口病 CASE REPORT

指導醫師： 陳玉昆醫師　陳靜怡醫師　王文岑醫師
Intern L 組
2013/07/30

General Data

- Name : 李XX
- Sex : Male
- Age : 21 years old
- Native : 台中
- Marital status : 未婚
- Attending V.S. : XXX 醫師
- First visit : 101/11/21

Chief Complaint

- Referred from 文藝 LDC for further examination due to a cyst around tooth 48 (101/11/21)

101/11/21

Present Illness

101/11/21

✧This 21 years old male complained of pus discharge and pain over tooth 48, so he went to 文藝 LDC for examination. At 文藝 LDC, a radiolucent cystic lesion was found over tooth 48 so he was referred to our oral surgery out-patient department for further treatment.

Past Medical History

- Underlying disease: (-)
- Hospitalization: (+), Pneumonia
- Surgery under GA: (-)
- Allergy: (-)

Past Dental History

- General routine dental treatment
- Attitude to dental treatment : co-operative

Personal History

- Risk factors related to malignancy
  - Alcohol：(-)
  - Betel quid：(-)
  - Cigarette：(-)
- Special oral habits : denied
- Irritation : denied

Intraoral Examination

- Location:
- Dimension:
- Color: Pink
- Consistency: ?
- MMO: 52mm (11 to 41)
- Pain: (+)
- Tenderness: ?
- Pus discharge: (+), from ?

