口腔病理
101年度十大病例
CASE 1

- **Name:** 賴 O O
- **Age:** 35
- **Gender:** Female
- **Chief Complaint**
  Referred from a local dentist due to two lesions over lower jaw found for 3 days

**Present Illness**
This 35 y/o female went to a local dental clinic for routine dental examination 3 days ago. The dentist found two lesions over her lower jaw and referred her to our hospital.
Past medical history
Systemic disease: all denied
Hospitalization: 生産
Drug allergy: voren, keto
Past dental history: nothing particular
Habits: alcohol (-), smoking (-), betel nut chewing (-)
**Extra-oral exam**
   - Facial asymmetry (-)

**Intra-oral exam**
1. Swelling (-)
2. Pain (-)
3. Covering mucosa: intact
4. Dental finding: spacing
5. Other finding: Not available
IMAGE FINDING - PANOREX
IMAGE FINDING – CT
Clinical impression
Odontogenic cyst over bil. mandibular ramus

CT report
Unilocular expansile cystic lesions at bilateral mandibular bodies
HISTOPATHOLOGIC FINDING

Right Ramus – 100X

Right Ramus – 400X
HISTOPATHOLOGIC FINDING

Left Rumus – 100X

Left Ramus – 200X
DIAGNOSIS

- Histopathologic report
  1. R’t mandibular ramus: keratocystic odontogenic tumor
  2. L’t mandibular ramus: keratocystic odontogenic tumor

- Multiple keratocystic odontogenic tumor
  → a major criteria of Gorlin syndrome
CASE 2

- **Name:** 梁 0 0
- **Age:** 25
- **Gender:** Male

**Chief Complaint**
Mild swelling and pain over lower left 3\textsuperscript{rd} molar area for 1 month
This 25 y/o male suffered from mild swelling and pain over lower left 3rd molar area for 1 month. He went to a military hospital for examination and management. The dentist found a lesion over lower left 3rd molar area and suggested him to visit a medical center for further survey and treatment.
PAST HISTORY

- **Past medical history**
  - Systemic disease: all denied
  - Hospitalization: denied
  - Drug allergy: denied

- **Past dental history**: general dental treatment

- **Habits**: alcohol (-), smoking (-), betel nut chewing (-)
EXTRA-ORAL EXAMINATION

- Facial asymmetry (+)
  Swelling over lower left face
- Lip paresthesia(-)
- **Swelling over left Md body and ramus**
  1. Size: N/A
  2. Color: pink
  3. Shape: dome
  4. Consistency: N/A
  5. Covering mucosa: smooth and intact
  6. Pain(+)
  7. Fluctuation: N/A
  8. **Buccolinguual expansion(+)**
Clinical impression
Dentigerous cyst over L’t mandibular body and ramus

CT report
Compatible with ameloblastoma with cortical breakthrough at L’t mandibular body and ramus
HISTOPATHOLOGIC FINDING
HISTOPATHOLOGIC FINDING
Histopathologic report
Ameloblastoma (follicular and acanthomatous type) over left mandibular body and ramus

Recurrence rate
Curretage: 50~90%;
Marginal or En bloc resection: 15%
(safe margin 1.0cm)
CASE 3

- **Name:** 邵 O O
- **Age:** 46
- **Gender:** Male
- **Chief Complaint**
  Pain and soreness over lower anterior area for several months
This 46 y/o male suffered from the above episode for several months. He visited a local dentist and apical lesion over tooth 36 was noted. He was referred to our hospital for further management.
PAST HISTORY

- **Past medical history**
  - Systemic disease: Hypertension
  - Hospitalization: Nephrolithiasis
  - Drug allergy: denied
- **Past dental history**: nothing particular
- **Habits**: alcohol (-), smoking (+), betel nut chewing (-)
EXTRA-ORAL EXAMINATION

- Facial asymmetry (+)
  Swelling over left temporal and zygomatic area
Swelling over mandibular symphysis and left body

1. Dimension: 8 X 3 cm
2. Color: pink
3. Surface: smooth
4. Consistency: soft
5. Pain (-)
6. Tenderness (+)
7. Bony expansion (+)
8. Numbness (-)
IMAGE FINDING – CT
Clinical impression
Ameloblastoma over mandibular symphysis and left body

