口腔病理 101年度十大病例

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日期:1020628

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 HISTORY

Past medical history

Systemic disease: all denied

Hospitalization: 生產

Drug allergy: voren, keto

- Past dental history: nothing particular
- Habits: alcohol (-), smoking (-), betel nut chewing (-)

OROMAXILLOFACIAL EXAM

- Extra-oral exam
 Facial asymertray(-)
- Intra-oral exam
- 1. Swlling(-)
- 2. Pain(-)
- 3. Covering mucosa: intact
- 4. Dental finding: spacing
- 5. Other finding: Not available





IMAGE FINDING - PANOREX



IMAGE FINDING - CT





IMPRESSION

Clinical impression

Odontogenic cyst over bil. mandibular ramus

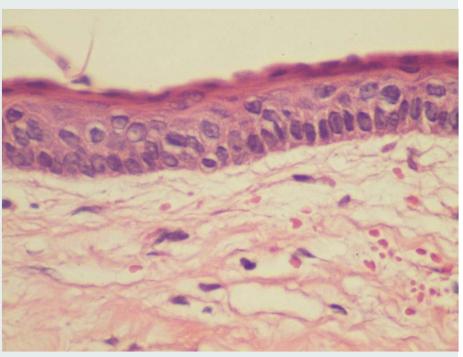
CT report

Unilocular expansile cystic lesions at bilateral mandibular bodies

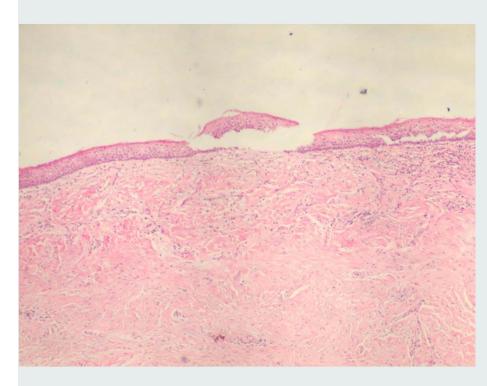
Right Ramus - 100X

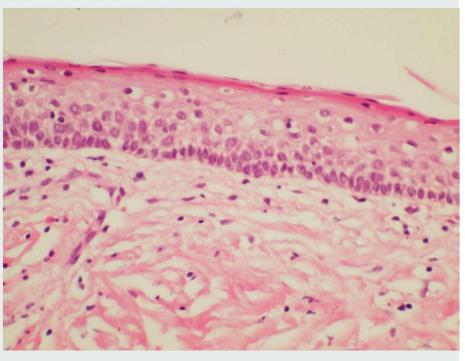
Right Ramus - 400X





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
 3rd molar area for 1
 month



PRESENT ILLNESS

This 25 y/o male sufferred 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 foud a leion 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 aymmetry (+)
 Swelling over lower
 left face
- Lip paresthesia(-)



INTRA-ORAL EXAMINATION

- 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. Flunctuation: N/A
- 8. Buccolingual expansion(+)

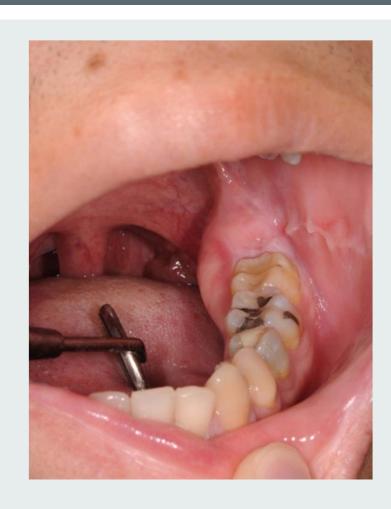


IMAGE FINDING - PANOREX



IMAGE FINDING - CT





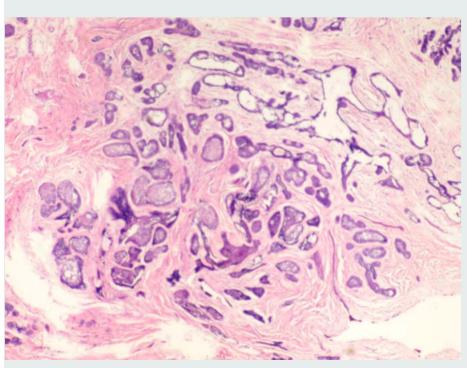
IMPRESSION

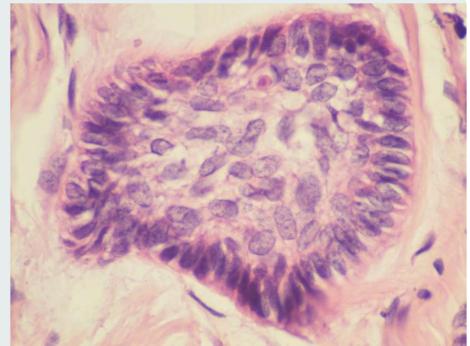
Clinical impression

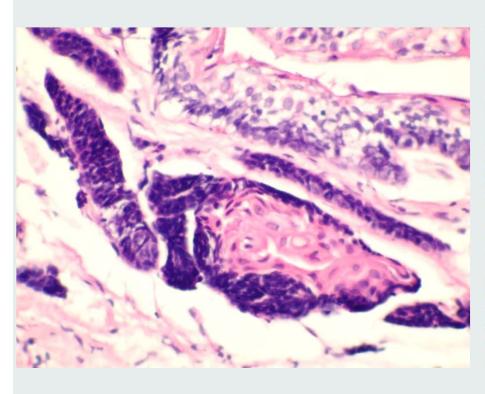
Dentigerous cyst over L't mandibular body and ramus

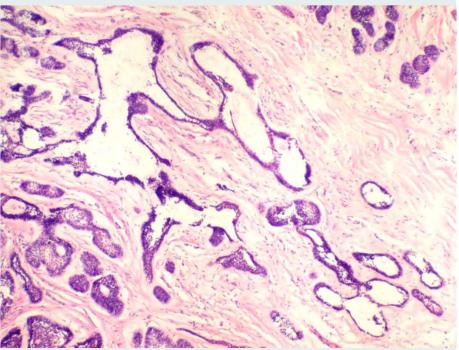
CT report

Compatible with breakthrough at L't mandibular body and ramus









DIAGNOSIS

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 ComplaintPain and sorenessover lower anteriorarea for severalmonths



PRESENT ILLNESS

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



INTRA-ORAL CLINICAL PICTURE

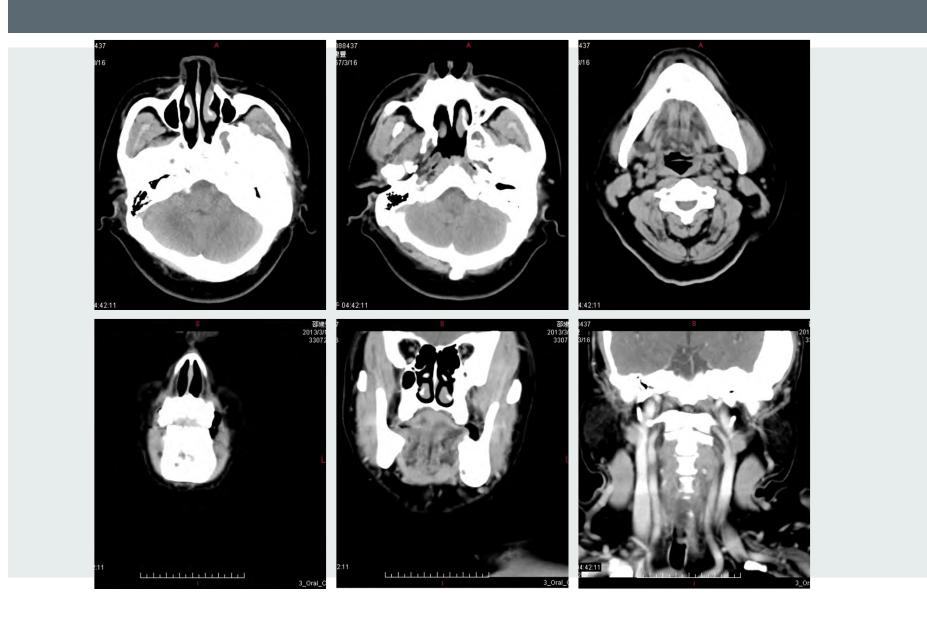
- Swelling over mandibular symphysis and left body
- 1. Dimension: 8 X 3 cm
- 2. Color: pink
- 3. Surface: smooth
- 4. Consistency: soft
- 5. Pain (-)
- 6. Tenderness (+)
- 7. Bony expansion (+)
- 8. Numbness (-)



