

口腔病理診斷科

Case report

報告者: intern A 組

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報告日期: 96/02/26

指導醫師: 口腔病理診斷科全體醫師

General data

◆ Name : 趙 X X

◆ Sex : Female

◆ Age : 20

◆ Occupation : Student

◆ First visit : 88/10/19

Chief complaint

- ◆ Painless swelling of left maxillary posterior gingival area for 1 month

Past medical history

- ◆ NP

Past dental history



Scaling



O.D

Intra-oral finding

- ◆ Well-defined lesion
- ◆ Tenderness (-)
- ◆ Induration (-)
- ◆ Painless
- ◆ 2.5 cm x 2 cm in diameter
- ◆ Labial aspect over tooth 22 ~ 25
- ◆ Smooth surface with normal appearance mucosa
- ◆ Bony hard in consistency
- ◆ Fixed
- ◆ EPT: 22 (4+), 23 (2+), 24 (8+), 25 (8+)
- ◆ Tooth mobility: 22, 23, 24, 25

Intra-oral finding

- ◆ Amalgam restoration: 14, 46
- ◆ Posterior open bite: upper left molar area

Extra-oral finding

- ◆ NP

Present illness

◆ 88/10/19

- This 12 y/o girl had gingival swelling over upper post. area for a month. The swelling mass is non-tender, fixed and painless, measuring about 2.5 x 2 cm in diameter. She went to LDC and the dentist suggested her to come to our OPD for further tx.



Present illness

◆ 88/10/19

- In OM department:

- ◆ Clinical impression: ossifying fibroma over R't maxilla (tooth 22 to 25) and mandible (tooth 34 to 36 and tooth 44 to 45)
- ◆ Referred to Dr. 黃逸岳 for further management

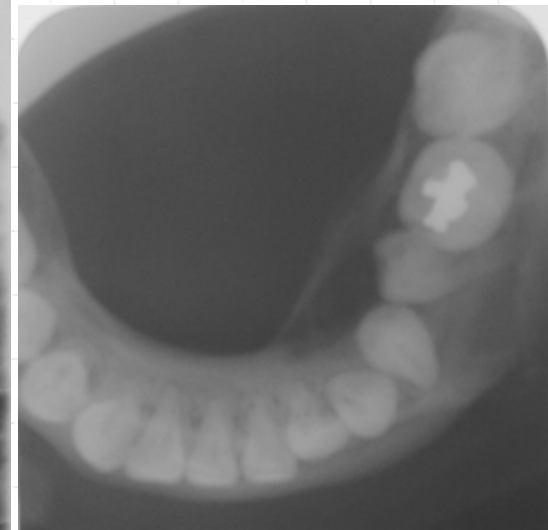
- In OS department:

- ◆ Biopsy for L't maxilla and mandibular lesions
- ◆ HP report(88/10/30): Florid osseous dysplasia
- ◆ Keep f/u 6 months later

Present illness

◆ 91/07/20

- Check panorex & lower occlusal view
- 3 years f/u: bony expansion at L't mandible
- Keep f/u



