

Case Report

指導老師:

V.S. : 林立民醫師 陳玉昆醫師
王文岑醫師 陳靜怡醫師

Resident : 謝牧諺醫師

IntA : 郭宗憲 洪裕盛 蔡欣慈 陳怡璇

General Data

✿ Name : 田XX

✿ Gender : Male

✿ Age : 69

✿ Occupation : 無

✿ Attending V.S. : 謝天渝醫師

✿ First visit : 99. 7. 26

Chief Complaint

- ✚ Referred from 東港安泰 hospital for evaluation of R't parotid gland tumor.

Present Illness

✿ This 69 y/o male suffered the episode and had trauma history over R't face ten years ago. His R't face started swelling but sometimes it will decrease. It keeps swelling since five ~ six years ago. Recently, 泰武衛生所主任 suggested him to go to 安泰 hospital for treatment, and Dr. 宋 checked the pano, referred him to our OPD for further treatment.

Past Medical History

- ✿ Drug allergy: denied
- ✿ Systemic disease: hypertension, under medicine control
- ✿ 坐骨神經(?)
- ✿ Hospitalization: stroke(95年)、盲腸

Past Dental History

- ✚ OD treatment
- ✚ Endodontic treatment
- ✚ Prosthodontic treatment

Risk factors

- ✿ Alcohol: (-)
- ✿ Betel nut: (-)
- ✿ Cigarette: (-)

Extraoral examination

- ✿ There is a ovoid shaped swelling mass over right infra-auricular area.
- ✿ Measured approximately 6x4.7 cm
- ✿ Surface : smooth
- ✿ Base : sessile
- ✿ Shape : dome
- ✿ Color : skin surface
- ✿ Consistency : firm

