CASE REPORT

指導老師: 口腔病理科全體醫師
報告者: Intern H  陳雨瑄  潘琪方  林慧能  李敏綱  蘇哲弘
報告時間: 2013.4.26
Case Presentation
GENERAL DATA

- Name: OOO
- Gender: Female
- Age: 11 years old
- Native: Kaohsiung
- Date of visit: 19/09/2012
- Attending VS: XXX 医师
Chief Complaint

- Referred from LDC, ask for further examination of a swelling mass over lower left posterior region for months
Present Illness

• This 11 years old girl had suffered from a painless swelling mass over left lower posterior region for months. She went to LDC for help and was referred to Ta-Tung Hospital on 19/09/2012.

After physical examination and X-ray taking, it showed a swelling nodule with intact mucosa coverage and bony hard consistence over buccal side of left mandible from tooth 73 to tooth 75, about 2.0 x 2.5 cm². The panoramic film revealed that a well-circumscribed mixed lesion encasing 34 tooth germ under tooth 32 to tooth 36 with displacement of 33 and 35 tooth germ. Cone-beam CT was arranged in Ta-Tung Hospital on 17/10/2012. And she was referred to KMU for operation.
Extra-oral Examination

• Facial asymmetry: (+),
  chin deviation to left while closing
• No obvious swelling
Intra-oral Examination

- Color: normal-mucosa coverage
- Surface: smooth and intact
- Consistence: bony-hard
- Shape: nodule
- Bone expansion: (+)
- Local heat / fever: (-)
- Tenderness / Pain: (-)
- Paresthesia: (-)
Past Medical History

- Systemic disease: denied
- Hospitalization: urticaria, 3 year-old
- Hereditary disease: denied
  (Her mother is a silent carrier of Thalassemia)
- Current medication: denied
- Food / Drug allergy: unknown
Past Dental History

- Operative dental treatment
  --amalgam restoration on tooth 55, 64, 65, 85

- Attitude to general dental treatment: co-operative
Radiographic examination
• A well-defined radiolucent image with scallop-shaped margin containing radiopacities over tooth 74, 75 apical region
Bone expansion over left mandible (buccal-lingual dimension) pressing 33 tooth bud toward midline
A well-circumscribed unilocular radiolucent defect containing amount of radiopaque material and encasing 34 tooth bud which was pushed toward border line over left mandible, extending from distal side of tooth 32 and the impacted tooth 33 to the mesial root of tooth 75 and the impacted tooth 35, measuring about 3.0 x 3.0 cm².
• Compared with the original panoramic film taken on 09 / 19 / 2012, the mixed lesion didn’t showed obvious size decreasing after tooth 74 extraction and decompression button set up
Cone-beam CT Examination
Sagittal Section
Target without bone PA view
Working Diagnosis

Ameloblastic Fibro-Odontoma
Calcifying Odontogenic Cyst
Adenomatoid odontogenic tumor
Complex Odontoma
Calcifying epithelium odontogenic tumor
# Ameloblastic Fibro-Odontoma

<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>Ameloblastic fibro-odontoma</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>No predilection</td>
</tr>
<tr>
<td>Age</td>
<td>11</td>
<td>Average 10</td>
</tr>
<tr>
<td>Site</td>
<td>Left parasymphysis</td>
<td>Posterior mandible</td>
</tr>
<tr>
<td>Clinical findings:</td>
<td>- Pain</td>
<td>(—)</td>
</tr>
<tr>
<td></td>
<td>- Ulcer</td>
<td>(—)</td>
</tr>
<tr>
<td></td>
<td>- Consistency</td>
<td>Bony-hard</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(—)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>X-ray findings</td>
<td>Unilocular R-L with R-O</td>
<td>Unilocular R-L with R-O</td>
</tr>
<tr>
<td>Inclusion of unerupted tooth</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration</td>
<td>Many months</td>
<td>Many years</td>
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Ameloblastic Fibro-Odontoma

Ameloblastic Fibro-odontoma
## Calcifying Odontogenic Cyst

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<tr>
<td>Gender</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>11</td>
<td>20~30 (mean age=33)</td>
</tr>
<tr>
<td>Site</td>
<td>Left parasymphysis</td>
<td>Incisor &amp; canines (65%)</td>
</tr>
<tr>
<td>Clinical findings:</td>
<td>(—)</td>
<td>(—)</td>
</tr>
<tr>
<td>- Pain</td>
<td>(—)</td>
<td>(—)</td>
</tr>
<tr>
<td>- Ulcer</td>
<td>Bony-hard</td>
<td>Unknown</td>
</tr>
<tr>
<td>- Consistency</td>
<td></td>
<td></td>
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<td>X-ray findings</td>
<td>Unilocular R-L with R-O</td>
<td>Unilocular R-L with R-O</td>
</tr>
<tr>
<td>Inclusion of unerupted tooth</td>
<td>Yes</td>
<td>Yes (canine)</td>
</tr>
<tr>
<td>Root resorption</td>
<td>Yes (Divergence of adj. teeth)</td>
<td>Yes</td>
</tr>
<tr>
<td>/ divergence of adj. teeth</td>
<td></td>
<td></td>
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Calcifying Odontogenic Cyst
Adenomatoid odontogenic tumor

