口病 CASE REPORT

組員:蔡承翰 張碩夫 謝亞錚 羅宏德
指導醫師:口腔病理科全體醫師

102/9/24

General Data

- Name: 陳O O
- Sex: Female
- Age: 52y/o
- Native: 高雄市
- Marital status: 已婚
- Attending V.S.: O O O 醫師
- First visit: 8/7/2013

Chief Complaint

- A radiolucency lesion was found at LDC in 8/7/2013, and the patient visited our dental department for further help.

Present Illness

- This 40 years old woman suffered from a radiolucency lesion over tooth 31 32 apical area on periapical film 1 years ago. So, doctor of local dental clinic suggested him come to the dental department of our institution for further treatment.

Intraoral Examination

- Max dimension : 1.5 x 2 cm
- Location: Tooth 31, 32 buccal gingiva
- Surface: smooth
- Consistency: hard
- Pain (-)
- Non-tender
- Non-ulcerated

Intraoral Examination

- Dentition (tooth 32-33):

1. Tooth vitality : (+)
2. Percussion pain: (+/-)
3. Palpation pain: (-)

Past History

- Past medical history
  - Underlying disease: (-)
  - Hospitalization: (-)
  - 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 drinking : (-)
  - Betel quid chewing : (-)
  - Cigarette smoking : (-)
- Other special oral habits: Denied

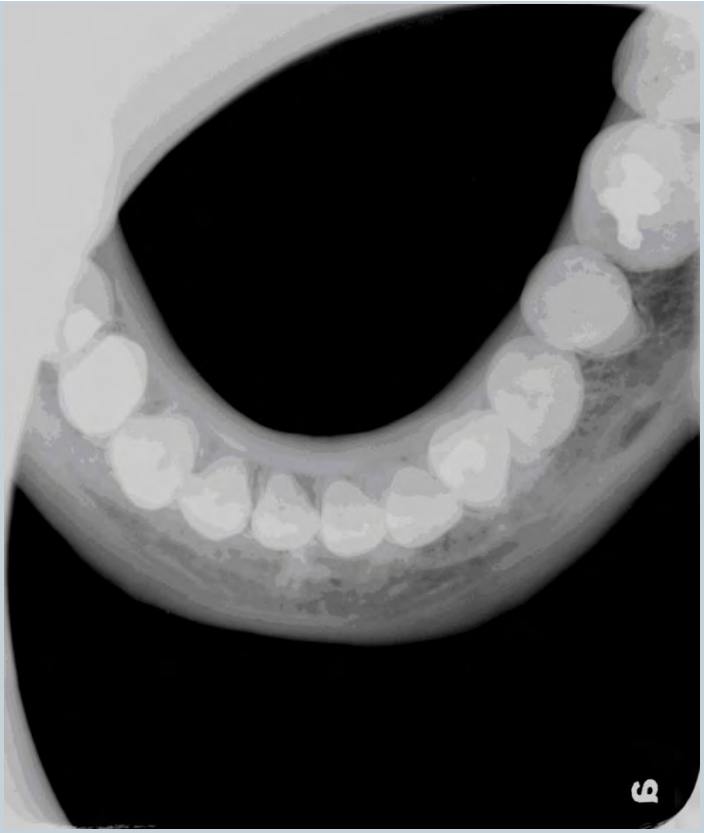
Image finding – Panorex(102/8/7)

There is a well-defined unilocular round shaped radiolucence with a corticated margin over the apex of tooth 32,33, which extending from mesial aspect of tooth 34 root apex to mesial aspect of tooth 32 root apex and from apical third of tooth 33 down to one-third of the mandibular body, measuring approximately 1.5 X 2 cm in diameter. The lesion caused the tooth 32,33 displacement, tooth 32 distal tilting and tooth 33 mesial tilting. In addition, tooth 32,33 root divergence was noted. There's no significant influence on left mental foramen, and the inferior border of cortical bone was intact.

Image finding – Panorex(102/8/7)