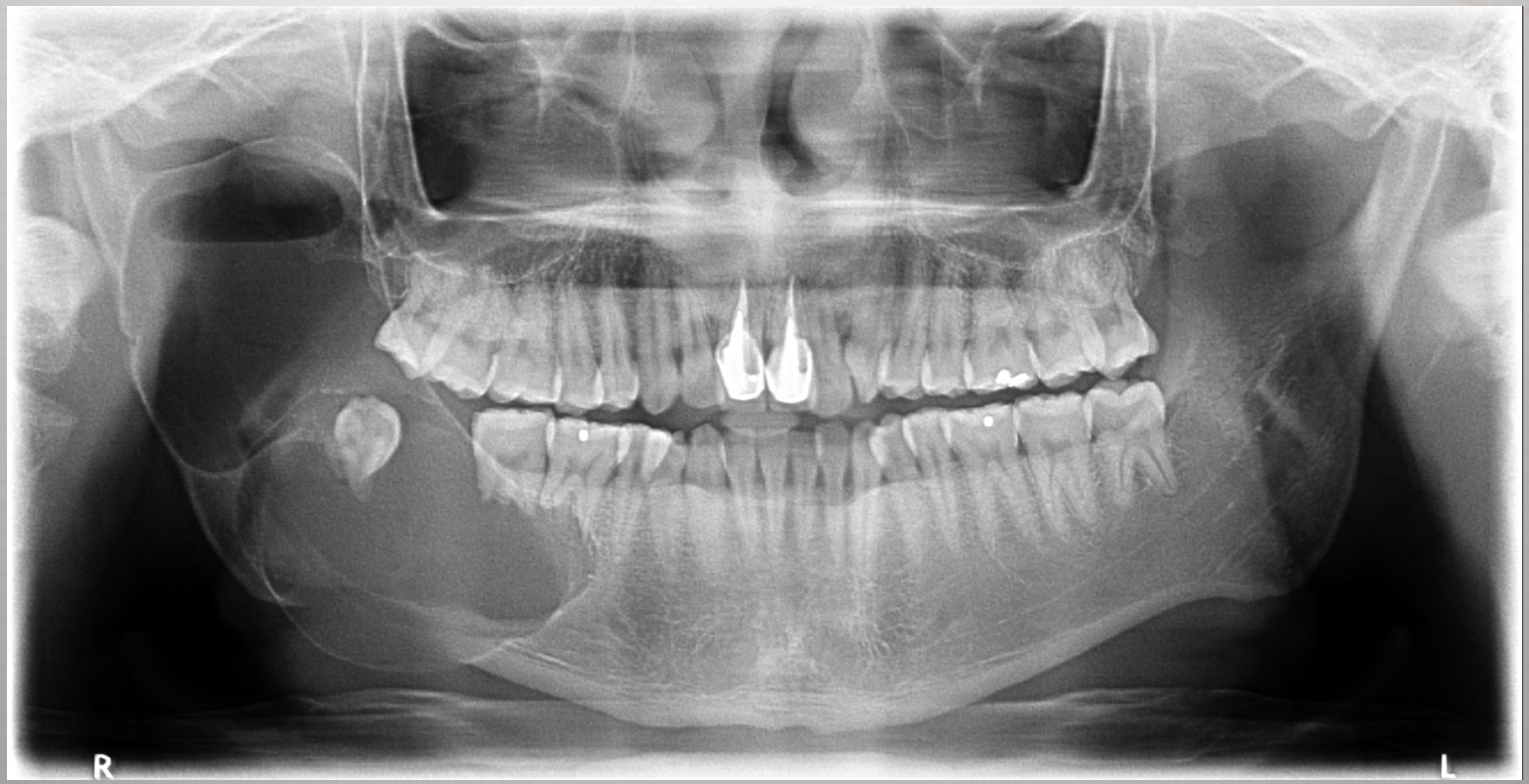
101/11/21

Intraoral Examination

- Dentition (Tooth 45-47):
  - Mobility: ?
  - Percussion pain: ?
  - Palpation pain: ?

Extraoral Examination

Radiographic Examination



There is a multilocular (2 loculations) well-defined round shaped corticated radiolucency with laterally, medially, upward, and downward bony expansion. This radiolucency also contained embedded tooth 48 inside, and the distal and mesial roots of tooth 47, distal root of tooth 46 were also contained. The radiolucency was extending from the lateral border to the medial border of ramus, up to the coronoid process and down to the inferior border of mandibular body, in mandibular body, it extended from the mandibular angle to tooth 46 mesial root periapical area without involving the mental foramen. Besides, the right mandibular canal was downward displaced and narrowing, and there was a root resorption over the distal and mesial roots of tooth 47 and 46. Approximately measuring 77.5 x31.6mm in dimension.

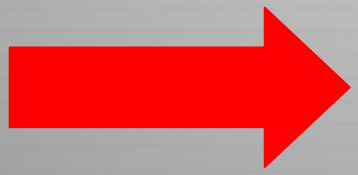
Working Diagnosis

	Our case	Peripheral	Intrabony
Mucosal lesion	-	+	-
Induration	-	+	-
Bony expansion	+	-	+-
Cortical bone destruction	+	-	+-

Intrabony

Inflammation, cyst or neoplasm

	Our case	Inflammation
Redness	-	+
Swelling	+	+
Local heat	Unknown	+
Pain	+	+



Cyst or neoplasm

Cyst or Neoplasm

	Our case	Cyst
Fluctuation	Unknown	+-
Well defined border	+	+
Bone expansion	+	+-

	Our case	Inflammation cyst	Non-Inflammation cyst
Pain, tenderness	+	+	-
Local heat	Unknown	+	-
Color	Pink	Reddish	Pink
Progression	Unknown	Fast	Slow
Sclerotic margin	+	-	+

	Our case	Benign	malignance
Border	Well-defined	Well-defined	Ill-defined
Margin	Smooth	Smooth	Irregular
Sclerotic margin	+	+	-
Destruction of cortical margin	+	-+	+
Progressive	Unknown	Slow	Fast
Swelling with intact epithelium	+	+	-
Pain	+	-	+
Induration	Unknown	-	+

Non-inflammation Cyst or Benign tumor

Working Diagnosis

(1) Unicystic ameloblastoma , right ramus

(2) Keratocystic odontogenic tumor , right ramus

(3) Ameloblastic fibroma , right ramus

(4) Dentigerous cyst , right ramus

(5) Granular cell odontogenic tumor , right ramus

Differential Diagnosis

Unicystic ameloblastoma

	Our case	**Unicystic ameloblastoma**
Gender	Male	Equal
Age	21	Second decade
Site	Mandible (Molar → ascending ramus)	Mandible (Molar → ascending ramus)
Paresthesia	Pain	Uncommon
Swelling	+	+
Drainage	+	+/-
Radiography	Well-defined , corticated margin	Well-defined, unilocular or multilocular, corticated margin
Bony expansion	+	+
Teeth displacement /root resorption	+	+

Unicystic ameloblastoma

Unicystic ameloblastoma

our case

Keratocystic odontogenic tumor

	Our case	**KCOT (larger)**
Gender	Male	Slight male
Age	21	10~40
Site	Mandible (Molar → ascending ramus)	Mandible (posterior body and ascending ramus)
Paresthesia	Pain	Pain
Swelling	+	+
Drainage	+	+
Radiography	Well-defined , corticated margin	Well-defined, smooth, unilocular or multilocular, corticated margin
Bony expansion	+	-
Teeth displacement /root resorption	+	+