IMAGE FINDING - PANOREX



IMAGE FINDING - CT



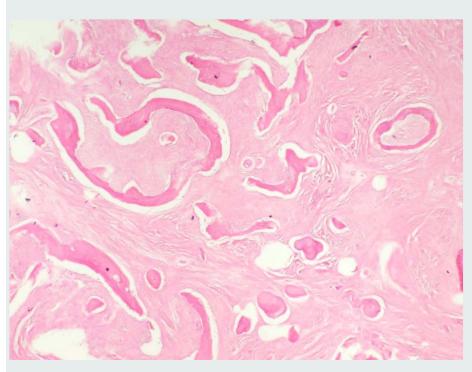
IMPRESSION

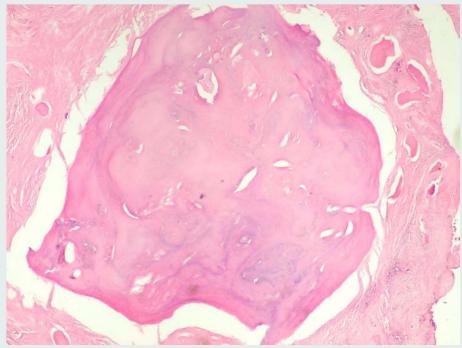
Clinical impression

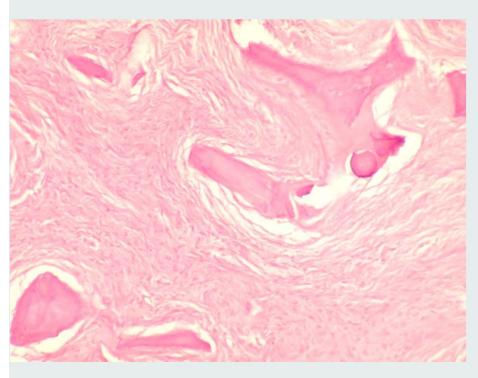
Ameloblastoma over mandibular symphysis and left body

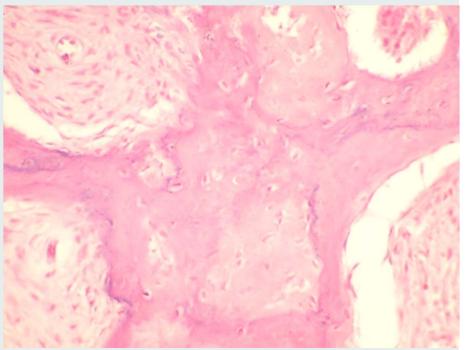
CT report

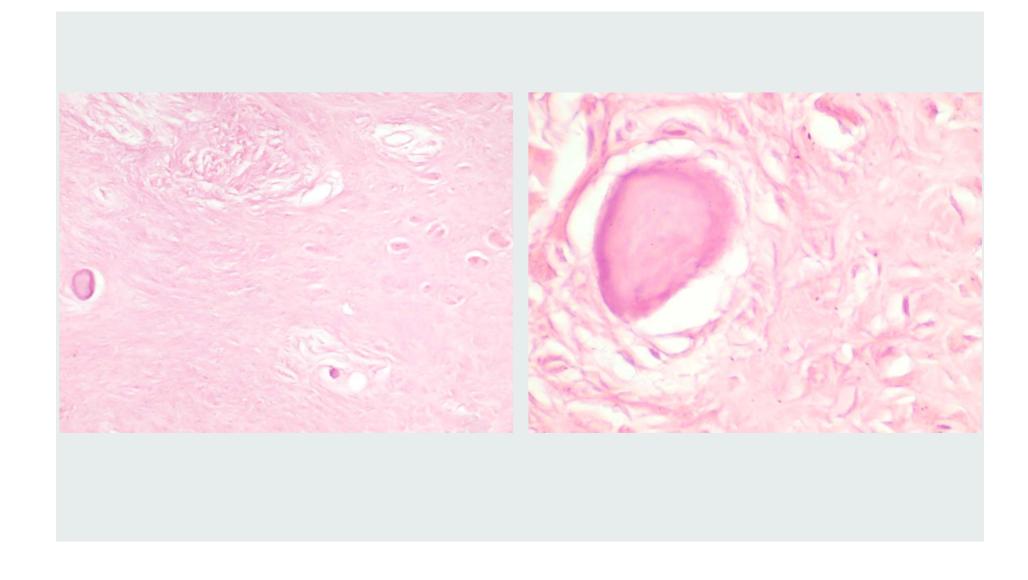
Polyostotic fibrous dysplasia over left temporal bone, zygoma, maxilla, mandible and first rib.











DIAGNOSIS

- Histopathologic reportCemento-ossifying fibroma over mandibularsymphysis 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 ComplaintA mass over upper posterior area for 5 years



PRESENT ILLNESS

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 HISTORY

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 (-)

INTRA-ORAL CLINICAL PICTURE

- 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



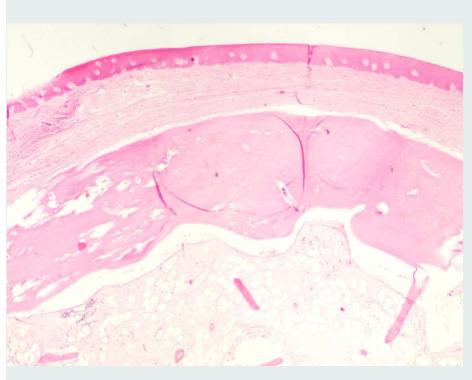
IMAGE FINDING - PANOREX

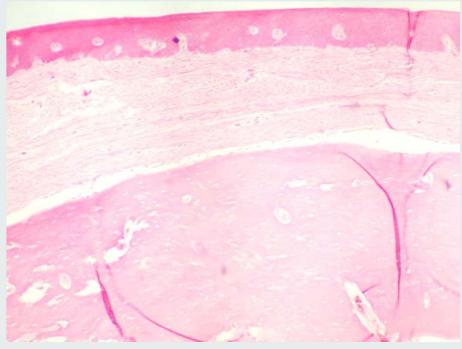


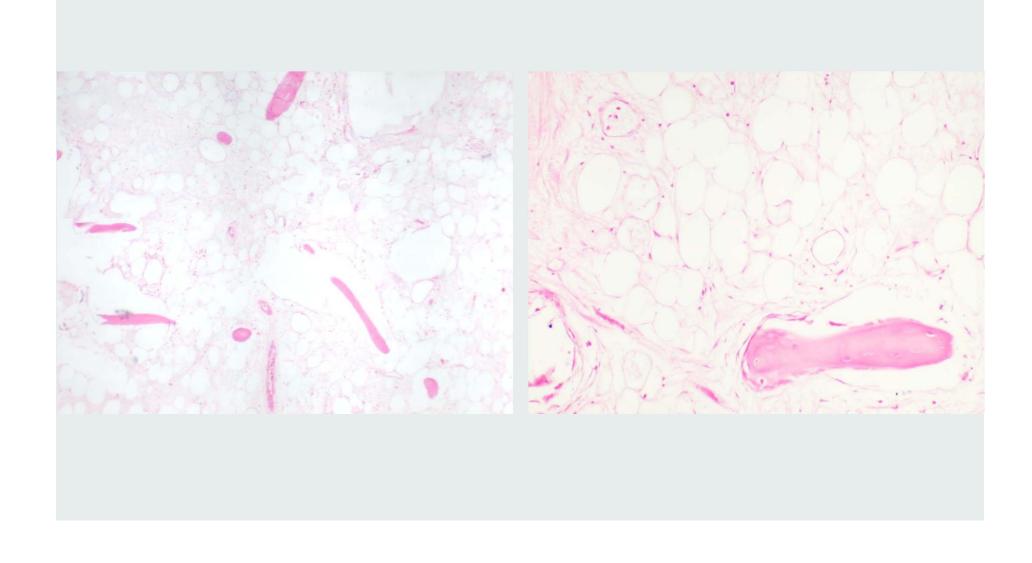
IMPRESSION

Clinical impression

- 1. Ossifying firboma over right hard palate
- 2. Torus palatinus over middle hard palate







