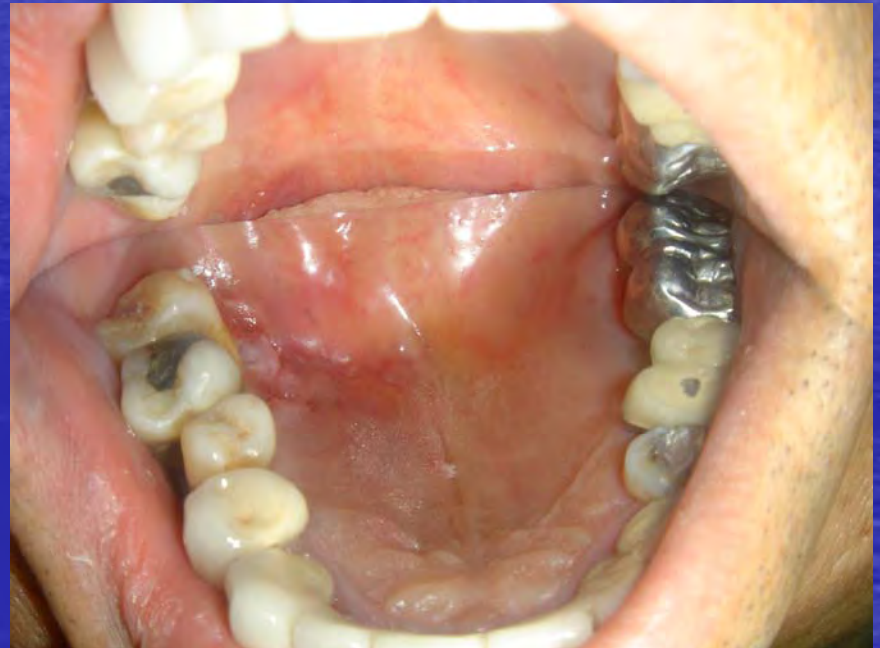
Intraoral findings (95/12/25)

- Massive gingival ulcer at buccal aspect to tooth 15
- Ulceration and exophytic mass grows at tooth 17, distal side
- Dimension: 0.5 X 0.7 cm
- Rubbery in consistency
- Sessile
- Painless
- Tenderness (-)
- Induration (-)