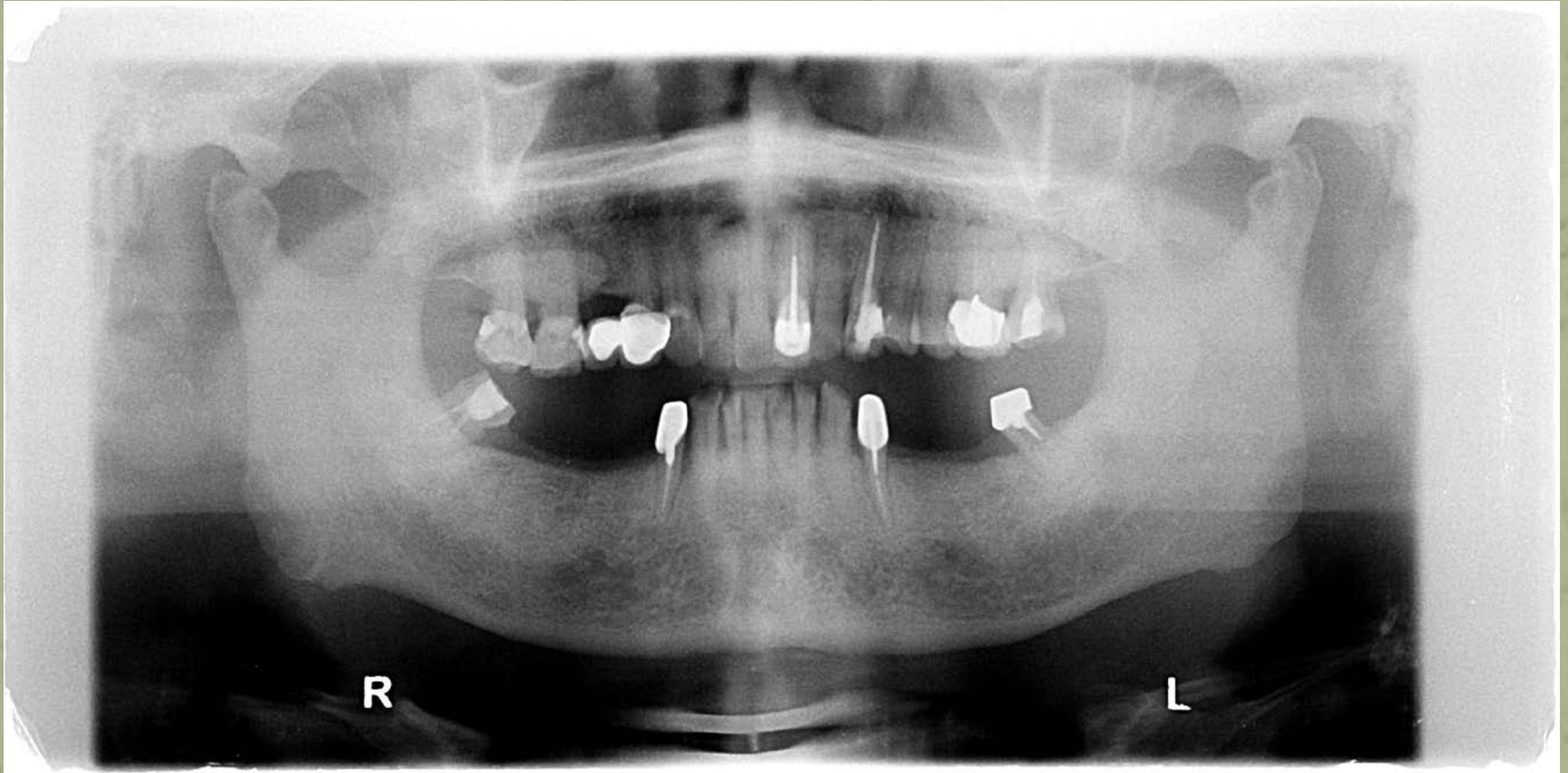


Extraoral examination

- ✿ Fluctuation : (-)
- ✿ Mobility : fixed
- ✿ Pain : (-)
- ✿ Tenderness : (+)
- ✿ Induration : (-)
- ✿ Lymphadenopathy : (-)



Radiographic examination



X-ray findings

- ✿ missing tooth : 18,15,28,35,36,38,45,46,47
- ✿ Restoration: 17,16
- ✿ endodontic condition:21,23,34,44,48
- ✿ C & B: 14x, 21,26,34,37,44
- ✿ Post & core: 21,,34,37,44
- ✿ Lower anterior teeth attrition



Differential Diagnosis

Step one .

Inflammation, cyst, or neoplasm

@Step 1-1 →

- ✿ Pain : (-)
- ✿ Tenderness : (+)
- ✿ Duration : 5~6 years
- ✿ No purulent drainage was presented
- ✿ No fever, pain

→ **Inflammation**

Step one.

Inflammation, cyst, or neoplasm

⊙ *Step 1-2*

⊕ Mobility : fixed

⊕ Fluctuation : (-)

→ ~~cyst~~

→ ***Neoplasm***

Step two.

Benign or malignant

Features suggestive of <u>benignancy</u>	Features suggestive of <u>malignancy</u>
Movable	Fixed
Unattached to skin or mucosa	Fixed to overlying skin or mucosa
No ulceration of skin or mucosa	Ulceration of skin or mucosa
Slow growth	Rapid growth
Long duration	Short duration
No pain	Pain often severe
No facial nerve palsy	Facial nerve palsy

Step two.

Benign or malignant

Features suggestive of <u>benignancy</u>	Our case —may be <u>benignancy</u>
Movable	Fixed
Unattached to skin or mucosa	Fixed to overlying soft tissue
No ulceration of skin or mucosa	No ulceration of skin or mucosa
Slow growth	Slow growth
Long duration	5~6 years
No pain	Pain : (-) Tenderness : (+)
No facial nerve palsy	Unknown

Step three.