CT report
Polyostotic fibrous dysplasia over left temporal bone, zygoma, maxilla, mandible and first rib.
HISTOPATHOLOGIC FINDING
HISTOPATHOLOGIC FINDING
HISTOPATHOLOGIC FINDING
Histopathologic report

Cemento-ossifying fibroma over mandibular symphysis and left body

Polyostotic cemento-ossifying fibroma (psammomatoid variant)

→ rare, may be related to gene defect
CASE 4

- **Name:** 李 0 0
- **Age:** 55
- **Gender:** Female
- **Chief Complaint:**
  A mass over upper posterior area for 5 years
This 55 y/o female patient suffered from a mass over upper right posterior area for 5 years. She felt that the mass slowly enlarged recently, so she went to a local dental clinic for help, and then was referred to our hospital for further treatment.
Past medical history
- Systemic disease: denied
- Hospitalization: hysterectomy, appendectomy
- Drug allergy: penicillin, tetracycline

Past dental history: general dental treatment

Habits: alcohol (-), smoking (-), betel nut chewing (-)
2 Masses over upper right and middle hard palate

1. Dimension:
   - upper right: 3x3 cm
   - middle: 1x1 cm
2. Color: pink
3. Shape: dome
4. Surface: smooth
5. Consistency:
   - bony hard
6. Base: pedunculated; sessile
7. Mobility: fixed
8. Pain (-)
9. Tenderness (-)
IMAGE FINDING - PANOREX
Clinical impression

1. Ossifying fibroma over right hard palate
2. Torus palatinus over middle hard palate
HISTOPATHOLOGIC FINDING
Histopathologic report

1. Osteolipoma over right hard palate
2. Torus palatinus over middle hard palate
Name: 洪 0 0
Age: 63
Gender: Male
Chief Complaint
Swelling mass over right neck for 1 year
This 63 y/o male suffered from the above episode for 1 year. He visited a local dentist for treatment and after examination, he was referred to our hospital for further management.
Past medical history
Systemic disease: hepatitis B
Hospitalization: denied
Drug allergy: denied
Past dental history: general dental treatment
Habits: alcohol (-), smoking (+), betel nut chewing (-)
A mass over right submandibular area

1. Dimension: 3.5 X 3 cm
2. Color: skin color
3. Surface: smooth
4. Consistency: rubbery
5. Pain (-)
6. Tenderness (-)
7. Fluctuation (-)
8. Induration (-)
Clinical impression
Lymphadenopathy, R/O salivary gland tumor over right submandibular area

CT report
over right submandibular area
HISTOPATHOLOGIC FINDING
HISTOPATHOLOGIC FINDING
Histopathologic report

Teratoma over right submandibular area

Dermoid cyst

→ a cystic form of teratoma
CASE 6

- **Name:** 黃 0 0
- **Age:** 57
- **Gender:** Male

**Chief Complaint**

Pain over left tongue for 2 weeks
This 57 y/o male was a case of SCC over right buccal mucosa s/p surgery 4 years ago and kept F/U in our hospital. He complained about pain over his left tongue for 2 weeks and an ulcerated mass was found.
**Past medical history**

- Systemic disease: DM, HCV, CKD, GERD
- Hospitalization: surgery for SCC over R’t BM
- Drug allergy: denied

**Past dental history**: general dental treatment

**Habits**: alcohol (+), smoking (+), betel nut chewing (-)
A mass over left dorsum of tongue

1. Dimension: 4.5 X 2 cm
2. Color: red
3. Surface: ulcerated
4. Consistency: firm
5. Pain (+)
6. Mobility: fixed
7. Fluctuation (-)
8. Induration (+)
IMAGE FINDING – CT (THIS TIME)
IMAGE FINDING – CT (4 YEARS AGO)
Clinical impression
1. SCC over left tongue, cT3N2M0, stage IVA
2. SCC over right BM, pT1N0M0, stage I s/p wide excision and SOND

CT report
1. Left tongue cancer T1N2bMB, stage IVA
2. Left parotid tumor, nature to be determined
HISTOPATHOLOGIC FINDING – LEFT PAROTID TUMOR
HISTOPATHOLOGIC FINDING – LEFT PAROTID TUMOR
Histopathologic report