Keratocystic odontogenic tumor

KCOT

our case

Ameloblastic fibroma

	Our case	**Ameloblastic fibroma**
Gender	Male	Male
Age	21	Under 20
Site	Mandible (Molar → ascending ramus)	Posterior mandible (70%)
Paresthesia	Pain	Pain +/-
Swelling	+	+ (large)
Drainage	+	-
Radiography	Well-defined , corticated margin	Well-defined RL with a sclerosis margin
Bony expansion	+	+
Teeth displacement /root resorption	+	+/-

Ameloblastic fibroma

Ameloblastic fibroma

our case

Dentigerous cyst

	Our case	**Dentigerous cyst**
Gender	Male	Slight male
Age	21	10~30
Site	Mandible (Molar → ascending ramus)	Mandible (Often involved third molar)
Paresthesia	Pain	Painless
Swelling	+	+
Drainage	+	+
Radiography	Well-defined , corticated margin	Well-defined, smooth, corticated margin
Bony expansion	+	+/-
Teeth displacement /root resorption	+	-

Dentigerous cyst

Dentigerous cyst

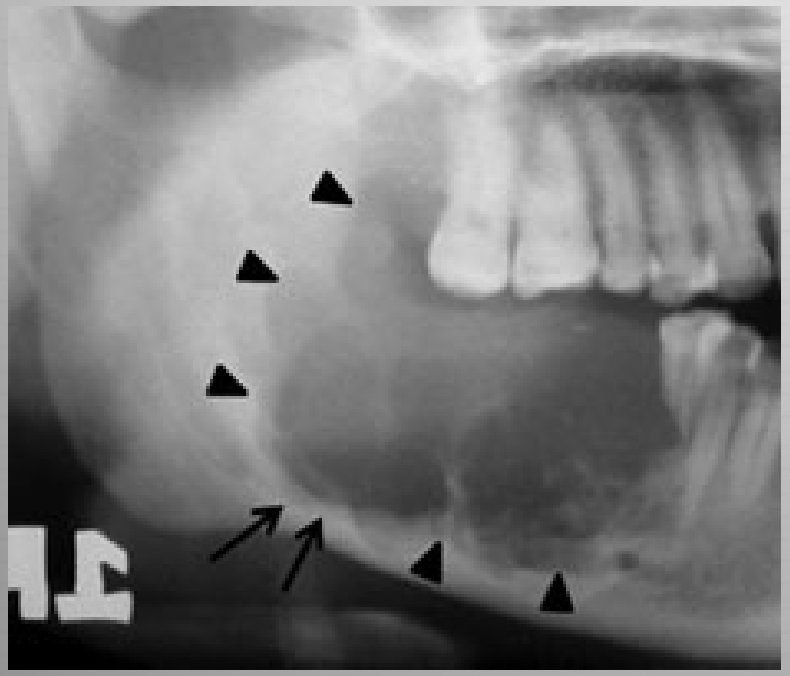
our case

Granular cell odontogenic tumor

	Our case	Granular cell odontogenic tumor
Gender	Male	Female
Age	21	40
Site	Mandible (Molar → ascending ramus)	Mandible (Premolar→Molar)
Paresthesia	Pain	Painless
Swelling	+	+
Drainage	+	+
Radiography	Well-defined , corticated margin	Well-defined , corticated margin
Bony expansion	+	+
Teeth displacement /root resorption	+	-