DIAGNOSIS

- Histopathologic report
 - 1. Osteolipoma over right hard palate
 - 2. Torus palatinus over middle hard palate

CASE 5

■Name: 洪 O O

Age: 63

Gender: Male

Chief Complaint
Swelling mass over
right neck for 1 year



PRESENT ILLNESS

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 HISTORY

Past medical history

Systemic disease: hepatitis B

Hospitalization: denied

Drug allergy: denied

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

EXTRA-ORAL EXAMINATION

- A mass over right submandibular area
- 1. Dimension: 3.5 X 3 cm
- 2. Color: skin color
- 3. Surface: smooth
- 4. Consistency: rubbery
- 6. mobility: movable
- 5. Pain (-)
- 6. Tenderness (-)



- 7. Flunctuation(-)
- 8. Induration(-)

IMAGE FINDING - PANOREX



IMAGE FINDING - PANOREX

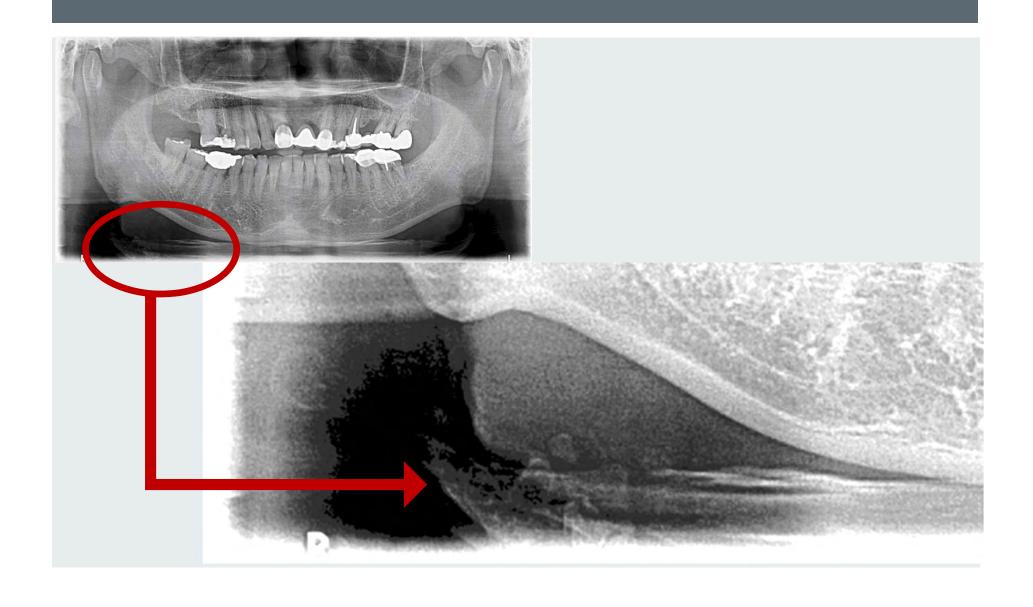
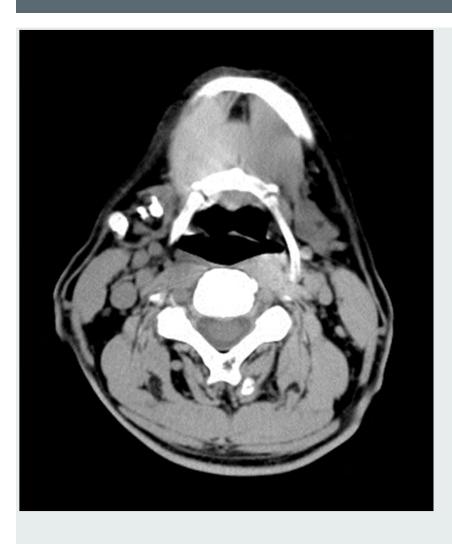
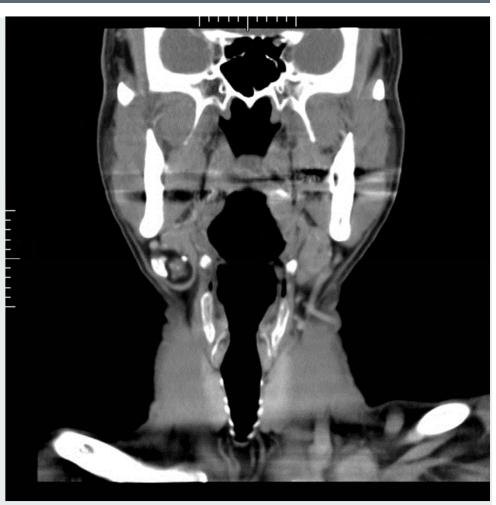


IMAGE FINDING - CT



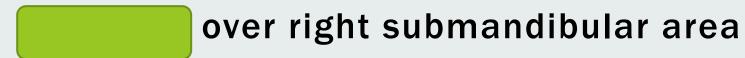


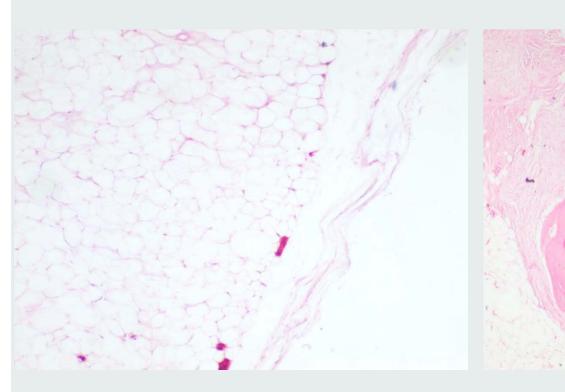
IMPRESSION

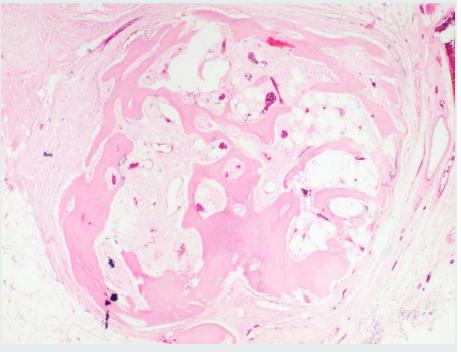
Clinical impression

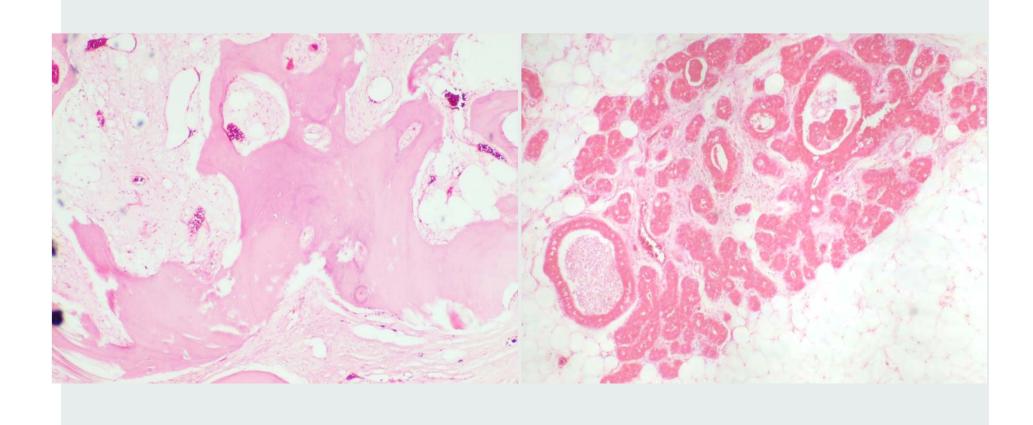
Lymphadenopathy, R/O salivary gland tumor over right submandibular area