Present illness

◆ 91/07/20

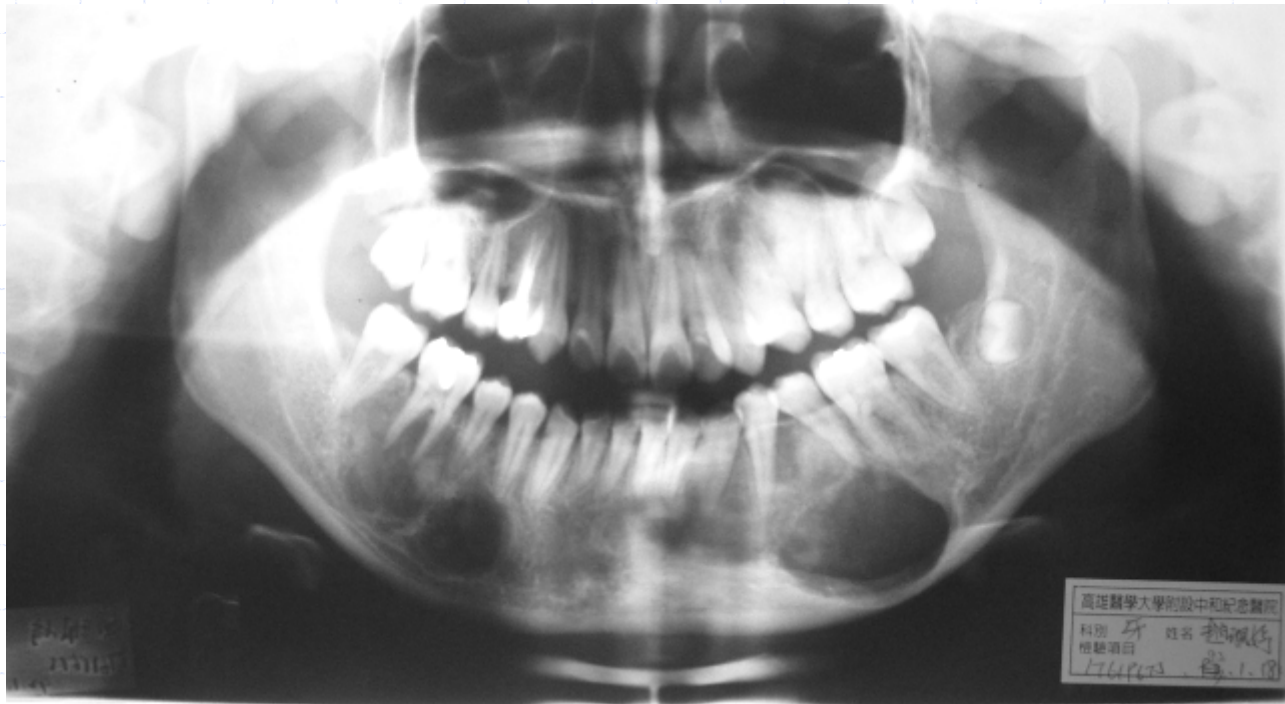
- Arrange for CT scan: benign cartilagenous tumor at maxilla and mandible, enchondromatosis is considered first



Present illness

◆ 92/01/18

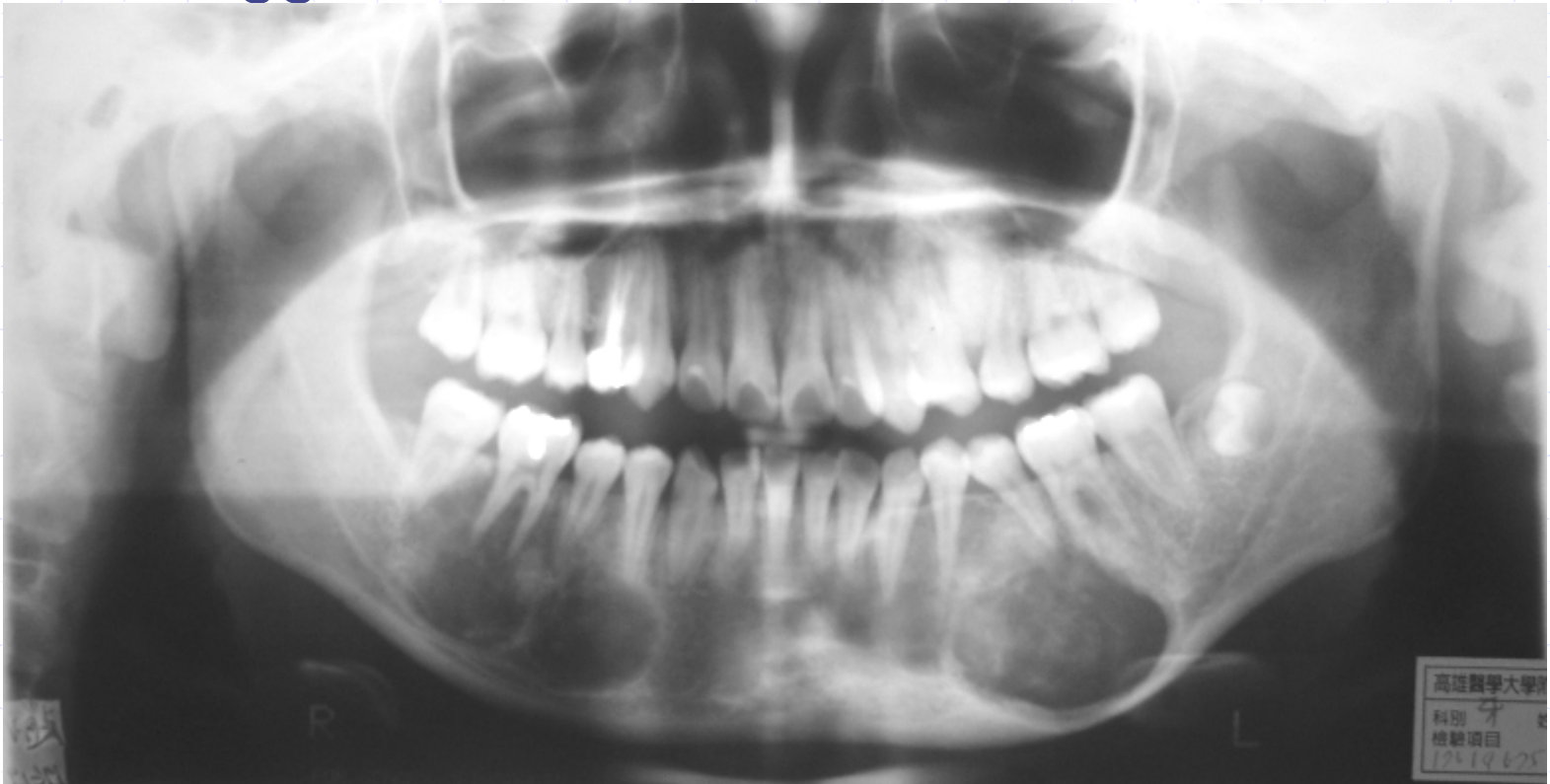
- Painless swelling mass over L't face
- Check panorex: the R-L area ↑
- Arrange biopsy on 92/01/21: DC



