

口腔病理及影像診斷科

CASE REPORT

報告組別：Intern Group C

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General Data

- ◎ Name : XXX
- ◎ Sex : Female
- ◎ Age : 56 y/o
- ◎ Native : 高雄
- ◎ Marital status : 已婚
- ◎ Attending V.S. : XXX醫師
- ◎ First visit : 101.10.05

Chief Complaint

- Referred from 小港H. for oral examination due to a swelling mass over left palate for 3 years.



101.10.24

Present Illness

- ◎ This 56 y/o female suffered from a swelling mass over left palate for 3 years near the midline, and about 1 year ago she noticed the mass was increasing in size.
- ◎ 101.09.27
 - Received incisional biopsy by Dr.許 at 小港H.
H-P report : Adenoid cystic carcinoma

Present Illness

◎101.10.05

- Referred to our OMS dept. for further treatment
- Pre-op examination

OMF Examination

101/10/24

- Size : 3 x 2 x 1 cm
- Color : Pinkish with areas of bluish color
- Mobility : Fixed
- Shape : Well-defined;
Dome shaped
- Consistency : Firm
- Pain (-)
- Tenderness (-)
- Induration (-)
- Ulceration (-)
- Facial paralysis (-)
- LAP : (-)



Past History

◎ Past Medical History

- Underlying diseases : Hepatitis C
- Urticaria history
- Hospitalization :
 - Hysterectomy at 台東馬偕H. in 1994
 - Adenocarcinoma, breast s/p operation
- Surgery under GA : as above
- Drug or food allergies : denied

◎ Past Dental History

- Routine dental treatment
- Attitude to dental treatment : cooperative

Personal History

- ⦿ Risk factors related to malignancy
 - Alcohol : (+), social
 - Betel quit : (+), 1 grain in few months , quit 30+ yrs
 - Cigarette : (-)
- ⦿ Special oral habits : Denied
- ⦿ Irritation : Denied

Image finding - Panorex

10/05/2012



There is no significant finding in panorex.

Image finding - Panorex

10/05/2012



Dental finding :

- Caries : Nil
- Periodontal condition : Horizontal bony resorption of lower anterior teeth
- Calculus : Tooth 15, 41, 43
- Missing tooth : Tooth 18, 28, 38
- Prosthesis : Nil

Water's View - 101/10/05

1. The calvarium is intact
2. The bony structures of the orbits and sinuses are intact
3. The bilateral maxillary sinuses are slightly cloudy
4. No nasal septal deviation is noted
5. The visible soft tissue also appears unremarkable



CT – 101/10/12



CT report : Invasion to palate bone and may be extent to nasal cavity

DIFFERENTIAL DIAGNOSIS

Working Diagnosis

- ◎ Our case features :
 - Site : Hard palate
 - Gender : Female
 - Age : 56
 - Consistency : Firm
 - Progressive : Slow and sudden spurt

Inflammation ? Neoplasm ? Cyst ?

	Our case	Inflammation	Neoplasm	Cyst
Color	: Pinkish with areas of bluish color	Red	Variable	Yellow or white
Fever or local heat	(-)	(+)	(-)	(-)
Consistency	Firm	Rubbery	Variable	Rubbery
Ulceration	(-)	(-)	(-)/(+)	(-)
Duration	3 years	Days to Months	Months to years	Years
Mobility	Fixed(in palate)	Fixed(in palate)	Fixed (in palate)	Fixed(in palate)
Pain	(-)	(+)	(-)/(+)	(-)

Neoplasm!

Benign or Malignance ?

	Our case	Benign	Malignance
Progressive	Slow, then sudden spurt	Slow	Variable
Pain	-	+/-	+/-
Induration (in palate)	-	Hard to defined	Hard to defined
Mobility(in palate)	Fixed	Fixed	Fixed

Benign and malignant tumor should be considered

Working Diagnosis

- ① (1) Pleomorphic adenoma
- ② (2) Mucoepidermoid carcinoma
- ③ (3) Adenoid cystic carcinoma
- ④ (4) Polymorphous low-grade adenocarcinoma
- ⑤ (5) Malignant mixed tumor

Pleomorphic adenoma

	Our case	Pleomorphic adenoma
Gender	Female	Female
Age	56	30-60
Site	Hard palate	Parotid gland (most common) minor gland (especially palate)
Pain	(-)	(-)
Ulcer	(-)	(-)
Consistency	Firm	Variable
Fluctuation	Unknown	unknown
Duration	3 years	Many years
Rate	-	45-75 %

Pleomorphic adenoma



Our case



Pleomorphic adenoma

Mucoepidermoid carcinoma

	Our case	Mucoepidermoid carcinoma
Gender	Female	None
Age	56	10-60
Site	Hard palate	Parotid gland > minor gland (especially palate)
Pain	(-)	(-)
Ulcer	(-)	(-)
Consistency	Firm	Variable(low-grade: soft High-grade: firm)
Fluctuation	Unknown	Low-grade(+) High-grade(-)
Duration	3 years	1 year or less
Rate	-	22.9 %