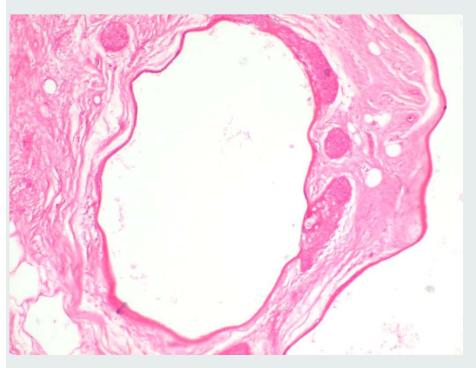
CT report

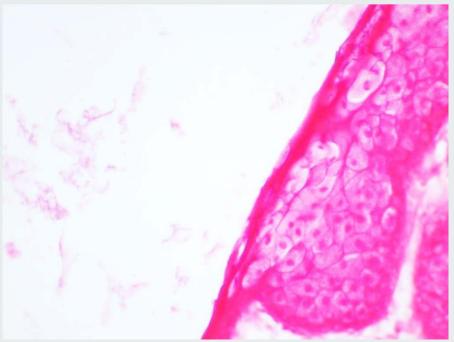












DIAGNOSIS

Histopathologic report

Teratoma over right submandibular area

- Dermoid cyst
 - → a cystic form of teratoma

CASE 6

■Name: 黄 0 0

Age: 57

Gender: Male

Chief ComplaintPain over left tonguefor 2 weeks



PRESENT ILLNESS

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 HISTORY

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 (-)

INTRA-ORAL EXAMINATION

- A mass over left dorsum of tongue
- 1. Dimension: 4.5 X 2 cm
- 2. Color: red
- 3. Surface: ulcerated
- 4. Consistency: firm
- 6. mobility: fixed
- 5. Pain (+)
- 6. Tenderness (+)



- 7. Flunctuation(-)
- 8. Induration(+)

IMAGE FINDING - PANOREX

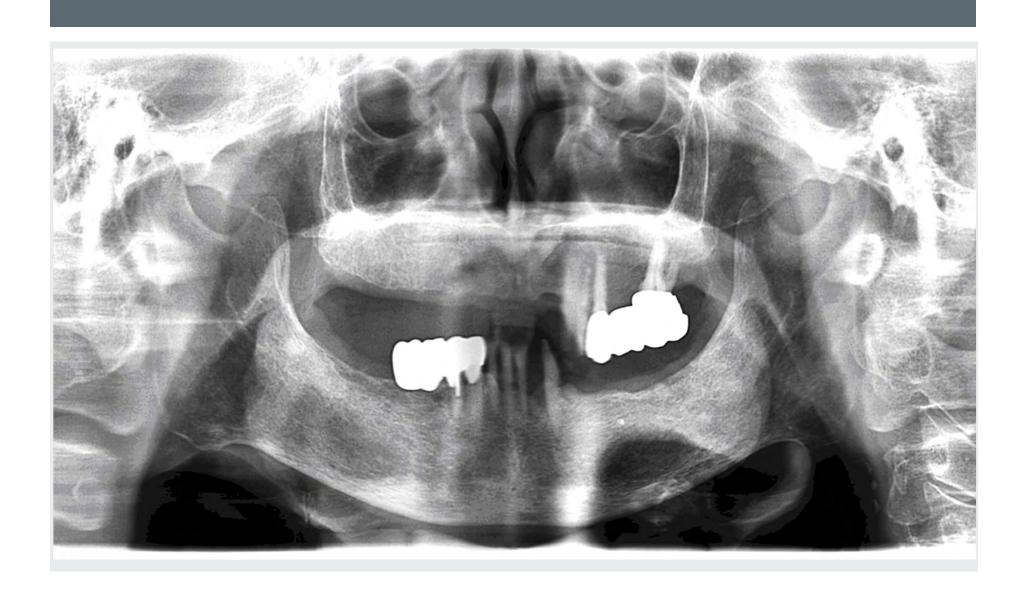
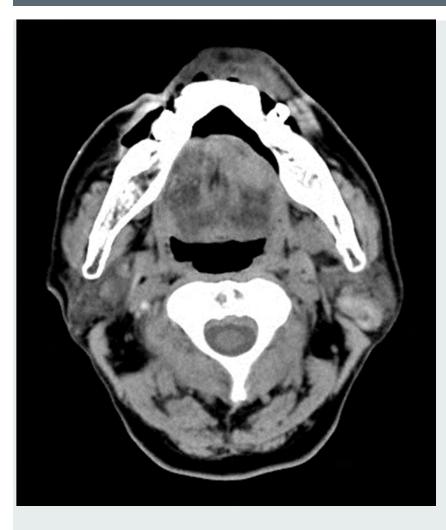


IMAGE FINDING - CT (THIS TIME)



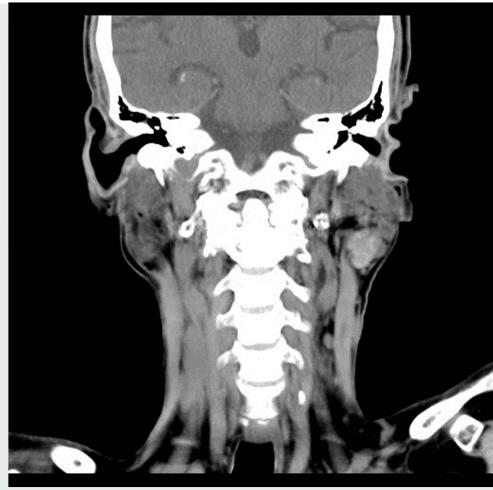
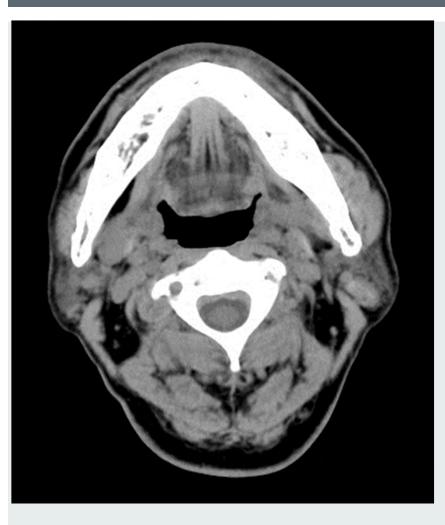


IMAGE FINDING - CT (4 YEARS AGO)





IMPRESSION

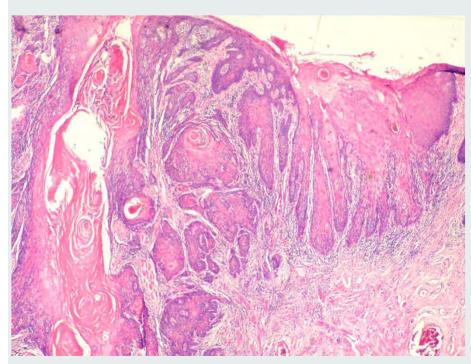
Clinical impression

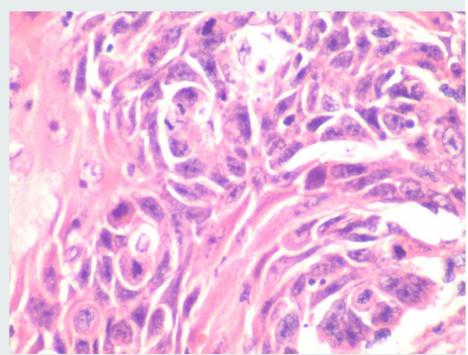
- 1. SCC over left tongue, cT3N2M0, stage IVA
- 2. SCC over right BM, pT1N0M0, stage I s/p wide excision and SOND

CT report

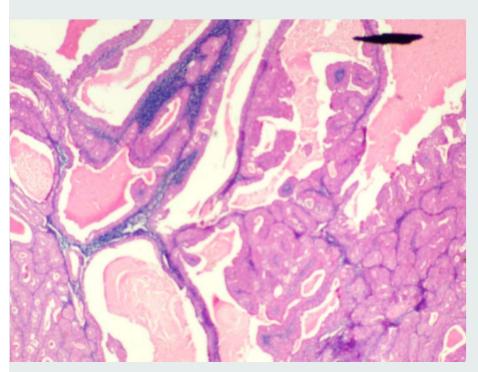
- 1. Left tongue cancer T1N2bMB, stage IVA
- 2. Left parotid tumor, nature to be determined