Present illness

◆ 92/08/19

- Check panorex: lesion ↑
- Suggest OP after SARS



Present illness

93/01/17

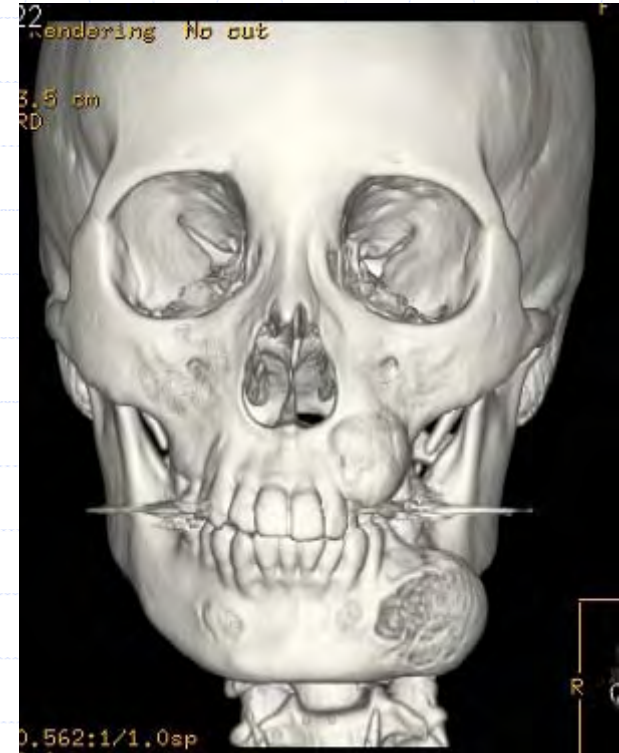
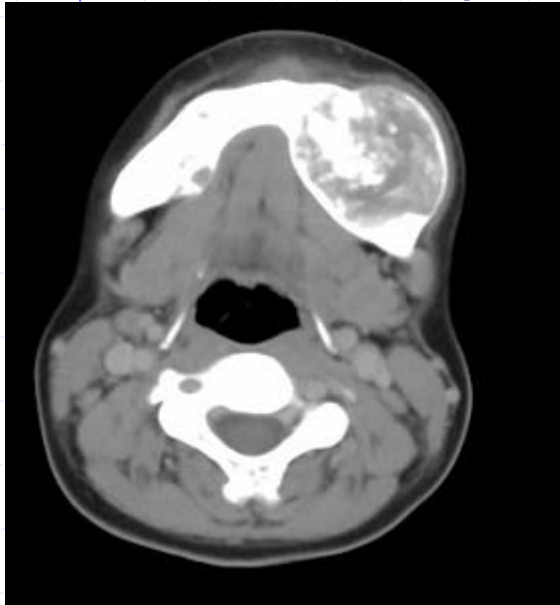
- Arrange OP on 93/01/28 due to mass ↑