Granular cell odontogenic tumor

Granular cell odontogenic tumor



our case

Clinical Impression

- Unicystic ameloblastoma , right ramus

Treatment course

- Aspiration and Decompression button：

Extract tooth 47 & 48, and set 2 decompression button

Under LA , and biopsy

- Surgical plan：

Enucleation of lesion and complicated extraction of tooth 46 under GA

- Follow up ：

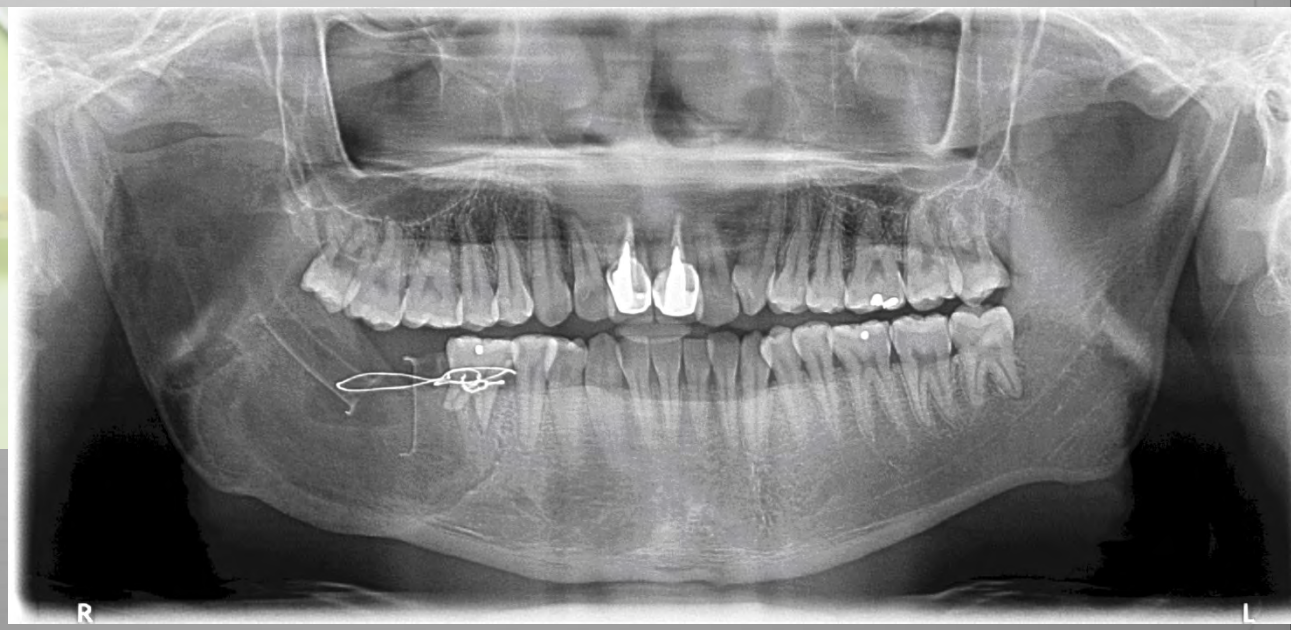
1. Wound healing
2. Bone density

Treatment course

- 101/11/21, referred from 文藝LDC for further TX

  Aspiration & Decompression button &Biopsy

- 101/12/19, F/U and biopsy



Treatment course

- Histology report(101/11/21)

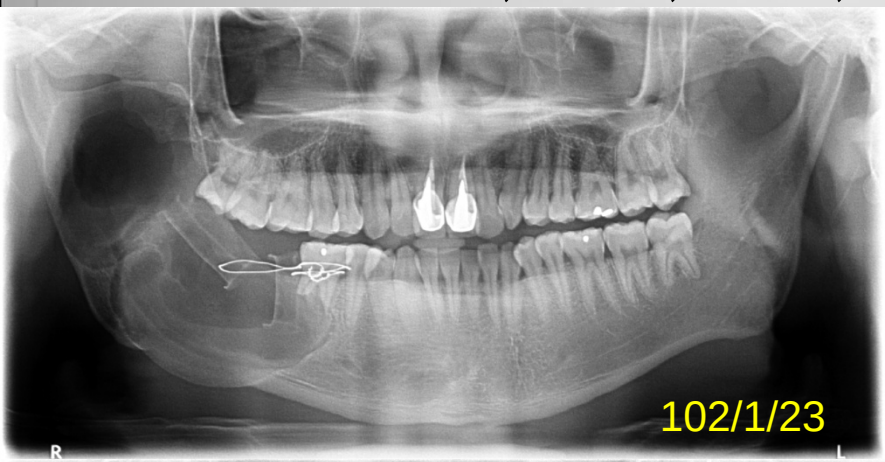
  →Infected odontogenic cyst

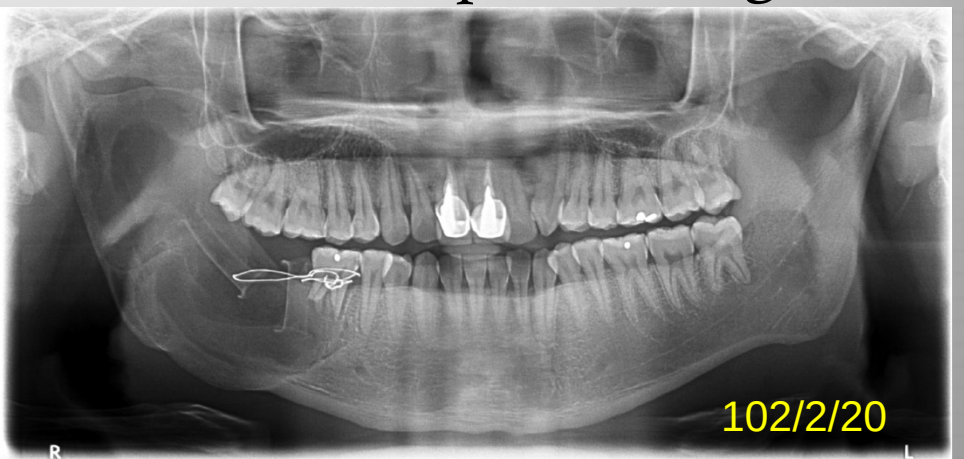
- Histology report(101/12/19)