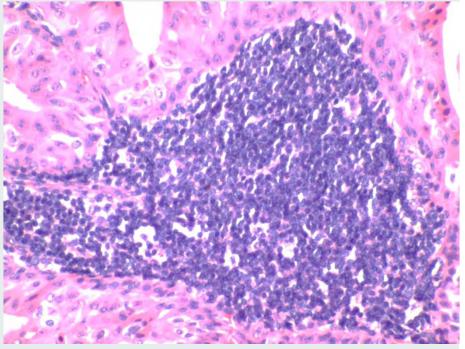
HISTOPATHOLOGIC FINDING – LEFT TONGUE



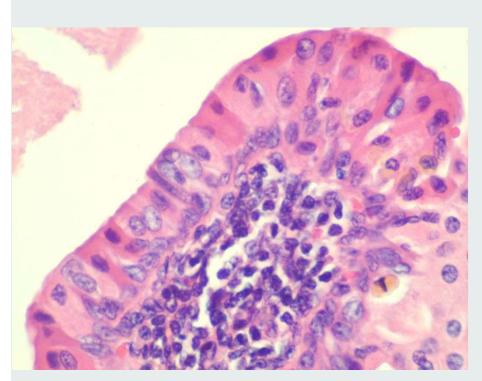


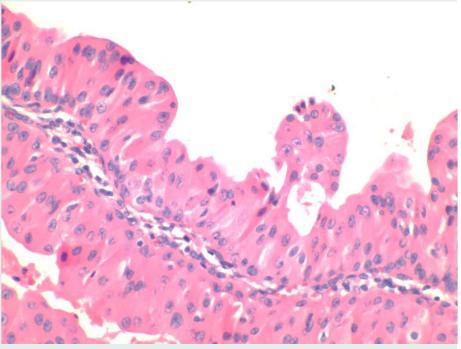
HISTOPATHOLOGIC FINDING – LEFT PAROTID TUMOE





HISTOPATHOLOGIC FINDING – LEFT PAROTID TUMOR





DIAGNOSIS

- 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 ComplaintA swelling massover left palate for3 years



PRESENT ILLNESS

This 56 y/o female sufferred 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 HISTORY

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. Flunctuation(-) **10.** Induration(-)

IMAGE FINDING - PANOREX



IMAGE FINDING - WATER'S VIEW



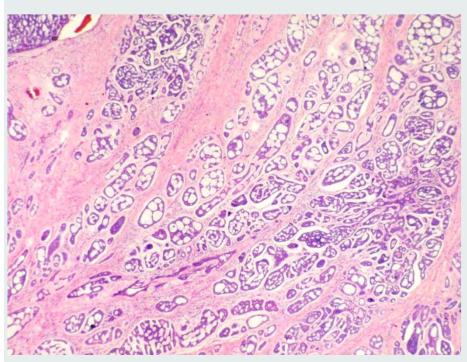
IMPRESSION

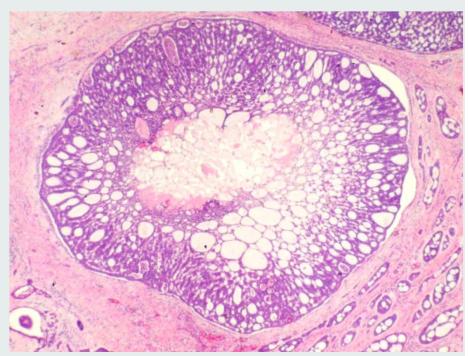
Clinical impression

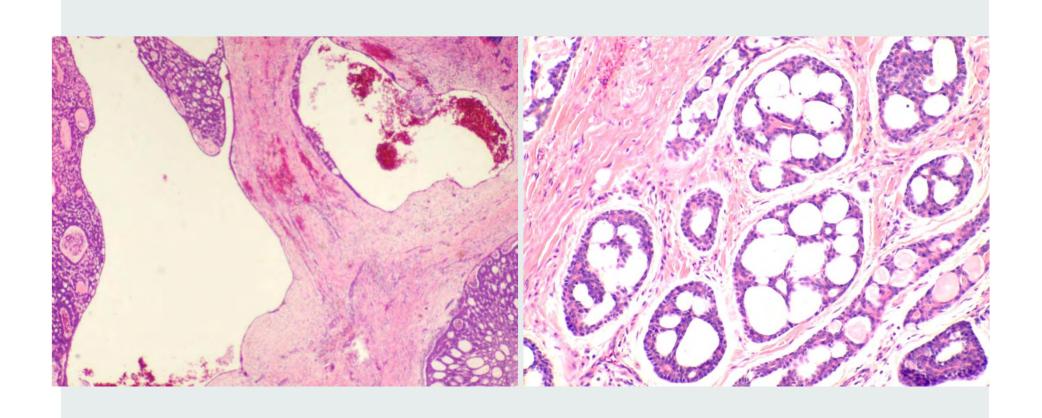
Minor salivary gland tumor over left hard palate

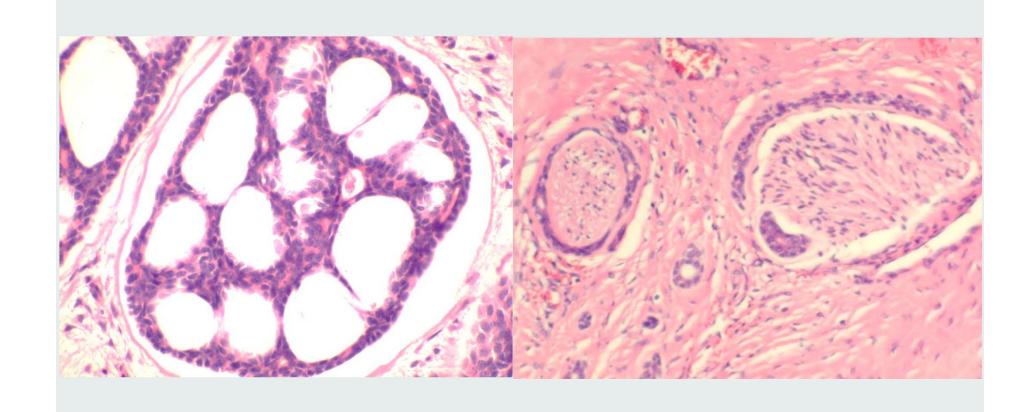
Water's View report

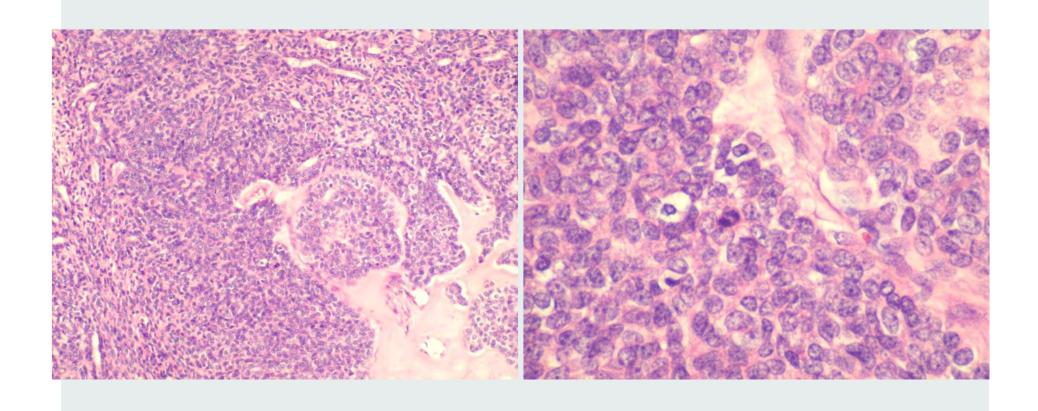
Orbit and sinus bone structure: intact Bilateral sinus slightly cloudy











DIAGNOSIS

Histopathologic report
 Aenoid cystic carcinoma over a over 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 O O

Age: 43

Gender: Male

Chief Complaint

A mass over right floor of mouth for 3 months



PRESENT ILLNESS

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 and management.