Present illness

93/01/17

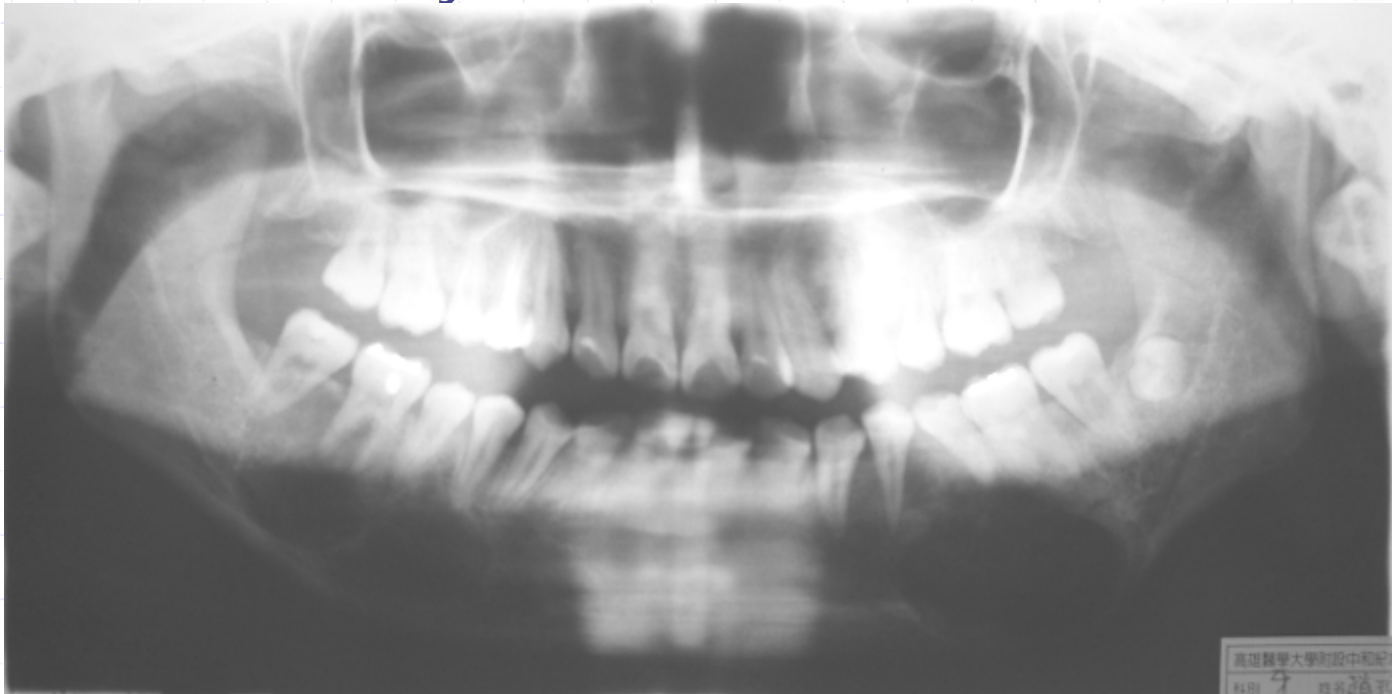
- Check CT scan: cartilagenous tumors with interval enlargement at maxilla and mandible, enchondromatosis with malignant transformation is suspected first.



Present illness

◆ 93/01/28--OP

- Partial excision & bone trimming over L't maxilla and mandible
- Bone density of maxillary tumor: soft combined hard
- Bone density of mandibular tumor: soft



Present illness

◆ 93/02/21

- Numbness (+)
- Pain ↓
- Continuous f/u



Present illness

◆ 93/07/31

- Numbness (+)



Present illness

◆ 93/07/31

- Check panorex



Present illness

◆ 94/07/16

- Check panorex
- The mass slow growing
- Lower lip numbness (+)



Present illness

◆ 96/02/08

- Check panorex
- The lesion still growing



Panorex



X-ray finding

- ◆ There was a well-defined, expansile, unilocular, radiolucent lesion with corticated margin containing radiopaque foci over the bilateral mandibular body.
- ◆ The lesion extended from the mesial aspect of tooth 37 to the apex of tooth 47 and from the inferior border of mandible up to nearly the alveolar crest, measuring approximately 14.8cm× 5.6cm in diameter.

X-ray finding

- ◆ This mass involved teeth from 47 to 37, and divergency of the root of the teeth 33, 35 was noted, but the root of teeth and PDL appeared to be intact.
- ◆ There was a downward displacement of the bilateral mandibular canal and the obvious bony expansion of mandibular body.