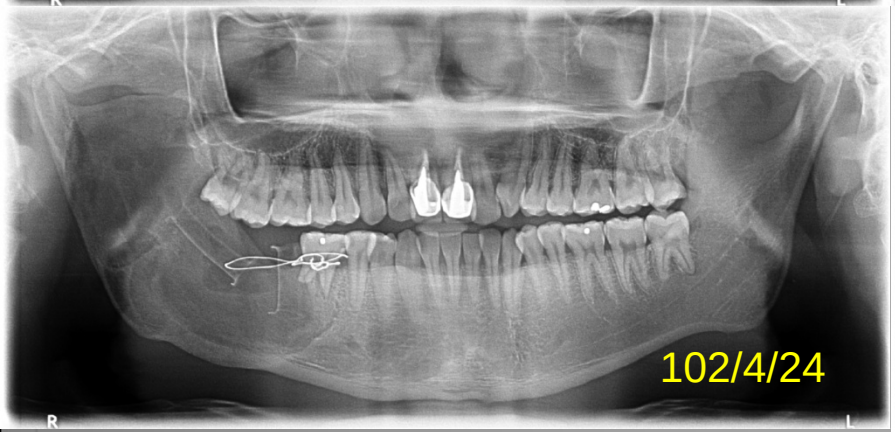
  →unremarkable tooth structure and scanty fibrous tissue