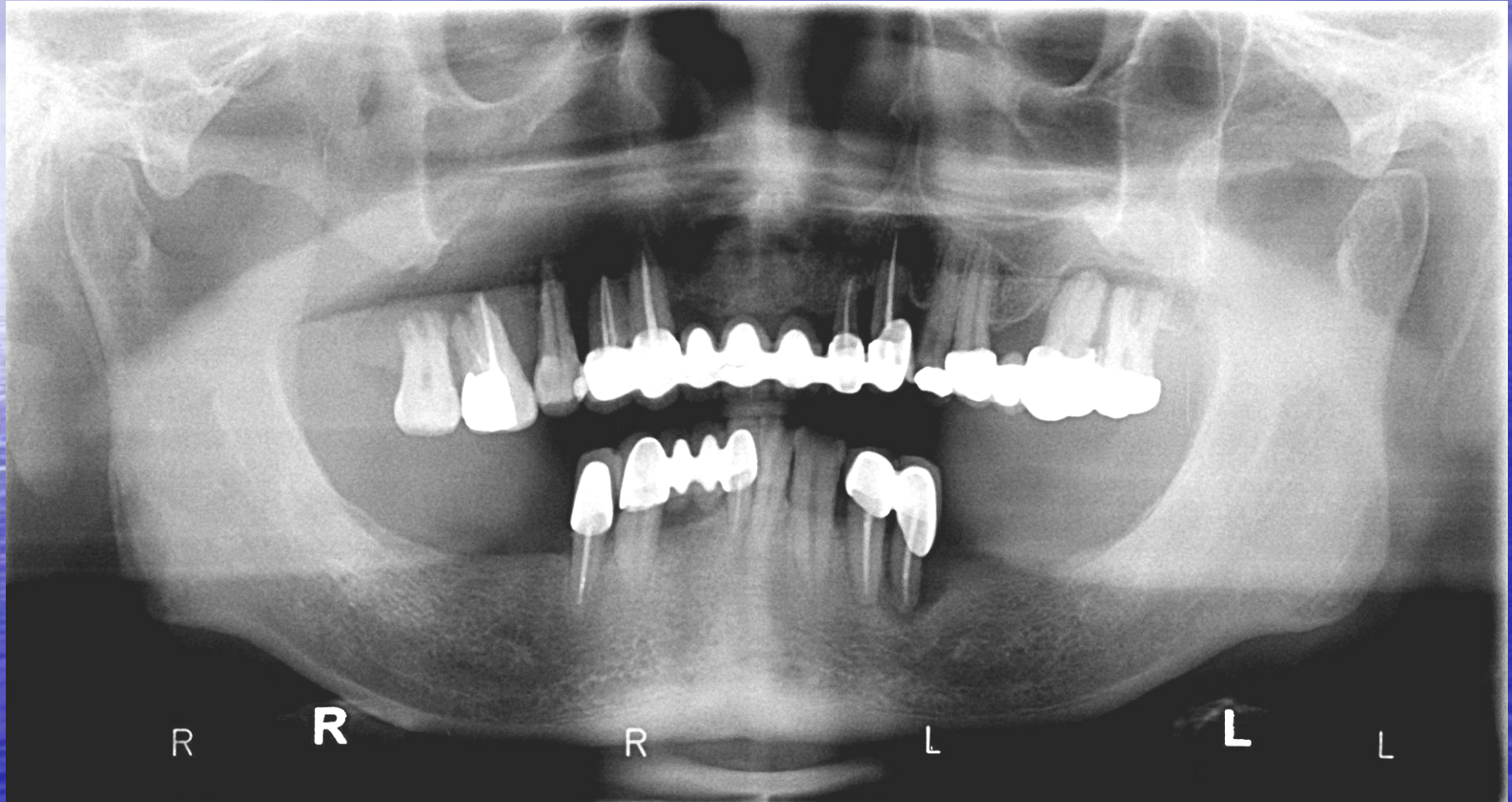
Intraoral findings (95/12/25)

- Tooth 14, 15, 16, 17 hypermobility: Grade III
- Tooth 16, 24 amalgam filling
- Tooth 15 restoration
- Tooth 14~23, 25~26, 34~35, 31~44 PFM
- Tooth 27~28 metal crown
- Food debris deposition
- Poor oral hygiene



Radiographic findings

Panorex (95.12.25)



Panorex findings

- There is an ill-defined, irregular margin radiolucency over right maxillary alveolar ridge, extending from tooth 13 to 17, measuring about 5.0 x3.0 cm, with teeth 13, 14 external root resorption, like floating in the air, and the lesion involves right hard palate and sinus floor.
- Sinus: the medial wall and floor of right maxillary sinus are destroyed
- Condyle: unremarkable

Panorex findings (Cont.)

- Caries: tooth 15 (M)
- Generalized horizontal bony defect
- Circumferential bony defect tooth 34, 27, 28
- Missing tooth: tooth 11,12,18,21,26,35,36,37,38,46,47,48
- Endodontic condition: tooth 13, 14, 16, 22, 23, 33, 34, 45
- C & B: tooth 14, 15x22 , 23 , 24 , 25x27, 28 , 33 , 34 , 41x45
- Amalgam filling: tooth 16
- Resin filling: tooth 15
- Root resorption: tooth 13, 14
- Attrition: tooth 31, 32

Differential diagnosis

Peripheral or Intrabony Origin

- Bone destruction (+)
- Mucosal lesion (+)

Peripheral or Intrabony Origin

Inflammation , Cyst , Neoplasm??