PAST HISTORY

Past medical history

Systemic disease: HCV, HTN

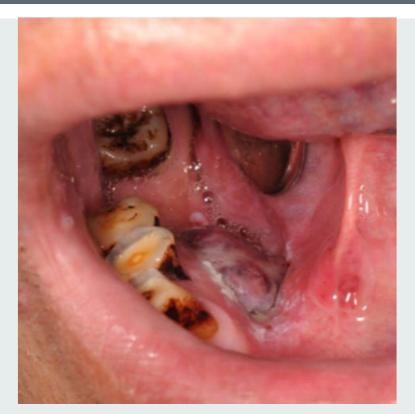
Hospitalization: denied

Drug allergy: denied

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

INTRA-ORAL EXAMINATION

- An ulcerated mass over floor of mouth near 44, 45
- 1. Dimension: 2.5 X 1 cm
- 2. Color: white, red and borwn
- 3. Surface: ulcerated
- 4. Shape: dome
- 5. Consistency: firm
- 6. base: sessile
- 7. Mobility: fixed
- 8. Pain (+)
- 9. Tenderness (+)



10. Flunctuation(-)

11. Induration(+)

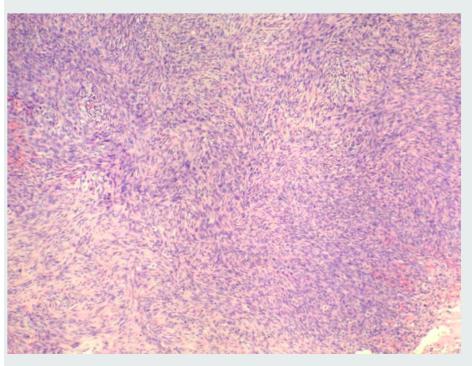
IMAGE FINDING - PANOREX

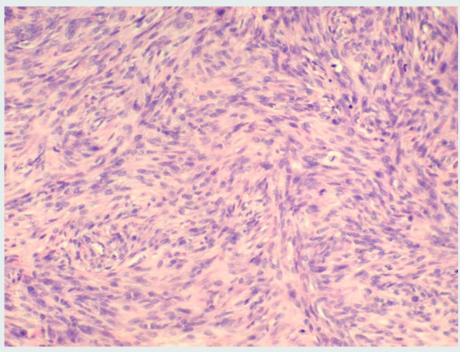


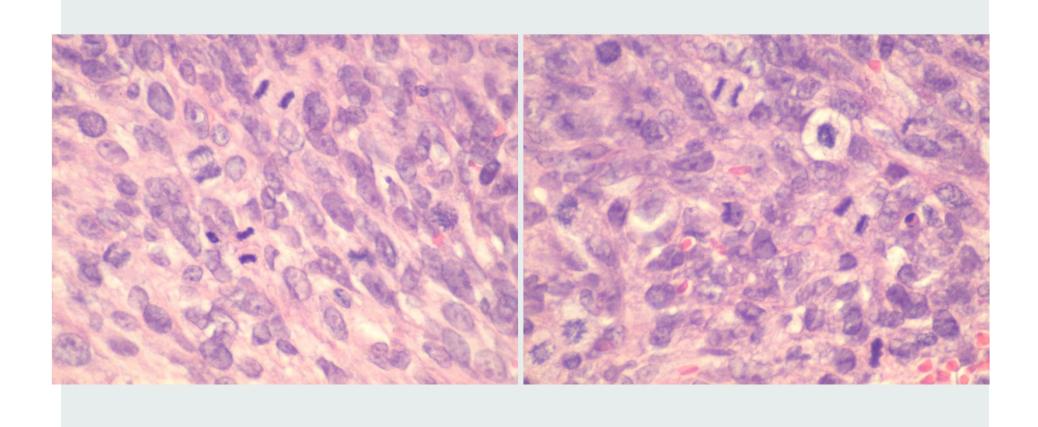
IMPRESSION

Clinical impression

Malignancy suspected over 44, 45 lingual gingiva to floor of mouth



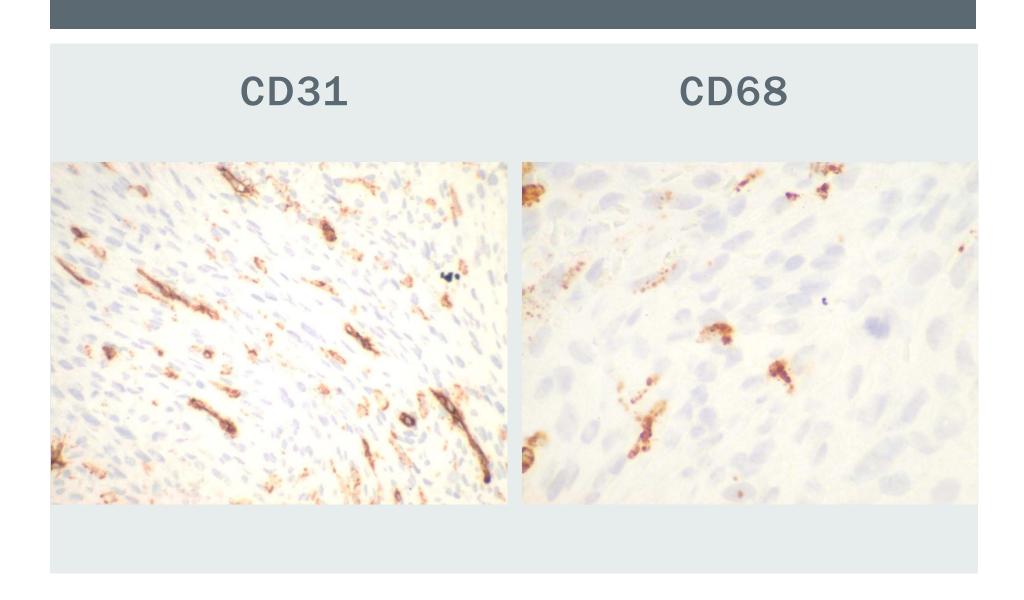




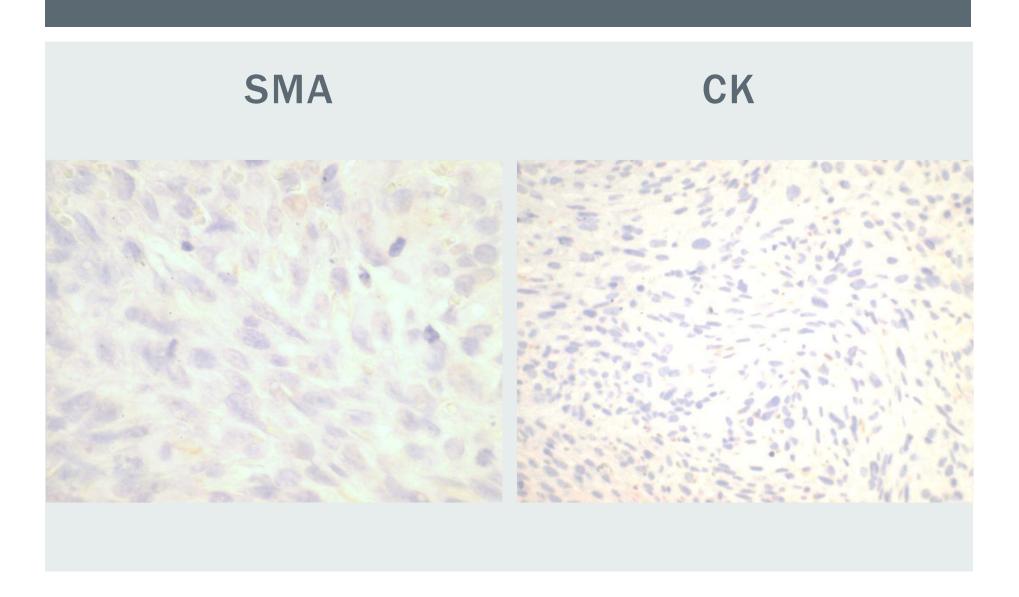
DIFFERENTIAL DIAGNOSIS

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

IMMUNOHISTOCHEMITRY

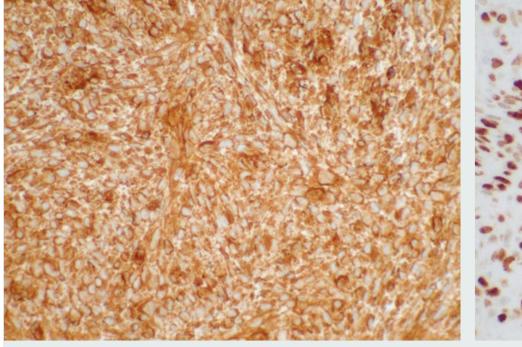


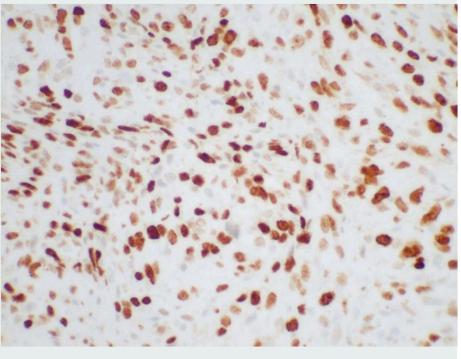
IMMUNOHISTOCHEMITRY



IMMUNOHISTOCHEMITRY

Vimentin Ki67





DIAGNOSIS

Histopathologic report

Fibrosarcoma over 44, 45 lingual gingiva to floor of mouth

CASE 9

■Name: 黄 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, loweer left toothache and lower lip numbness for 2 months was complained so oral surgeon was consulted.