1. SCC over left tongue dorsum
2. Papillary cystadenoma lymphomatosum (Warthin’s tumor) over left parotid gland

Field cancerization

Secondary primary tumor  →  10-35%

Risk factor for Warthin’s tumor  →  Smoking
CASE 7

- **Name:** 潘 0 0 0
- **Age:** 56
- **Gender:** Female
- **Chief Complaint**
  A swelling mass over left palate for 3 years
This 56 y/o female suffered from a swelling mass over left palate for 3 years. She noticed that the mass gradually enlarged recent 1 year. She visited a regional hospital and then was referred to our hospital for further examination and management.
Past medical history
Systemic disease: HCV, breast cancer
Hospitalization: surgery for breast cancer, hysterectomy
Drug allergy: denied

Past dental history: general dental treatment
Habits: alcohol (+), smoking (-), betel nut chewing (+)
INTRA-ORAL EXAMINATION

- A mass over left hard palate
  1. Dimension: 3 X 2 cm
  2. Color: pink with bluish
  3. Surface: smooth
  4. Shape: dome
  5. Consistency: firm
  6. Base: sessile
  7. Pain (-)
  8. Tenderness (-)
  9. Fluctuation (-)
  10. Induration (-)
IMAGE FINDING - PANOREX
Clinical impression
Minor salivary gland tumor over left hard palate

Water’s View report
Orbit and sinus bone structure: intact
Bilateral sinus slightly cloudy
HISTOPATHOLOGIC FINDING
# DIAGNOSIS

- **Histopathologic report**
  - *Aenoid cystic carcinoma* over a left hard palate

- **Prognosis**
  1. Prone to local recurrence
  2. Most common site of metastasis: *lung and bone*
  3. Lymph node metastasis: uncommon
CASE 8

- **Name:** 彭 0 0
- **Age:** 43
- **Gender:** Male
- **Chief Complaint**
  A mass over right floor of mouth for 3 months
This 43 y/o male found a gumboil-like nodule over right floor of mouth 3 months ago. He pressed the nodule by finger and made the nodule ruptured. However, the lesion did not heal. It became ulcerated and got larger gradually, so he visited our ENT department. Biopsies were done twice and the reports showed benign condition. Dental infection was suspected so he was referred to our dental department for further dental evaluation and management.
Past medical history
Systemic disease: HCV, HTN
Hospitalization: denied
Drug allergy: denied
Past dental history: general dental treatment
Habits: alcohol (+), smoking (+), betel nut chewing (+)
An ulcerated mass over floor of mouth near 44, 45

1. Dimension: 2.5 X 1 cm
2. Color: white, red and brown
3. Surface: ulcerated
4. Shape: dome
5. Consistency: firm
6. Base: sessile
7. Mobility: fixed
8. Pain (+)
9. Tenderness (+)
10. Fluctuation(-)
11. Induration(+)
IMAGE FINDING - PANOREX
Clinical impression
Malignancy suspected over 44, 45 lingual gingiva to floor of mouth
HISTOPATHOLOGIC FINDING
DIFFERENTIAL DIAGNOSIS

- Neurofibrosarcoma – wavy nuclei
- Leimyosarcoma
- Angiosarcoma
- Malignant fibrous histiocytoma – large foamy cells
- Spindle cell carcinoma
- Fibrosarcoma
IMMUNOHISTOCHEMISTRY

CD31

CD68
IMMUNOHISTOCHEMISTRY

SMA

CK
Histopathologic report

Fibrosarcoma over 44, 45 lingual gingiva to floor of mouth
**Name:** 黃 0 0  
**Age:** 52  
**Gender:** Female  
**Chief Complaint**  
Lower left toothache and lower lip numbness for 2 months

**Present Illness**  
This 52 y/o female was a case of breast cancer with bone and brain metastasis. She was admitted in our hospital for craniotomy. During admission, lower left toothache and lower lip numbness for 2 months was complained so oral surgeon was consulted.
Past medical history
Systemic disease: breast cancer with bone, lung and brain metastases
Hospitalization: OP and C/T for breast cancer
Drug allergy: denied

Past dental history: general dental treatment

Habits: alcohol (-), smoking (-), betel nut chewing (-)
Extra-oral exam
left lower lip
numbness(+)  

Intra-oral exam
1. Tooth 34 --
mobility grade 0
biting pain(-),
soreness(+)
labial gingiva swelling
2. Other finding:
   Not available
IMAGE FINDING – CT
IMAGE FINDING – BONE SCAN
Clinical impression
Metastatic lesion over left mandibular body