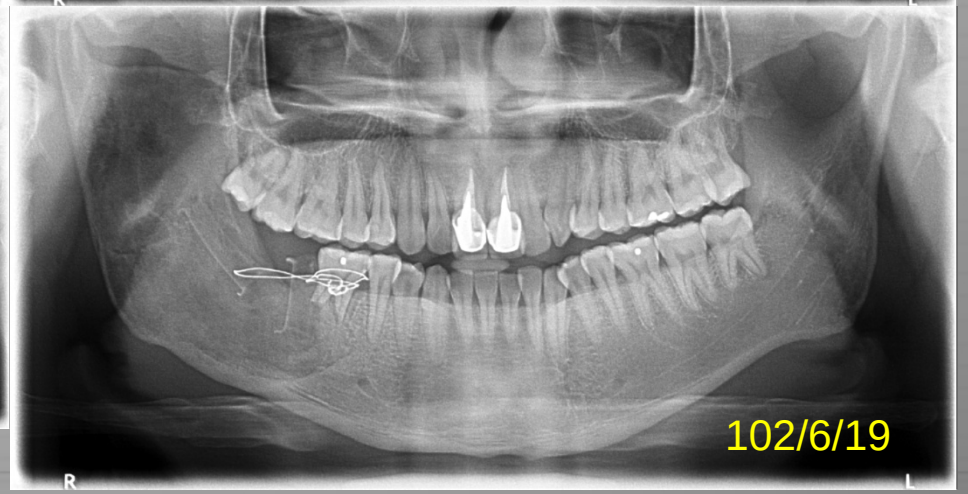
Treatment course

- 102/1/23, 2/20, 4/24, 6/19：F/U with pano taking





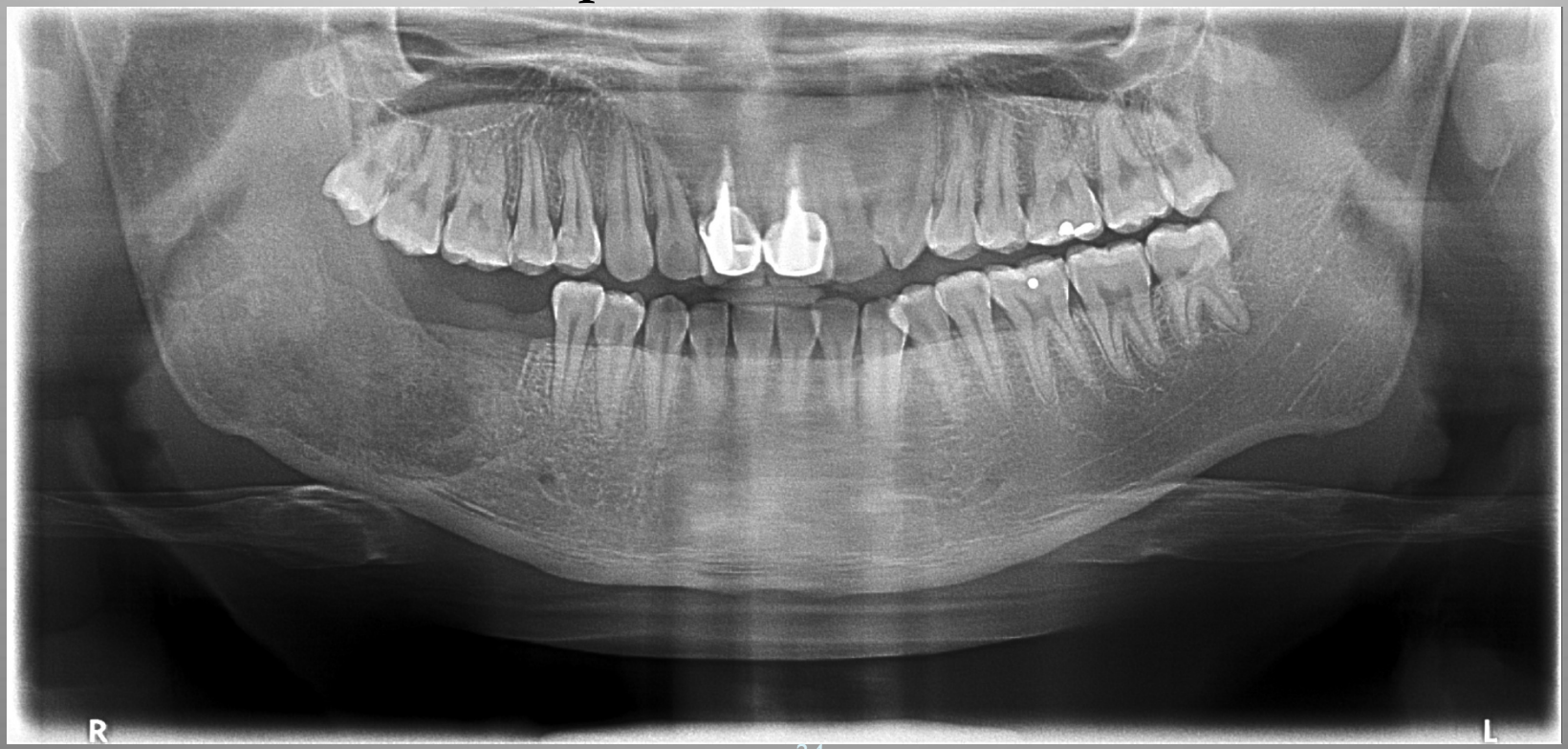




Treatment course

- 102/7/4, Surgical plan

Enucleation and complicated extraction of tooth 46



Treatment course

- 102/7/4, Surgical plan

Enucleation and complicated extraction of tooth 46

Treatment course

- Histology report(102/7/4)

Pathologic diagnosis：

Unicystic Ameloblastoma

(bone, mandible, right, enucleation)

Discussion

Marsupialization of unicystic ameloblastoma: A conservative approach for aggressive odontogenic tumors

Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Indian Journal of Dental Research

Abstract

- In this report, we have presented two cases of Uas(unicystic ameloblastoma), both of which were successfully managed with enucleation following marsupialization.
- The patients were free of the condition and did not show any signs of recurrence on radiographic follow-ups even after 30 months of the final procedure.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Case 1

- A 17 year-old male patient was referred to the clinic with the chief complaint of a painless swelling in the right mandibular premolar region without any sign of sensory impairment.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