Mucoepidermoid carcinoma



Our case



Mucoepidermoid carcinoma

Adenoid cystic carcinoma

	Our case	ACC
Gender	Female	None
Age	56	Middle-aged
Site	Hard palate	Minor salivary gland
Pain	(-)	(+)
Ulcer	(-)	(-)
Consistency	Firm	Firm
Feature	No significant finding	Bone destruction
Duration	3 years	Slowly growing
Rate	-	6.4 %

Adenoid cystic carcinoma



Our case



Adenoid cystic carcinoma

Polymorphous low-grade adenocarcinoma

	Our case	PLGA
Gender	female	2/3 female
Age	56	70-90
Site	Hard palate	Minor salivary gland
Pain	(-)	(-)
Ulcer	(-)	(+) / (-)
Consistency	Firm	Variable
Duration	3 years	Slowly growing
Feature	No significant finding	Infiltrate the underlying bone
Rate	-	5.1 %

Polymorphous low-grade adenocarcinoma



Our case



Polymorphous low-grade adenocarcinoma

Malignant mix tumor

	Our case	MMT
Gender	Female	Female
Age	56	Around 70
Site	Hard palate	68% in Parotid gland 18% in minor salivary gland
Pain	(-)	(+)
Ulcer	(-)	(+)
Consistency	Firm	Firm
Duration	3 years	Variable
		0.4 %

Clinical Impression

- ⦿ Pleomorphic adenoma, left hard palate
- ⦿ Adenoid cystic carcinoma, left hard palate
- ⦿ Mucoepidermoid carcinoma, left hard palate



101.10.24

TREATMENT COURSE

Treatment procedure

◎101/09/27

- Received biopsy by Dr.許 at 小港H
- H-P report : adenoid cystic carcinoma, grade 1, left hard palate

◎101/10/05

- A swelling mass over left palate for 3 years
- Arrange Bone scan and Water's view

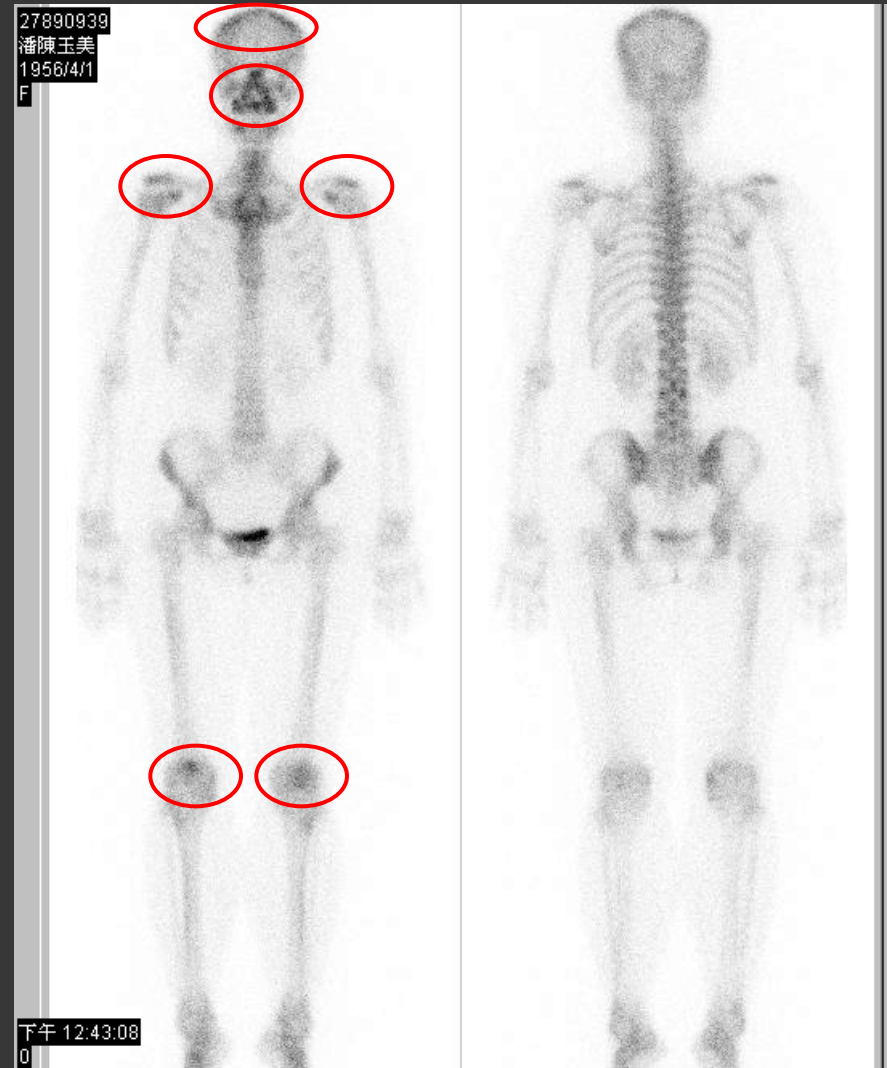
Treatment procedure

- ◎ 101/10/05 - Water's view
 1. The calvarium is intact
 2. The bony structures of the orbits and sinuses are intact
 3. The bilateral maxillary sinuses are **slightly cloudy**
 4. No nasal septal deviation is noted
 5. The visible soft tissue also appears unremarkable