PAST HISTORY

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 (-)

OROMAXILLOFACIAL EXAM

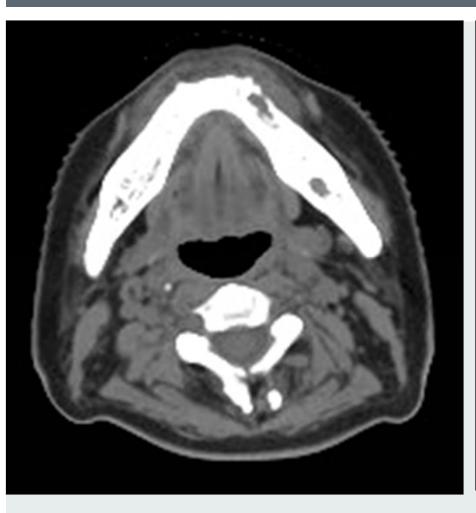
- Extra-oral exam left lower lip numbness(+)
- Intra-oral exam
- 1. Tooth 34 -mobility grade 0
 biting pain(-),
 soreness(+)
 labial gingiva swelling
- 2. Other finding: Not available



IMAGE FINDING - PANOREX



IMAGE FINDING - CT



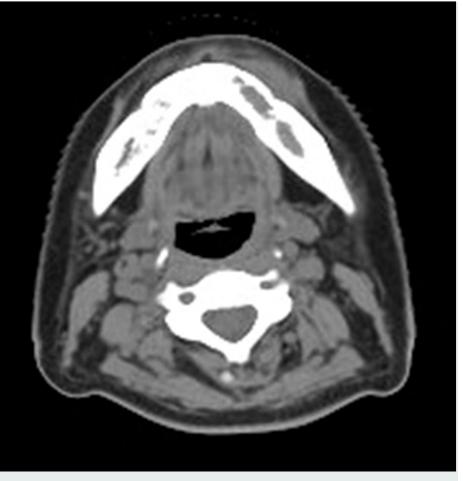
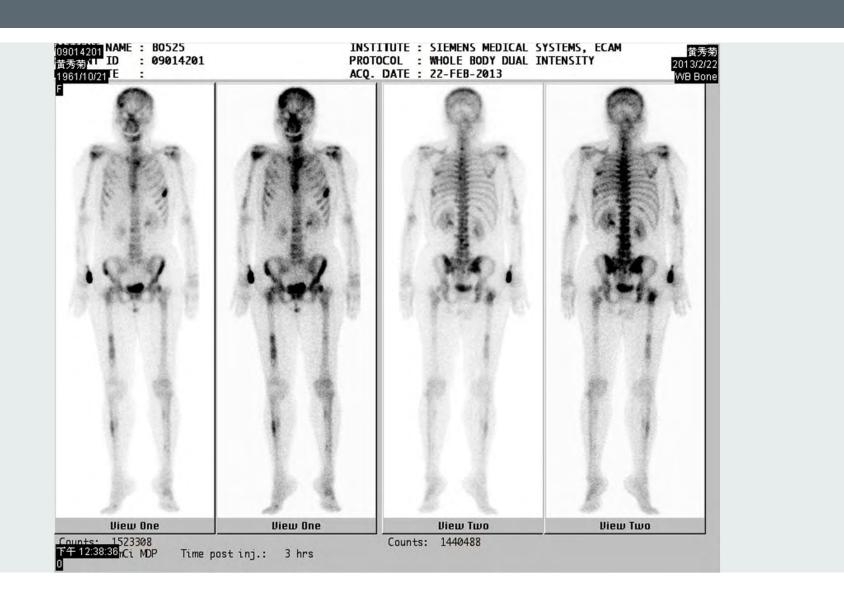