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<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Age</td>
<td>11</td>
</tr>
<tr>
<td>Site</td>
<td>Left parasymphysis</td>
</tr>
<tr>
<td>Pain</td>
<td>(— )</td>
</tr>
<tr>
<td>Ulcer</td>
<td>(— )</td>
</tr>
<tr>
<td>Consistency</td>
<td>Bony-hard</td>
</tr>
<tr>
<td>Rate</td>
<td>-</td>
</tr>
</tbody>
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Gender: Female
Age: 11
Site: Left parasymphysis
Pain: (—)
Ulcer: (—)
Consistency: Bony-hard
Rate: -

3%~7% of all odontogenic tumors

Female
10~19
Anterior maxilla
(—)
(—)
unknown

Our case
Adenomatoid odontogenic tumor
Adenomatoid odontogenic tumor

Adenomatoid odontogenic tumor
Complex Odontoma

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>(-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>11</td>
<td>10~20</td>
</tr>
<tr>
<td>Site</td>
<td>Left parasymphysis</td>
<td>Molar region of jaw</td>
</tr>
<tr>
<td>Pain</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Ulcer</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Consistency</td>
<td>Bony-hard</td>
<td>hard</td>
</tr>
<tr>
<td>Duration</td>
<td>Many months</td>
<td>Many years</td>
</tr>
<tr>
<td>Rate</td>
<td>-</td>
<td>Most common of odontogenic tumors</td>
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Complex Odontoma
Calcifying epithelium odontogenic tumor

**Our case**

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<tr>
<th>Gender</th>
<th>Female</th>
<th>Calcifying epithelium odontogenic tumor</th>
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<tbody>
<tr>
<td>Age</td>
<td>11</td>
<td>30~50</td>
</tr>
<tr>
<td>Site</td>
<td>Left parasymphysis</td>
<td>Posterior mandible body</td>
</tr>
<tr>
<td>Pain</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Ulcer</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Consistency</td>
<td>Bony-hard</td>
<td>unknown</td>
</tr>
<tr>
<td>Duration</td>
<td>Many months</td>
<td>Many years</td>
</tr>
<tr>
<td>Rate</td>
<td>-</td>
<td>&lt;1% of odontogenic tumors</td>
</tr>
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</table>
Calcifying epithelium odontogenic tumor
Clinical impression
Ameloblastic fibro-odontoma
Treatment Course
Treatment Plan

▶ Surgical treatment plan
  • Enucleation, curettage and extraction of tooth 73, 75, 34 under GA

▶ Reconstruction treatment plan
  • Obturator fabrication for wound coverage

▶ Follow up
  • Wound healing
  • Recurrence or transformation
  • Eruption of tooth 33 and 35
    ▶ - surgical exposure and forced eruption if needed
Treatment course

- **101.10.19**
  - Referred from 大同H. to OS dept. for further treatment
  - H.P. report(大同): Ameloblastic fibroodontoma
- **101.11.15**
  - Enucleation, curettage and extraction of tooth 73, 75, 34 under GA
  - H.P. report: Ameloblastoma fibroodontoma
• Flap design:
  - Intra-sulcular incision from tooth 31 to tooth 36
  - Vertical incision on tooth 31(M) and tooth 36(D)
  - Regular trapezoid flap reflection over left mandible
- Surgical extraction of tooth 73, 75
- Enucleation over the tumor and the un-erupted tooth 34
- Curettage over the bone wall
After the tumor was enucleated, the bone wall and 35, 33 tooth germ could be seen (33 tooth germ was covered in the picture)
• After the tumor mass was enucleated, the specimen with irregular capsule surface and the un-erupted tooth 34 (pointed by needle) was seen, about 2.5 x 4.5 cm²
Treatment course

- 101.11.17
  - Post-OP 2\textsuperscript{nd} day: Paresthesia / Lip numbness: (-)
Treatment course

- 101.11.23-12.21
  - Post-op follow up: Paresthesia / Lip numbness: (-)
- 101.12.07
  - Referred to prostho. department for obturator fabrication
- 101.12.21
  - Obturator delivery
Treatment course

- 101.12.28~102.4.12
  - Prostheses follow up: ok
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)
臨床案例討論

一位11歲的未成年女性患者因左側下顎有不明隆起，轉診至口腔外科。切片結果為ameloblastic fibro-odontoma，由監護人同意後為其施行手術移除病灶。
自主原則(Autonomy)
  未成年，由監護人代理行使
不傷害原則(Non-maleficence)
  權衡利害原則
行善原則(Beneficence)
  預防 / 移除傷害
公義原則(Justice)
  本案例無相關
• 未成年，由監護人代理

▶ 父母代理行使權力？
▶ 父母擁有兒童？
監護人

民法第一千零九十一條（監護人之設置）
未成年人無父母，或父母均不能行使、負擔對於其未成年子女之權利、義務時，應置監護人。但未成年人已結婚者，不在此限。

民法第一千零九十四條（法定監護人）
父母均不能行使、負擔對於未成年子女之權利、義務，或父母死亡而無遺囑指定監護人時，依左列順序定其監護人：
一 與未成年人同居之祖父母。
二 與未成年人同居之兄姊。
三 不與未成年人同居之祖父母。

民法第一千零九十七條（監護人之職務）
除另有規定外，監護人於保護、增進受監護人利益之範圍內，行使、負擔父母對於未成年子女之權利、義務。
對於病患，除了考慮疾病的治療外，也應該同時將癒後之生活品質納入考量。
Thank you for your attention!!!