- ◎ **Suspect bilateral maxillary sinusitis**

Treatment procedure

- 101/10/09
 - Bone scan
- The hot spots over Maxillofacial bones showed abnormal active bone lesions.



Bone scan – 101/10/09

Imaging findings :

- Tc-99m MDP whole body bone scan
- There are increased radioactivity in :
 1. Hot spots in maxilla and mandible, which may be due to certain **dental problem. However, metastatic bone disease should be carefully ruled out.**
 2. Diffusely in calvarium, and slightly in L3, which may be due to **certain degenerative change.**
 3. Mildly in bilateral shoulder, knee joints and tarsal bones, which may be due to **certain arthritis.**

Bone scan – 101/10/09

Impression :

- ⦿ Active bone lesions involving the above bony structures, especially in **facial bones**.
- ⦿ Although the **probability of local bone invasion from palate cancer to facial bones is not considerably high**, and certain dental problem should be considered first, X-ray exam & follow-up bone scan may be recommended.

Treatment procedure

- ① 101/10/2018
 - CT re...
 - be ext...
 - Suggest...
 - Refer...
- ② 101/10/2018
 - Arrang...
 - Pre-op...
 - Take C...



may

nt

Treatment procedure

101/10/24 - Chest PA

1. The heart size is enlarged
2. The aorta is dilated
3. Both lungs are free of any infiltrative or active consolidative lesion
4. The hila and mediastinum are also unremarkable
5. There are spurs of the T-spine & L-spine

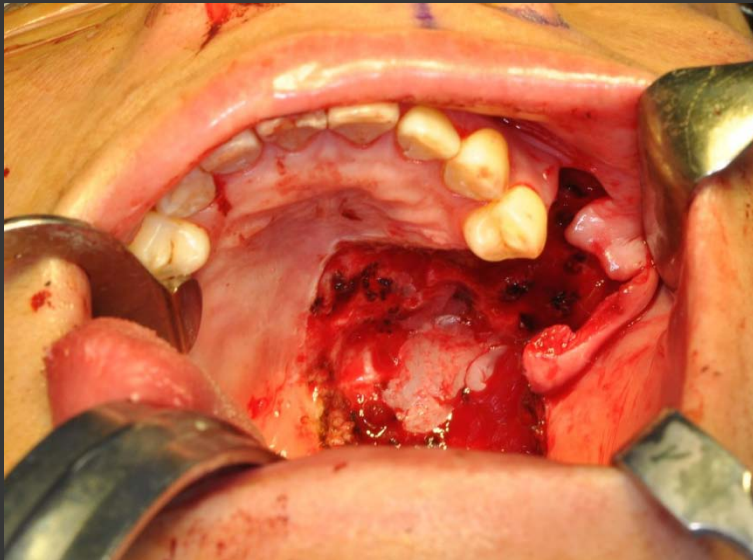
- Cardiomegaly
- Dilated aorta
- Spondylosis of the T-, L-spine