Peripheral or central origin

- ✚ The mass is over right cheek
(soft tissue origin)
- ✚ Radiography shows no bone invasion
- ✚ Exophytic dome shape mass

→ **Peripheral**

Differential diagnosis

Inflammation

Cyst

Neoplasm

Malignant

Benign

Peripheral benign neoplasm

Central

Peripheral

PUBLIC SPEAKING

Working Diagnoses

Working Diagnoses

✚ Salivary gland origin

→ **Pleomorphic adenoma**

→ **Oncocytoma**

→ **Warthin tumor**

✚ Mesenchymal origin

→ **Rhabdomyoma**

→ **Neurilemoma**

→ **Neurofibroma**

Salivary gland origin

Pleomorphic adenoma

- ✿ Most common salivary neoplasm
- ✿ Usually parotid tumor
- ✿ A mixture of ductal and myoepithelial element

Pleomorphic adenoma v.s. our case

	Pleomorphic adenoma	Our case
Age	Any age , most common between 30~50	69
Gender	Slight female predilection	Male
Site	Usually parotid tumor	Right cheek
Size	6 x 4.7 cm	
Surface	Smooth	Smooth
Base	Sessile	Sessile
Shape	Dome	Dome
Color	Skin surface	Skin surface
Consistency	Firm	Firm

Pleomorphic adenoma v.s. our case

Fluctuation	Pleomorphic adenoma	Our case
Pain	(—)	(—)
Tenderness	(—)	(+)
Fluctuation	(—)	(—)
Ulceration	(—)	(—)
Mobility	(—)	(—)
Induration	(—)	(—)
Risk factor		Alcohol (—) Betel quid (—) Smoking (—)
Duration	Slowly growing	5~6 years

Pleomorphic adenoma v.s. our case

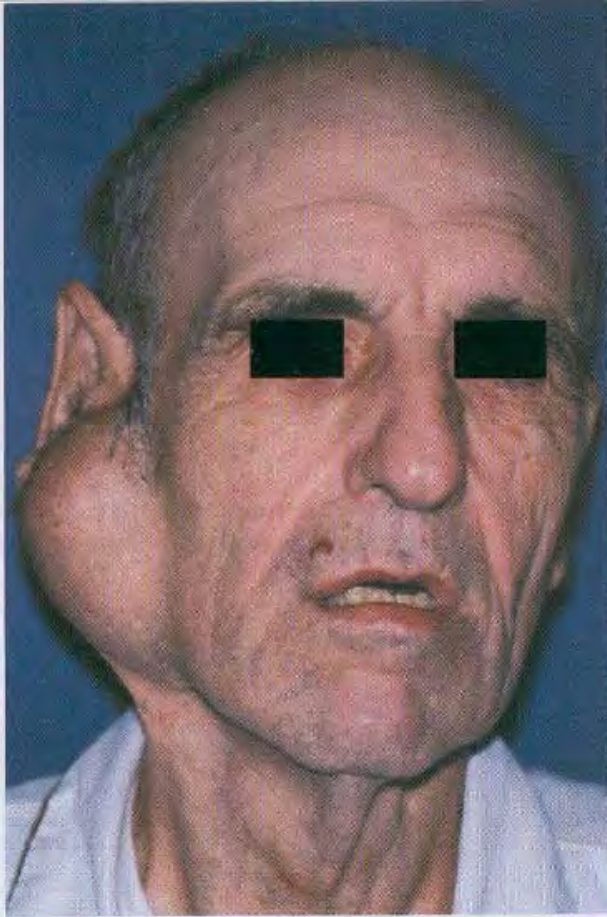


Figure 11-33 • Pleomorphic adenoma. Slowly growing tumor of the parotid gland.