- Fever (-)
- Local heat (-)
- Pus (-)
- Fluctuation (-)
- Long duration (1 year)

Neoplasm

Benign or Malignant

- Ulceration (+)
- Numbness (+)
- Bony destruction and loosened teeth
- Lack of normal healing

Malignant

Working diagnosis

- Adenoid cystic carcinoma
- Mucoepidermoid carcinoma
- Polymorphous low-grade adenocarcinoma
- Salivary adenocarcinoma, not otherwise specified (NOS)
- Fibrosarcoma
- Non-Hodgkin's lymphoma
- Squamous cell carcinoma
- Ewing's Sarcoma

Adenoid cystic carcinoma

- High compatible
 - 50% in minor salivary glands, palate is most common
 - Middle-aged adults
 - Facial nerve paralysis
 - Palatal tumor can be smooth or ulcerated
 - Bone destruction (arising in the palate or maxillary sinus)
- Low compatible
 - Slight female predilection (some studies)
 - Pain

Mucoepidermoid carcinoma

- High compatible
 - Most common malignant salivary gland tumor
 - Second to seventh decade
 - Asymptomatic
 - Facial nerve palsy
 - Palate
- Low compatible
 - Slight female predilection
 - Pain

Polymorphous low-grade adenocarcinoma

- High compatible
 - Painless mass
 - Upper lip and buccal mucosa being the next common location
 - Bleeding or discomfortable
 - Tumor can erode or infiltrate the underlying bone
- Low compatible
 - 2/3 in females
 - Common in older adults (7th to 8th decades)
 - Long time with slow growth

Salivary adenocarcinoma not otherwise specified (NOS)

- High compatible
 - Asymptomatic masses or facial nerve paralysis
- Low compatible
 - Common in the parotid gland

Fibrosarcoma

- High compatible
 - May invade local soft tissues
 - If involve the course of peripheral nerves, sensory-neural abnormalities may occur
 - Erythematous or ulcerated
- Low compatible
 - Pain usually

Non-Hodgkin's lymphoma

- High compatible
 - Nontender
 - Buccal vestibule, posterior hard palate, gingiva
 - Paresthesia
 - Ill-defined radiolucency
 - Erythematous or purplish
- Low compatible
 - Develop in the oral soft tissue or centrally within jaw

Squamous cell carcinoma

- High compatible
 - White or red irregular lesions
 - Infiltration into adjacent muscle or bone
 - Grossly loosened teeth
 - Males are more common
 - Most older than 50 y/o
- Low compatible
 - Central ulceration
 - Rolled or indurated border
 - Pain

Ewing's Sarcoma

- High compatible
 - Irregular , ill-defined radiolucency bony destruction
 - Slight male predominance
 - Swelling is a common symptom
 - Paresthesia
 - White or red irregular lesions
- Low compatible
 - Mandible > Maxilla
 - Age < 20 y/o (80%)
 - Onion skin may appear radiographically

Impression

- Adenoid cystic carcinoma, right maxilla

CT View

- There is a roughly 5.5x2.2x2.6 cm³ heterogeneously enhancing soft tissue mass lesion in the right maxilla alveolar ridge extended to right maxillary sinus, right medial pterygoid muscle, the right aspect of hard palate and nasal cavity.
- The adjacent bony structure of maxilla, hard palate and the pterygoid process of sphenoid bone, the inferior aspect of right orbital apex are eroded.



CT View

- The pharynx and larynx are free of abnormal space-occupying lesion.
- There are also small visible lymph nodes in submental and bilateral submandibular spaces (< 1 cm).
- The bilateral submandibular and parotid glands are unremarkable.
- The airway is patent.
- The visible portions of orbits and mastoid air cells are unremarkable.
- The visible portions of brain parenchyma and bilateral lung apices are also unremarkable.
- There is space with water density fluid collection between bilateral lateral ventricles.



CT View

- Carcinoma in the right maxillary alveolar ridge with adjacent bony erosion and muscle invasion (T4).
- No definite regional enlarge lymph node (N0).
- Cancer stage: IV A (T4 N0 Mx).
- Suspect tumor extension along right infratemporal fossa with right inferior orbital fissure invasion.
- Small visible lymph nodes in submental and bilateral submandibular spaces (< 1 cm).



Thanks for you attention