Treatment procedure

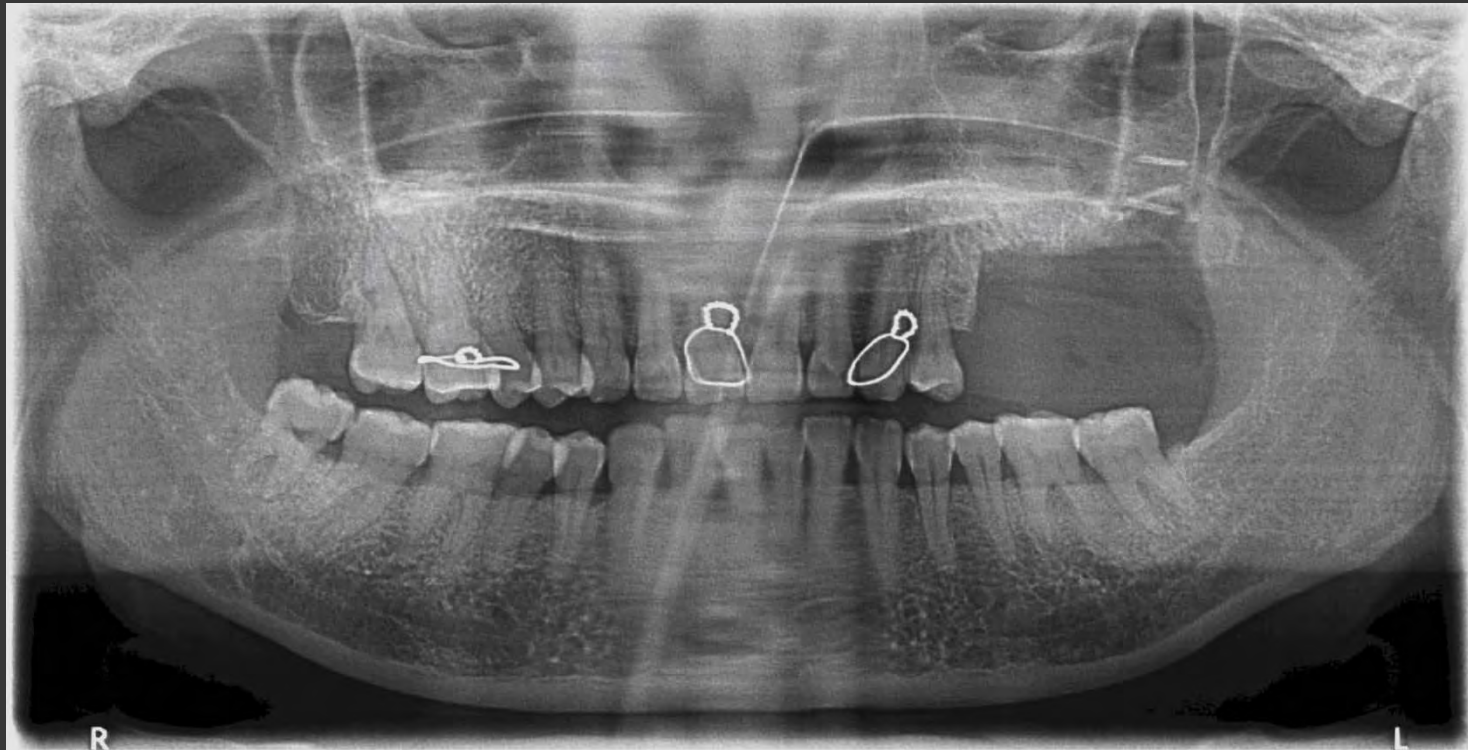
◎ 101/10/29

- OP under GA with NETT
- Wide excision + Partial maxillectomy + Terudermis repair + Extraction of tooth 25 + Palatal stent fixation



Treatment procedure

- 101/11/02
 - Take panorex
 - Remove NG tube



The panorex showed that the surgery area was extending from distal side of tooth 24 to the end of left maxilla and from the height of root apex of tooth 24 down to the top of maxillary