Oncocytoma

- ✿ Composed of large epithelial cells as known as oncocyte
- ✿ A rare neoplasm, representing approximately 1 % of all salivary tumors

Oncocytoma v.s. our case

	Oncocytoma	Our case
Age	Any age , Peak in eighth decade	69
Gender	Slight female predilection	Male
Site	85%~90% parotid tumor	Right cheek
Size	Rarely exceed 4 cm	6 x 4.7 cm
Surface	Smooth	Smooth
Base	Sessile	Sessile
Shape	Dome	Dome
Color	Skin surface	Skin surface
Consistency	Firm	Firm

Oncocytoma v.s. our case

Fluctuation	Oncocytoma	Our case
Pain	(—)	(—)
Tenderness	(—)	(+)
Fluctuation	(—)	(—)
Ulceration	(—)	(—)
Mobility	(—)	(—)
Induration	(—)	(—)
Risk factor		Alcohol (—) Betel quid (—) Smoking (—)
Duration	Slowly growing	5~6 years

Oncocytoma v.s. our case



✚ <http://www.turkarchotolaryngol.org/pdf/pdf44/pdf44n2/pdf44n2p095.pdf>

Warthin tumor (papillary cystadenoma lymphomatosum)

- ✿ a benign neoplasm of the salivary glands
- ✿ 4-15% of salivary gland neoplasms
- ✿ more common in men during their 6-7th decades
- ✿ almost exclusively occurs in the parotid gland and bilateral or multifocal tumors
- ✿ painless swelling, usually within the lower portion of the salivary gland

Warthin tumor v.s our case

	Warthin tumor	Our case
Age	6 th -7 th decades	69
Gender	Male predilection	Male
Site	Tail of Parotid gland, 5-14%bilateral	Right cheek
Size	-	8 x 6 cm
Surface	Smooth	Smooth
Base	Sessile	Sessile
Shape	Nodular	Dome
Color	Normal skin color	Skin surface
Consistency	Firm or fluctuant	Firm

Warthin tumor v.s. our case

Fluctuation	Warthin tumor	Our case
Pain	(-)	(—)
Tenderness	(-)	(+)
Fluctuation	(+)	(—)
Ulceration	(-)	(—)
Mobility	(-)	(—)
Induration	(-)	(—)
Risk factor	Smoking(+)	Alcohol (—) Betel quid (—) Smoking (—)
Duration	-	5~6 years

Warthin tumor v.s. our case



Figure 11-45 • Warthin tumor. Mass in the tail of the parotid gland. (Courtesy of Dr. George Blozis.)



Mesenchymal Origin

Rhabdomyoma

- ✿ A benign neoplasm of skeletal muscle
- ✿ Despite the great amount of skeletal muscle throughout the body, benign skeletal muscle tumors are rare
- ✿ Extracardiac rhabdomyomas show a striking predilection for the head and neck
- ✿ Can be subclassified into two types
 - Adult rhabdomyoma
 - Fetal rhabdomyoma

Rhabdomyoma v.s. our case

	Rhabdomyoma	Our case
Age	Adult — Middle-aged and older p't Fetal — Young children	69
Gender	70% in men	Male
Site	Adult — Pharynx, larynx Floor of mouth, soft palate Tongue base Fetal — Face & periauricular region	Right cheek
Size	Can grow to many cm before discovery	6 x 4.7 cm
Surface	Smooth	Smooth
Base	Sessile	Sessile
Shape	Nodule	Dome
Color	Relate to adjacent mucosa	Skin surface
Consistency	Soft	Firm

Rhabdomyoma v.s. our case

Fluctuation	Rhabdomyoma	Our case
Pain	Almost(—)	(—)
Tenderness	Almost(—)	(+)
Fluctuation	(—)	(—)
Ulceration	(—)	(—)
Mobility	(+)	(—)
Induration	(—)	(—)
Risk factor	Rare relationship	Alcohol (—) Betel quid (—) Smoking (—)
Duration	Several year-slow growing	5~6 years