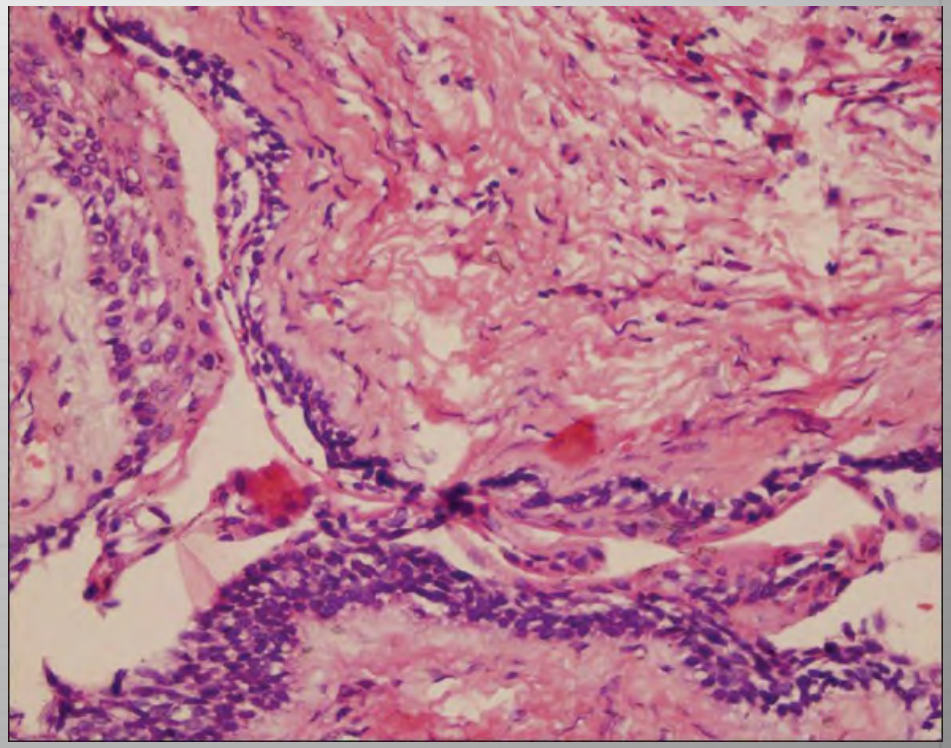
Case 1

- Under local anesthesia, an incisional biopsy was performed and the lesion was decompressed between two premolar teeth and left uncovered with the aid of an acrylic stent.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Case 1

- Histopathological evaluation of the lesion revealed luminal type UA without any tumor cells within the cyst wall.



Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Case 1

- The patient was scheduled for radiographic follow-up after an interval of three months.
- Post 18 months of marsupialization, the diminished lesion was completely enucleated with peripheral ostectomy to ensure complete removal of the margins.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Case 1

- There were no signs of recurrence even at 30 months of follow-up.

Indian Journal of Dental Research
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Case 2

- A 52 year old healthy edentulous woman , complaining of a slow growing swelling in the region of the ramus of the left mandible, without any signs of sensory disturbance.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

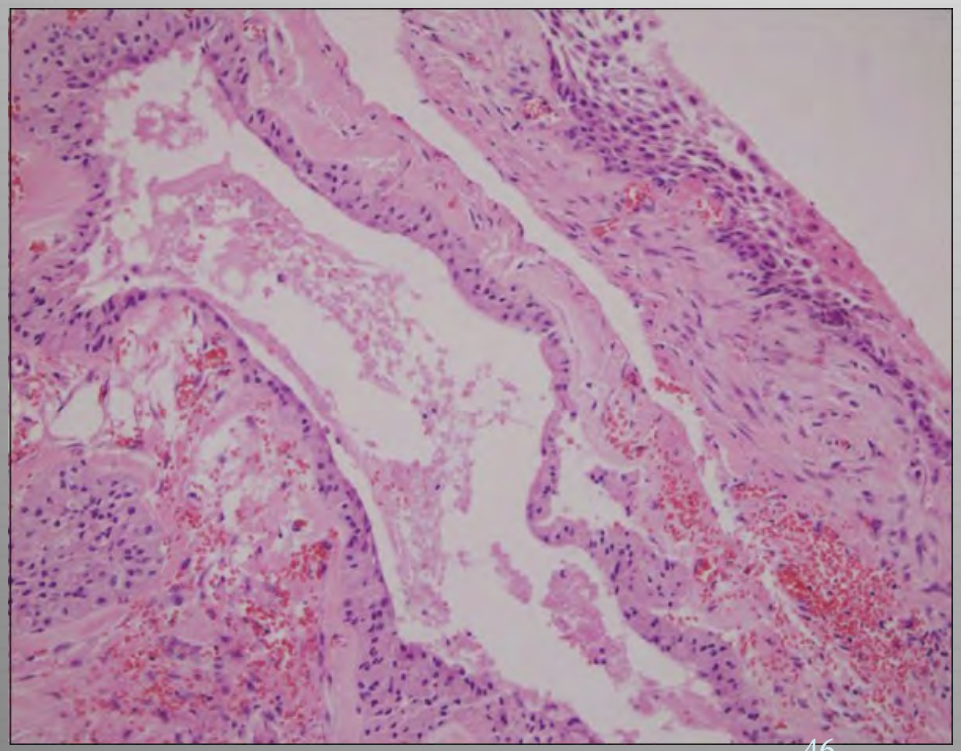
Case 2

- Simultaneous decompression of the lesion with incisional biopsy was carried out and an acrylic obturator was made to keep the lesion uncovered.
- A solid growth with a diameter of 1 cm which developed through the lumen of the cystic cavity was detected and removed.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Case 2

- Histopathologic findings of the lesion revealed granular UA with mural invasion.