alveolar crest. Left maxillary sinus was not involved. Besides, there were three splinting tooth 11, 16, 23 and we can also found ghost image of NG tube.

Treatment procedure

◎ 101/11/06

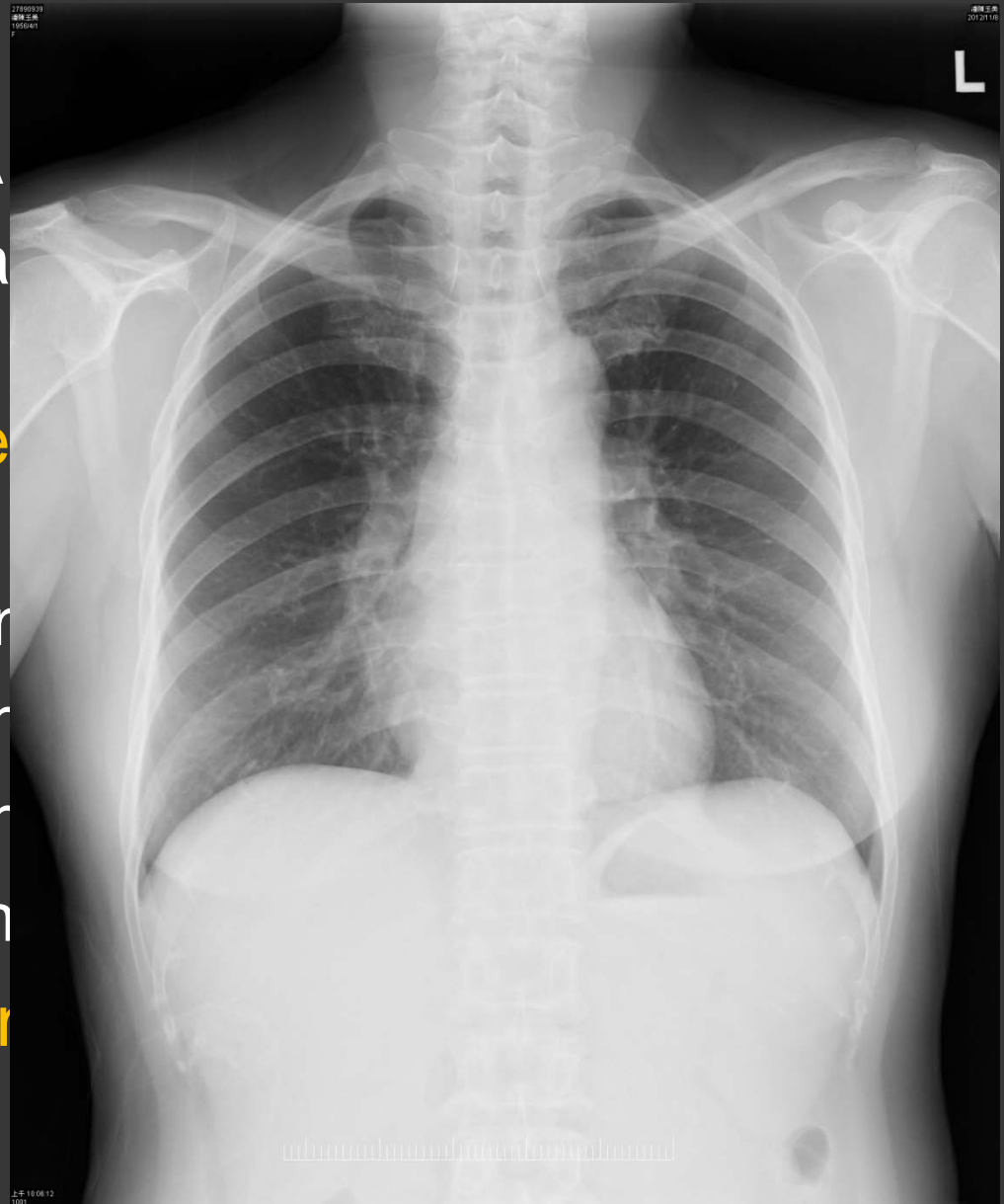
- HP report : ACC, grade 2
- Microscopic invasion :
 - Bone of maxilla (tumor thickness : 1.2cm)
- Perineural invasion : present
- Bone invasion : present
- Surgical margin : involved
- Frozen sections : negative of malignancy