Rhabdomyoma v.s. our case

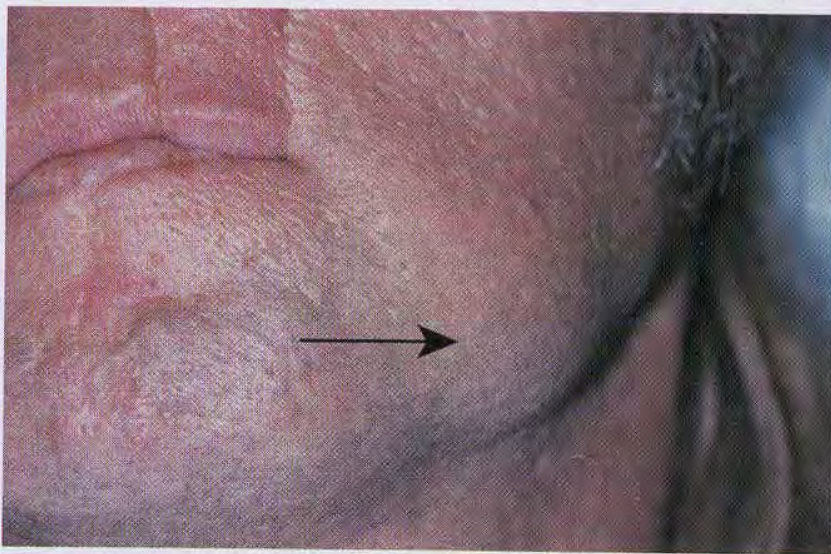


Figure 12-116 ♦ **Adult rhabdomyoma.** Nodular mass (arrow) in the left cheek. (Courtesy of Dr. Craig Little.)



Neurilemoma

- ✿ A benign neural neoplasm of Schwann cell origin
- ✿ Relatively uncommon, although 25% to 48% of all cases occur in the head and neck

Neurilemoma v.s. our case

	Neurilemoma	Our case
Age	Young & middle-aged adult	69
Gender	Both	Male
Site	Almost anywhere in the mouth (Tongue) Intraosseous (posterior mandible)	Right cheek
Size	From a few mm to many cm	6 x 4.7cm
Surface	Smooth	Smooth
Base	Sessile	Sessile
Shape	Nodular / dome	Dome
Color	Red	Skin surface
Consistency	Firm	Firm

Neurilemoma v.s. our case

	Neurilemoma	Our case
Pain	Almost (—)	(—)
Tenderness	Almost (—)	(+)
Fluctuation	(—)	(—)
Ulceration	(—)	(—)
Mobility	Movable to fixed	(—)
Induration	(—)	(—)
Risk factor	Rare relationship	Alcohol (—) Betel quid (—) Smoking (—)
Duration	More than one decade	5~6 years

Neurilemoma v.s. our case



Neurofibroma

- ✚ Most common type of peripheral nerve neoplasm
- ✚ Arise from a mixture of cell types, including Schwann cells and perineural fibroblasts

Neurofibroma v.s. our case

	Neurofibroma	Our case
Age	Young adult	69
Gender	-	Male
Site	Skin, tongue & buccal mucosa(oral cavity),bone	Right cheek
Size	Small nodule to large mass	6 x 4.7cm
Surface	smooth	Smooth
Base	sessile	Sessile
Shape	dome	Dome
Color	Normal skin, red (oral cavity)	Skin surface
Consistency	soft	Firm

Neurofibroma v.s. our case

Fluctuation	Neurofibroma	Our case
Pain	(-)	(—)
Tenderness	(-)	(+)
Fluctuation	(-)	(—)
Ulceration	(-)	(—)
Mobility		(—)
Induration	(-)	(—)
Risk factor	(-)	Alcohol (—) Betel quid (—) Smoking (—)
Duration	(-)	5~6 years

Neurofibroma v.s. our case



Working diagnosis

✚ Salivary gland origin

→ **Pleomorphic adenoma**

→ **Oncocytoma**

→ **Warthin tumor**

✚ Mesenchymal origin

→ **Rhabdomyoma**

→ **Neurilemoma**

→ **Neurofibroma**

Final Impression

✚ Pleomorphic adenoma, over R't parotid gland

References

- ✿ Oral & maxillofacial pathology, second edition
- ✿ Difference diagnosis of oral and maxillofacial lesions, fifth edition



**Thanks for your
attention!~**