X-ray finding

- ◆ Sinus: cloudy over L't sinus
- ◆ Condyle: unremarkable, bilateral
- ◆ Periodontal condition: fair
- ◆ Calculus: mild
- ◆ Missing tooth: 18, 28, 48
- ◆ Endodontic condition: 14
- ◆ Filling (e.g. amalgam): 13, 14, 17, 36, 46, 47
- ◆ Others: 24 rotation, 33, 35 tipping



Differential diagnosis

Inflammation , Cyst , Neoplasm??

- ◆ Fever or local heat (-)
- ◆ Pus (-)
- ◆ Fluctuation (-)
- ◆ Destruction of maxilla and mandible with bony expansion

Cyst or Neoplasm

Benign or Malignant

- ◆ Pain (-)
- ◆ Tenderness (-)
- ◆ Ulceration (-)
- ◆ Numbness (+) (手術造成)
- ◆ Slow growing (+)
- ◆ Bony destruction with loosened teeth (+)
- ◆ Well-defined radiolucency

Benign

Peripheral or Intrabony Origin

- ◆ Mucosal lesion (-)
- ◆ Induration (-)
- ◆ Bony hard in consistency (+)
- ◆ Bone destruction (+)

Intrabony Origin

Working diagnosis

- ◆ Florid cemento-osseous dysplasia
- ◆ Cemento-ossifying fibroma
- ◆ Pindborg tumor
- ◆ Ameloblastoma, desmoplastic type
- ◆ Calcifying odontogenic cyst

Florid cemento-osseous dysplasia

High compatible

- ◆ Multifocal lesion in the posterior portions of jaws. (some involve anterior mandible).
- ◆ Bilateral and symmetric involvement.
- ◆ Asymptomatic, some degree of expansion may be noted.
- ◆ Common involve woman.
- ◆ Initially, the lesions are predominantly radiolucent but with time become mixed.

Low compatible

- ◆ Most on middle-aged to the elderly.

Cemento-ossifying fibroma

High compatible

- ◆ Common involve female.
- ◆ Most involve mandibular posterior area.
- ◆ Painless swelling of the involved bone.
- ◆ Radiolucent, varying degrees of radiopacity, and with well-defined margin.

Low compatible

- ◆ Common on third & fourth decades.
- ◆ Radiographically, it is most often unilocular.

Calcifying epithelial odontogenic tumor (Pindborg tumor)

High compatible

- ◆ Most found in the posterior portions of jaws.
- ◆ Painless, slow-growing swelling.
- ◆ Radiographically, most multilocular radiolucent defect with scalloped margin, and may contain calcified structures.

Low compatible

- ◆ Most on 30 to 50 years of ages.
- ◆ Frequently associated with an impacted tooth.

Ameloblastoma, desmoplastic

High compatible

- ◆ Asymptomatic
- ◆ Mandible (85%)
- ◆ Slow-growing, painless swelling of the jaw
- ◆ Well-defined multilocular RL lesion with irregular scalloped margin (86%)
- ◆ Displacement of teeth and resorption of roots

Low compatible

- ◆ No gender predilection
- ◆ Age 30 – 70 y/o
- ◆ Molar-ascending ramus area (66%)

Calcifying odontogenic cyst

High compatible

- ◆ Intraosseous lesion (13 ~ 30 % extraosseous)
- ◆ Equal frequency in the maxilla and mandible
- ◆ Unilocular (may be multilocular) , well-defined radiolucency
- ◆ Root resorption or divergence of adjacent teeth

Low compatible

- ◆ Average 33 y/o (most in 20 ~ 30 y/o, from infant to elder)
- ◆ 65 % in the incisor and canine area
- ◆ Radiopaque structure within the lesion, irregular calcification or toothlike densities, 1/3 ~ 1/2 of cases
- ◆ 1/3 associated with an unerupted tooth (most canine)
- ◆ most 2.0 ~ 4.0 cm, (12.0 cm have been noted)

Impression

- ◆ Florid cemento-osseous dysplasia, left maxilla and bilateral mandibular body

The background is a light blue grid. There are several blue lines: a vertical line on the left, a horizontal line near the top, and another horizontal line near the bottom. There are also blue corner ornaments: a small circle with a line extending from it at the top-left, and a similar shape at the bottom-right.

Thank you for your attention !!