◎ 101/11/08

- Fever, Consult INF, Take chest PA film

Treatment procedure

- ① 101/11/08 - Chest PA
 - This study is comparable to 101/10/24
 - **The lungs reveal free infiltration**
 - The cardiac size is normal
 - The costophrenic angles are clear
 - The mediastinum and hila are normal
 - The bony thorax reveals no abnormality
- ② **No radiological evidence of disease**



Treatment procedure

◎ 101/11/09

- Consult 肝膽胰內科 for pre-CT, arrange abdominal echo on 11/15, add silymin 1# TID for impaired liver function

◎ 101/11/15

- Discharge

DISCUSSION

Adenoid Cystic Carcinoma

Clinical & Radiographic

- Minor gland: 50%~60%, palate the most
- Major gland: Parotid = Submandibular
- Parotid gland : 2%~3%
- Submandibular gland: 12%~17%
- Middle age , >20 years
- Male=Female



Clinical & Radiographic

- ⦿ Slowing growing
- ⦿ Pain,noticeable swelling
- ⦿ Constant,low-grade,dull ache
- ⦿ May paralysis facial nerve
- ⦿ Palate & maxillary sinus show bone destruction

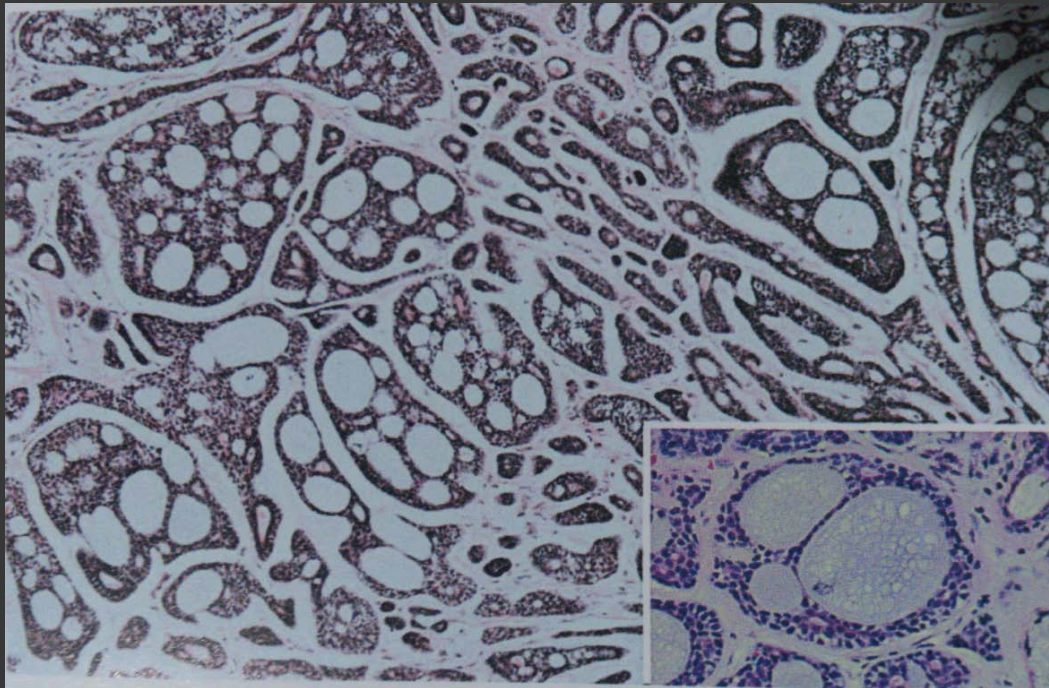
Clinical & Radiography



- Palate & maxillary sinus show bone destruction

Histopathology

- Myoepithelial cells + Ductal cells



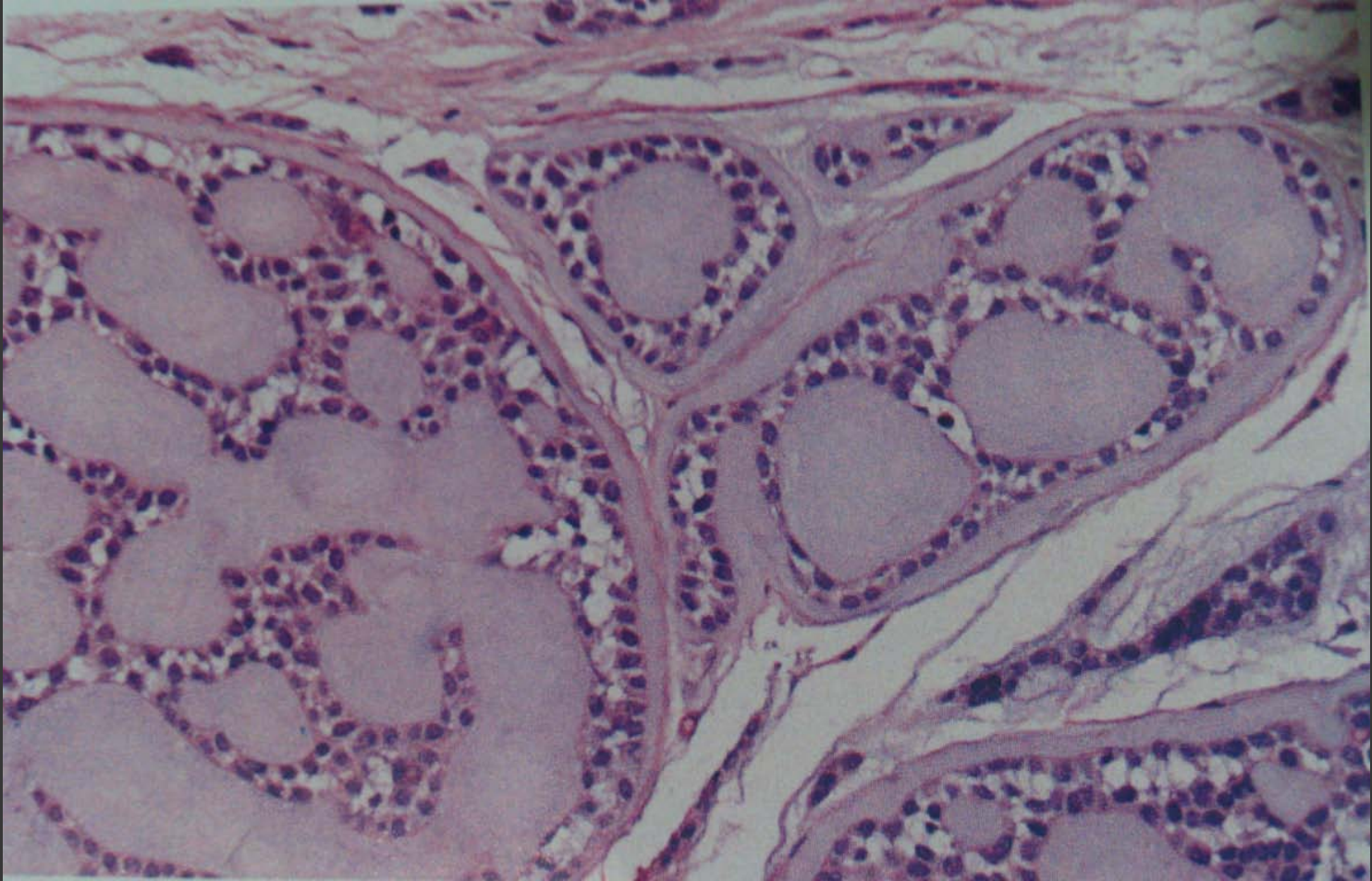
Histopathology

◎ 3 patterns:

(1) Cribriform type:

- Basaloid epi. + multiple cylindrical → Swiss chess
- Space : Basophilic mucoid material, hyalinized eosinophilic, mucoid-hyalinized appearance
- Cell : small, cuboidal, basophilic nuclei, little cytoplasm, rare mitotic

Histopathology



Histopathology

(2) Tubular pattern

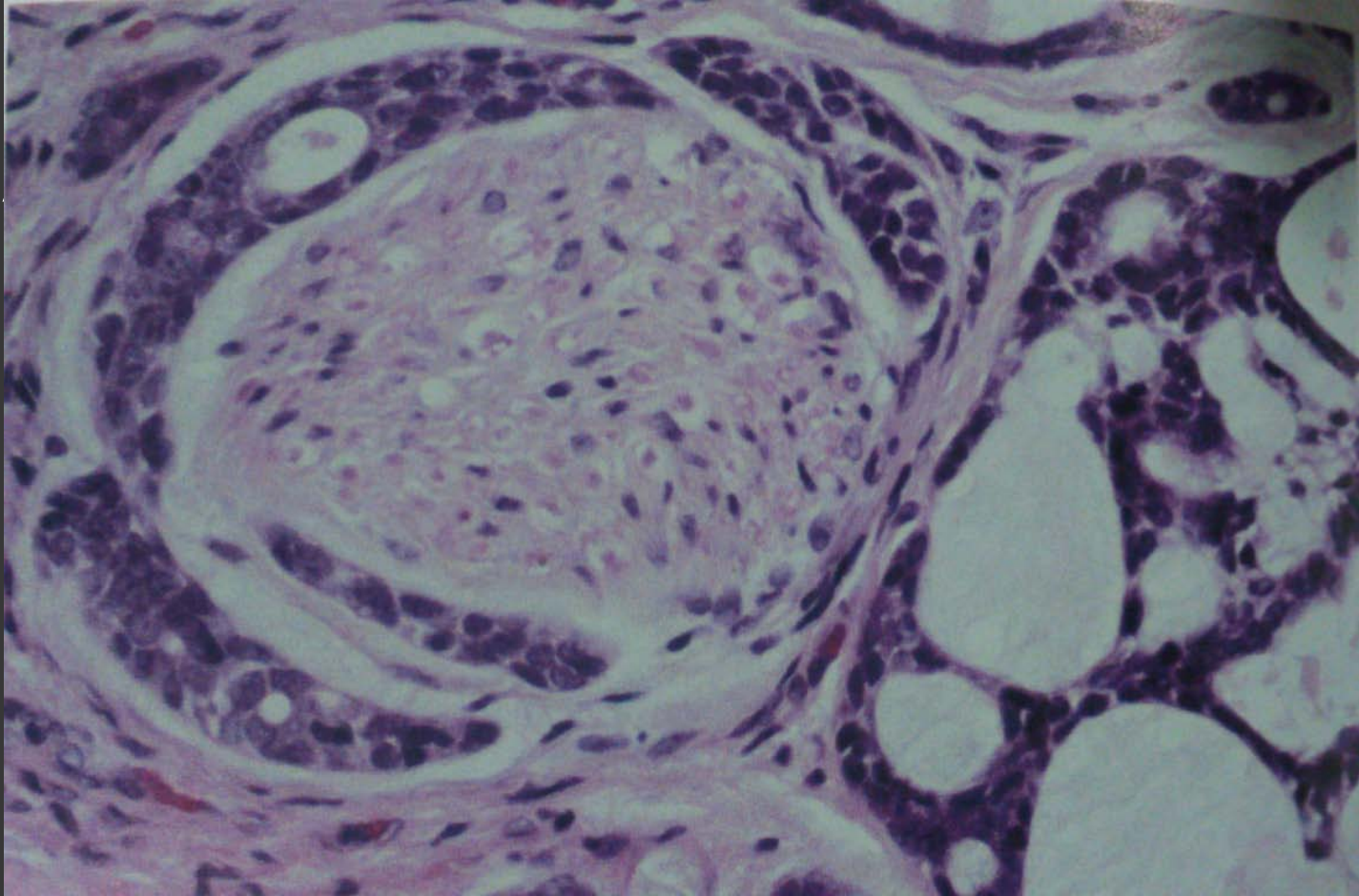
- Small ducts or tubules within a hyalinized stroma

(2) Solid variant

- Rare duct or cyst formation
- Focal necrosis in the tumor island

Histopathology

-
-
-



Treatment & Prognosis

- ⊙ Surgical excision , adjunct RT
- ⊙ **Late recurrence & distant metastasis**
- ⊙ Survival rate:
 - 5 years→70%
 - 10 years→50%
 - 20 years→25%
- ⊙ Poorest prognosis :
 - Solid type / maxillary sinus / submandibular gland

Treatment & Prognosis

- ⦿ DNA ploidy : diploid better than aneuploid
- ⦿ Palate/maxillary sinus may invade base of brain
- ⦿ Distant metastasis : Lung & bone