IMAGE FINDING - BONE SCAN

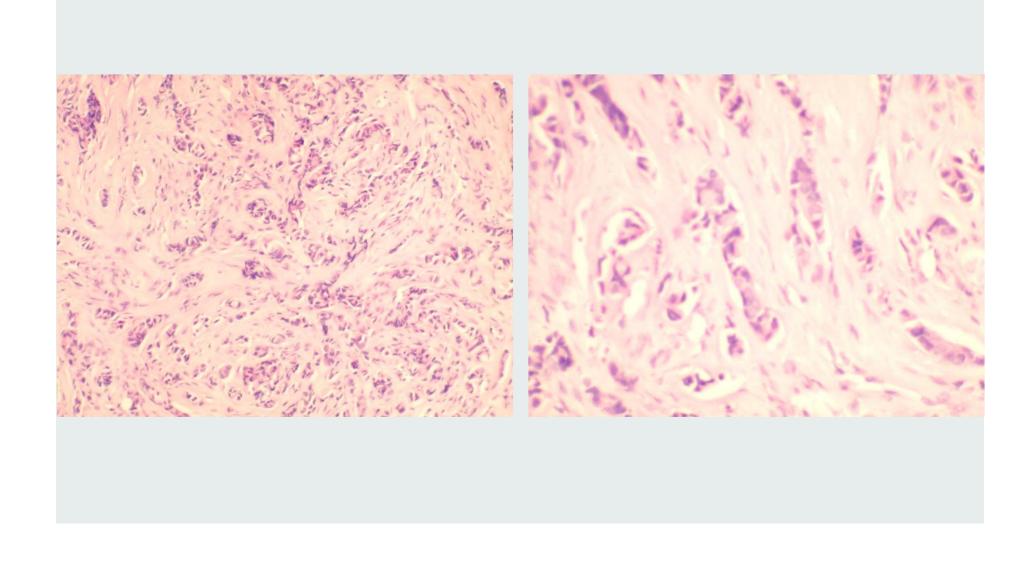


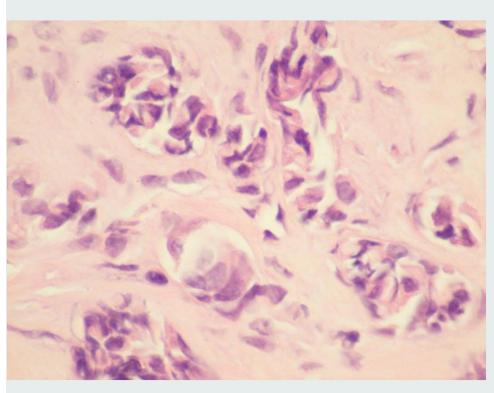
IMPRESSION

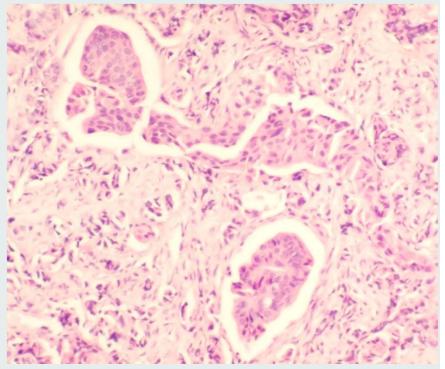
Clinical impression

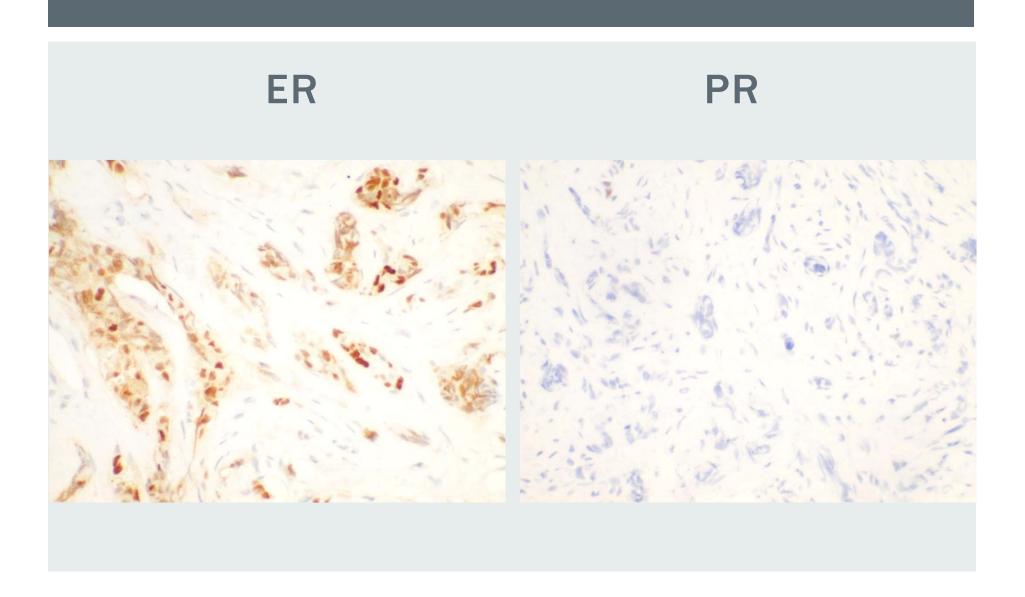
Metastatic lesion over left mandibular body

- Bone scan report
 - 1. multiple bone metastasis
 - 2. hot spots over maxilla and mandible, dental problem suspected

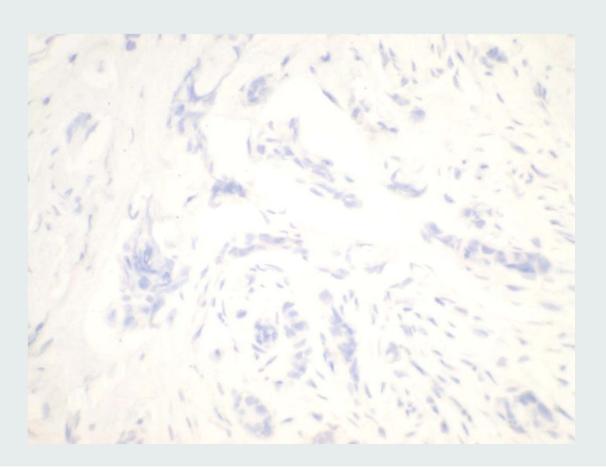








TTF1



DIAGNOSIS

Histopathologic report

Metastatic adenocarcinoma over left mandibular body, breast cancer suspected

CASE 2

■Name: 許 O O

Age: 77

Gender: Female

Chief ComplaintAn ulcer over tonguefor more than 2months



PRESENT ILLNESS

This 77 y/o female sufferred 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

DM

Sugar, Hb Alb: WNL

Nutrition deficiency

Serum ferritin: WNL

Anemia

CBC: WNL

Sicca syndrome

ANA, Anti-Ro, Anti-La,

C3, C4, RA factor:

WNL

PAST HISTORY

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: irrigular
- 4. Consistency: elastic
- 5. Base: sessile
- 6. Mobility: fixed
- 7. Pain(+)
- 8. Induration(-)



INTRA-ORAL EXAMINATION

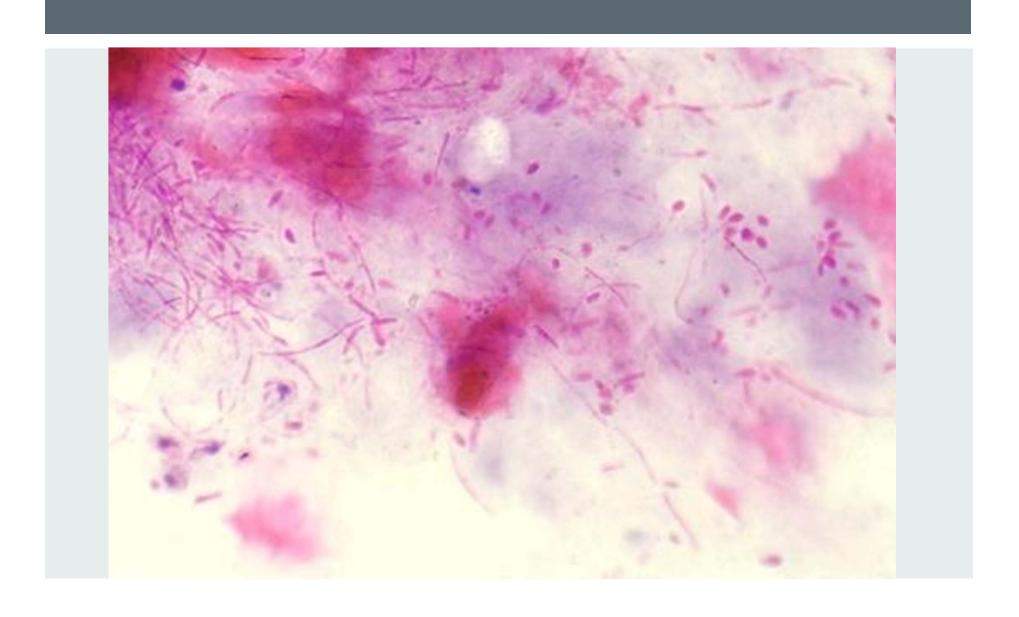
- An ulcer over soft palate
- 1. Dimension: 2 x 1 cm
- 2. Color: red
- 3. Shape: irrigular
- 4. Consistency: elastic
- 5. Base: sessile
- 6. Mobility: fixed
- 7. Pain(+)
- 8. Induration(-)



IMPRESSION

- Clinical impression
 - 1. candidiasis
 - 2. rhomboid glossitis

CYTOLOGIC FINDING



DIAGNOSIS

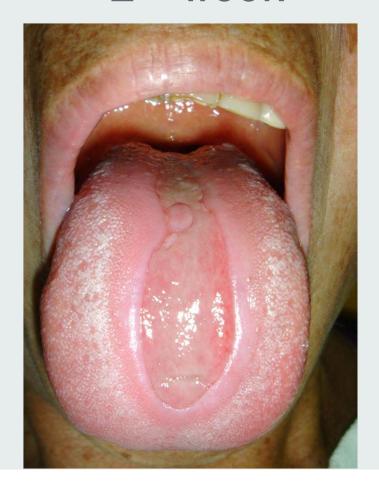
Smear report

Candidiasis over middle tongue dorsum

- Possible causes
 - 1. Immunocompromised due to steroid
 - 2. Dry mouth

TREATMENT COURSE

1st week



1st month

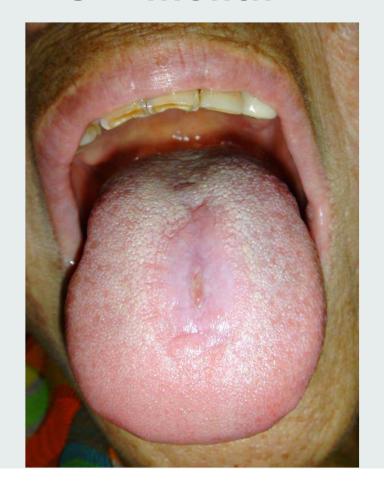


TREATMENT COURSE

2nd month



3rd month



SUMMARY

No.	Brief description	Histopathologic Diagnosis
1	Two unilocular RL lesions over bil. ramus	Keratocystic odontogenic tumor
2	A multilocular lesion over left Md body and ramus	Ameloblastoma
3	A RO mixed RL lesion over symphysis and left madible	Cemento-ossifying fibroma
4	A bony hard mass over right hard palate for 5 years	Osteolipoma
5	A mass over right neck for 1 year	Teratoma
6	An ulcerated mass over left tongue and left protid mass	SCC & Warthin's tumor
7	A swelling mass over left hard palate for 3 years	Adenoid cystic carcinoma
8	A fast-growing mass over right floor of mouth for 3 months	Fibrosarcoma
9	A ill-defined RL lesin over left mandible	Metastatic adenocarcinoma
10	An ulcer over tongue dorsum for 2 months	Candidiasis



Thank you very much for your attention.