Bone scan report
1. multiple bone metastasis
2. hot spots over maxilla and mandible, dental problem suspected
HISTOPATHOLOGIC FINDING
TTF1
Histopathologic report

Metastatic adenocarcinoma over left mandibular body, breast cancer suspected
CASE 2

- **Name:** 許 0 0
- **Age:** 77
- **Gender:** Female
- **Chief Complaint**
  An ulcer over tongue for more than 2 months
This 77 y/o female suffered from an ulcer over tongue dorsum for more than 2 month. She first visited our ENT department for treatment. Dexaltin was applied but the lesion did no subside. Then she visited our Rheumatology department. Sicca syndrome and oral ulcer were diagnosed. Steroid and colchicine were taken. The lesion still did not improved.
# LAB SURVEY

<table>
<thead>
<tr>
<th>DM</th>
<th>Sicca syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar, Hb Alb: WNL</td>
<td>ANA, Anti-Ro, Anti-La, C3, C4, RA factor: WNL</td>
</tr>
<tr>
<td>Nutrition deficiency</td>
<td></td>
</tr>
<tr>
<td>Serum ferritin: WNL</td>
<td></td>
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<tr>
<td>Anemia</td>
<td></td>
</tr>
<tr>
<td>CBC: WNL</td>
<td></td>
</tr>
</tbody>
</table>
Past medical history

Systemic disease: HTN, RA, peptic and duodenal ulcer, reflux esophagitis
Hospitalization: osteophyte
Drug allergy: analgesic medication

Past dental history: general dental treatment

Habits: alcohol (-), smoking (-), betel nut chewing (-)
INTRA-ORAL EXAMINATION

An ulcer over middle tongue dorsum

1. Dimension: 5.5 x 2 cm
2. Color: yellowish
3. Shape: irregular
4. Consistency: elastic
5. Base: sessile
6. Mobility: fixed
7. Pain(+)
8. Induration(-)
An ulcer over soft palate
1. Dimension: 2 x 1 cm
2. Color: red
3. Shape: irregular
4. Consistency: elastic
5. Base: sessile
6. Mobility: fixed
7. Pain(+)
8. Induration(-)
Clinical impression

1. candidiasis
2. rhomboid glossitis
CYTOLOGIC FINDING
Smear report
Candidiasis over middle tongue dorsum

Possible causes
1. Immunocompromised due to steroid
2. Dry mouth
TREATMENT COURSE

1st week

1st month
TREATMENT COURSE

2\textsuperscript{nd} month vs 3\textsuperscript{rd} month
<table>
<thead>
<tr>
<th>No.</th>
<th>Brief description</th>
<th>Histopathologic Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Two unilocular RL lesions over bil. ramus</td>
<td>Keratocystic odontogenic tumor</td>
</tr>
<tr>
<td>2</td>
<td>A multilocular lesion over left Md body and ramus</td>
<td>Ameloblastoma</td>
</tr>
<tr>
<td>3</td>
<td>A RO mixed RL lesion over symphysis and left mandible</td>
<td>Cemento-ossifying fibroma</td>
</tr>
<tr>
<td>4</td>
<td>A bony hard mass over right hard palate for 5 years</td>
<td>Osteolipoma</td>
</tr>
<tr>
<td>5</td>
<td>A mass over right neck for 1 year</td>
<td>Teratoma</td>
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<tr>
<td>6</td>
<td>An ulcerated mass over left tongue and left protid mass</td>
<td>SCC &amp; Warthin’s tumor</td>
</tr>
<tr>
<td>7</td>
<td>A swelling mass over left hard palate for 3 years</td>
<td>Adenoid cystic carcinoma</td>
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<tr>
<td>8</td>
<td>A fast-growing mass over right floor of mouth for 3 months</td>
<td>Fibrosarcoma</td>
</tr>
<tr>
<td>9</td>
<td>A ill-defined RL lesion over left mandible</td>
<td>Metastatic adenocarcinoma</td>
</tr>
<tr>
<td>10</td>
<td>An ulcer over tongue dorsum for 2 months</td>
<td>Candidiasis</td>
</tr>
</tbody>
</table>
Thank you very much for your attention.