醫學倫理與病人安全

醫學倫理與病人安全

- 醫學倫理：一種道德思考、判斷和決策，以倫理學的觀點出發，以期能做出對病人最有利益、最能符合道德倫理規範的醫療決策
- 醫病關係的轉變：醫師中心模式轉變為病人中心模式 (physician-centered model → patient centered model)

醫學倫理原則

- ◎ 由Tom Beauchamp & James Childress在1979提出
 - 自主原則(Autonomy)
 - 不傷害原則(Non-maleficence)
 - 行善原則(Beneficence)
 - 公義原則(Justice)

自主原則(Autonomy)

- 原則：一位具理性思考能力的病人，在完全瞭解醫療處置方針的利弊得失下，有權決定自己的行為，包括決定及選擇醫療專業人員和治療方式
- 臨床意義：
 - (1) 病人之自主行為不應遭受他人之操控或干預
 - (2) 指醫療人員應提供充分且適當之資訊，以促成病人針對診療方式主動作一抉擇

不傷害原則(Non-maleficence)

- 源自希波克拉底之醫師誓約，即醫師之職責：
「最首要的是不傷害」
- 原則：不殺害病人、不能侵害病人權益和福祉以及平衡利害得失，使痛苦減到最低
- 臨床意義
 - (1) 醫療上是必須的，或是屬於醫療適應症範圍，因所施行的各種檢查或治療而帶來的傷害應符合不傷害原則
 - (2) 權衡利害原則 → 兩害相權取其輕
 - (3) 保護病人的生命安全

行善原則(Beneficence)

- 原則：行善原則包括不傷害原則的反面義務(不應該做的事)和確有助益的正面義務(應該做的事)，包括維護和促進病人的健康、利益和福祉，為基本倫理原則，也是醫護人員的基本義務
- 臨床意義
 - (1) 勿施傷害：不得故意對他人施予傷害或惡行
 - (2) 預防傷害：應該預防傷害或惡行
 - (3) 移除傷害：應該移除傷害或惡行
 - (4) 維持善行：應該致力於行事或維持善行

公義原則(Justice)

- 原則：強調資源合理分配、賞罰分明以及合乎正義之事。醫療上公平原則指基於正義與公道，以公平合理的態度來對待病人、病人家屬和受影響的社會大眾
- 臨床意義
 - (1) 公平地分配不足的資源
 - (2) 尊重病人的基本權利
 - (3) 尊重道德允許的法律，法律之前人人平等
 - (4) 先來先服務與急重症優先

臨床案例討論

- ◎ 該如何告知病患罹患惡性癌症，解釋病情和說明預後？

病情告知--YES

- ◎ 病患本有「知」的權利
- ◎ 無法隱瞞：對自己的身體，每個人都有自知之明
- ◎ 病情得知後，才好溝通且較願意配合醫療
- ◎ 病情告知後可以自行安排各種事
- ◎ 尊重生命：給予病人機會，能安祥地離開，這也是一項很重要的人權
- ◎ 有助於往後的哀傷輔導

病情告知--NO

- ◎ 害怕病人精神負擔太重，病情會惡化
- ◎ 家屬願意負擔責任，對病患的治療有決策權
- ◎ 反正病人已很嚴重，何必再告知？
- ◎ 告知的時機、地點不對
- ◎ 對告知者無信心，或告知者本身告知技巧還不成熟

技巧

- ◎ 有能力且充份地評估病人與家屬各種事項：
如求醫經過、人生觀、對疾病與死亡的認知，
情緒狀態、宗教信仰、支持系統....等等
- ◎ 衡量告知的利弊：注意自主原則、行善原則、
及個人差異性
- ◎ 建立良好的信任、醫病關係
- ◎ 掌握合適的時機告知：做完檢查時、病人主動詢問時
- ◎ 告知者該有的準備：了解病情、預知情緒變化、
接納病人的情緒及如何處理情緒變化

技巧

- ◎ 何人來告知：由病人最信任的人，如主要負責照顧的醫師，其他如親人、好友或教友
- ◎ 何時來告知：掌握適當的時機，最好在病人有充份準備時告知，而且不能告知後馬上走人，要留點時間給病人
- ◎ 何地來告知：選擇隱密性、讓病人及家屬覺得安全、寬心且可以表達情緒的地方，如討論室、會談室等
- ◎ 如何告知病情：坐下來、專心地、目光平視、語氣委婉，同理病人情緒反應、分辨認知問題或情緒反應；用病人可以理解的字語來解釋；隨時觀察病人可以接受的程度，澄清病人所了解的訊息
- ◎ 告知什麼：確定病人想知道的範圍

總結

- ◎ 與其一味以隱瞞、扭曲、矯飾心態，不如坦誠相對，積極賦予病人餘存生命意義，提供改善病人生活品質的希望，這才是病情告知的真正意涵，而**掌握時機**與**良好溝通**技巧是病情告知的不二法門。

Thanks for your attention !!