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Case 2

- Post 18 months of marsupialization, the impacted tooth and the regressed lesion was enucleated, and peripheral ostectomy was performed

Indian Journal of Dental Research
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Case 2

- At 30 month follow-up, the lesion was completely healed without any sign of recurrence.

Indian Journal of Dental Research
Year : 2011 | **Volume** : 22 | **Issue** : 5 | **Page** : 709-712

Discussion

- Lau and Samman reviewed treatment modalities for UA and reported that the highest recurrence rate (30.5%) was observed with single enucleation, while the lowest (3.6%) was observed with resection.
- They also found that recurrence rate was decreased (18%) when marsupialization was applied prior to curettage.

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Discussion

- Give better response to conservative treatments (Classified by Ackermann)
  - subtype 1: unilocular cystic luminal
  - subtype 2: intraluminal with a solid growth inside lumen of the cystic lesion
- More aggressive treatment options could be considered for subtype 3(intraluminal growth with mural invasion within adjacent tissues) lesions for UA.

Indian Journal of Dental Research
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Discussion

- It has been suggested that an incisional biopsy should be done to determine the histopathologic subtype, for a thorough management of UA.

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Conclusion

- Clinicians should also perform a close radiographic follow-up and consider radical treatment options in case of suspicious radiographic changes during the marsupialization follow-up period.

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Conclusion

- Removal of solid structures within the lesion during incisional biopsy
- More aggressive enucleation with peripheral ostectomy
- Accurate endodontic management of teeth in the area of the pre-existing lesion

→ help in improving the treatment outcome.

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醫學倫理討論

Tom Beauchamp &James Childress
六大原則- 1979

1.行善原則(Beneficence)：亦即醫師要盡其所能延長病人之生命且減輕病人之痛苦。

2. 誠信原則(Veractity)：亦即醫師對其病人有「以誠信相對待」的義務。

3. 自主原則(Autonomy)：亦即病患對其己身之診療決定的自主權必須得到醫師的尊重。

4. 不傷害原則(Nonmaleficence)：亦即醫師要盡其所能避免病人承受不必要的身心傷害。

5. 保密原則(Confidentiality)，亦即醫師對病人的病情負有保密的責任。

6. 公義原則(Justice)，亦即醫師在面對有限的醫療資源時，應以社會公平、正義的考量來協助合理分配此醫療資源給真正最需要它的人。

行善原則

- 做Decompression button後是否有減輕p’t的脹痛感？或是使p’t更不舒服？
- 手術的介入時機是否恰當？

誠信原則

- 是否有清楚的向病人說明清楚疾病病程、治療計畫、預後、風險？
- 對於病人疾病嚴重程度是否有誠實的通知，盡到告知的義務？

自主原則

- 在說明病情及治療計畫、風險之後，是否有讓病人充分自主的選擇治療計畫？
- 在做麻醉以前，是否有說明完整之後再請病人自主的簽名同意？

不傷害原則

- 手術過程中，是否有造成不必要醫源性的傷害？
- 若詳實的說明治療計畫，並讓病人對於治療計畫沒有疑問，使心理壓力不那麼大，

  其實也可以算是一種不傷害原則

保密原則

告知的對象

1. 本人爲原則
2. 病人未明示反對時, 亦得告知其配偶與親屬
3. 病人爲未成年人時, 亦須告知其法定代理人
4. 若病人意識不清或無決定能力, 應須告知其法定代理人.配偶.親屬或關係人
5. 病人得以書面敘明僅向特定之人告知或對特定對象不予告知

公義原則

- 手術的必要性？
- 住院時間是否太長？
- 藥物的必要性？

醫學倫理總結

- 在病例方面(病兆描述,治療計畫,病人態度)

  應書寫詳盡, 使治療過程有詳實的記錄及治療順利

- 在進行治療之前,須請病人簽屬同意書

- 應在不違反醫學倫理的原則之下進行治療的行爲

THE END

Thank you for your attention.