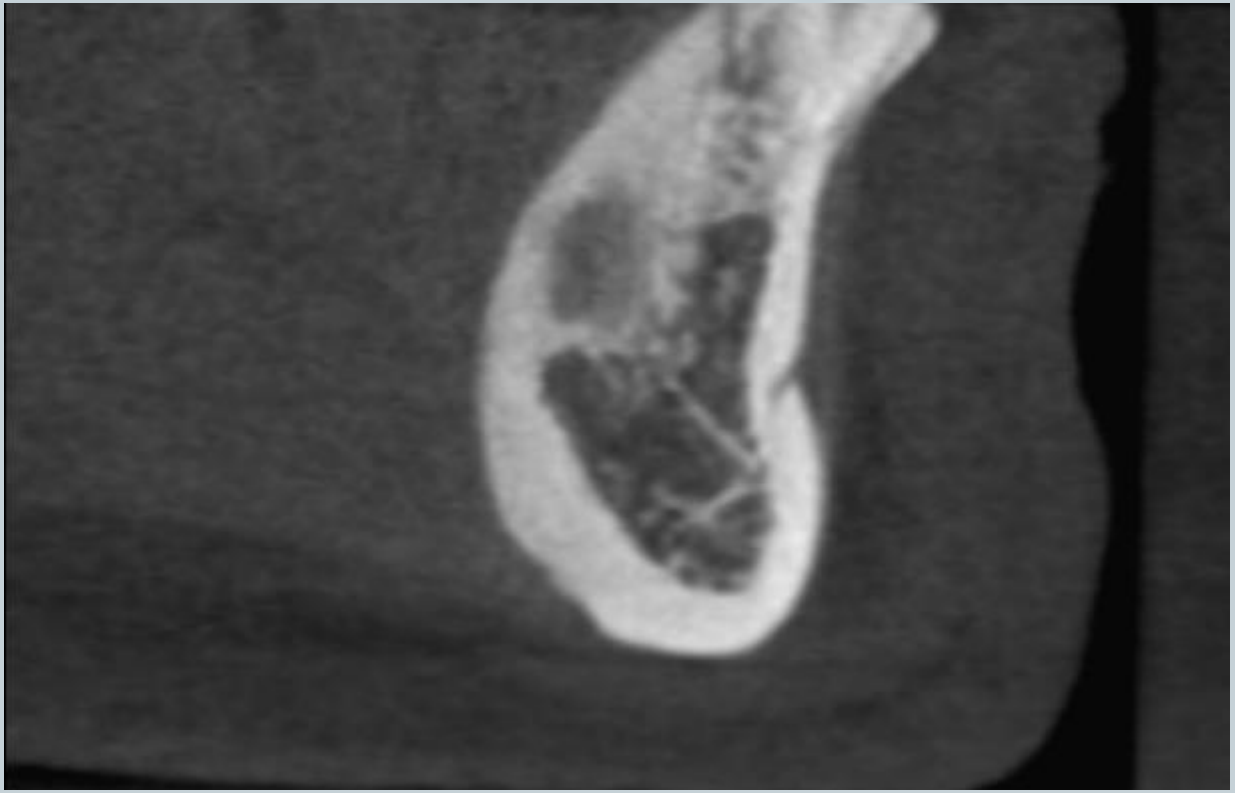
There is a unilocular round shaped radiopaque lesion over the right retromolar area, which extending from dital root of tooth 47 root apex to the end of the retromolar pad and from the retromolar area down to the superior border of mandibular canal, measuring approximately 1 X 1.2 cm in diameter.

Image finding-Occlusal film(102/8/8)



There is no cortical bone expansion,and tilting of 32,33 is noted.

Image finding – Cone beam CT(102/8/12)



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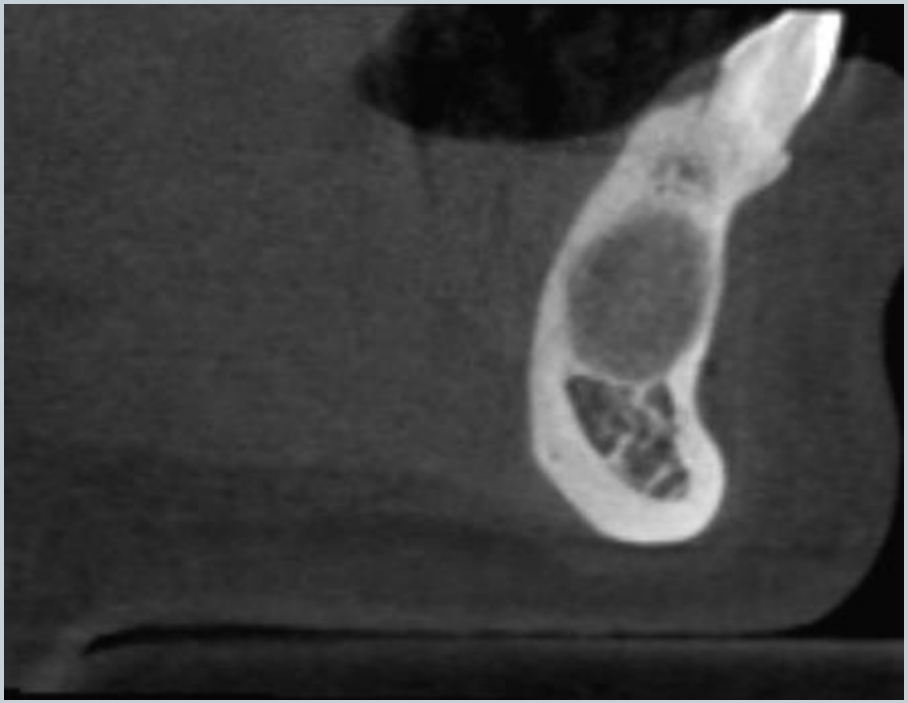


Image finding – Cone beam CT(102/8/12)

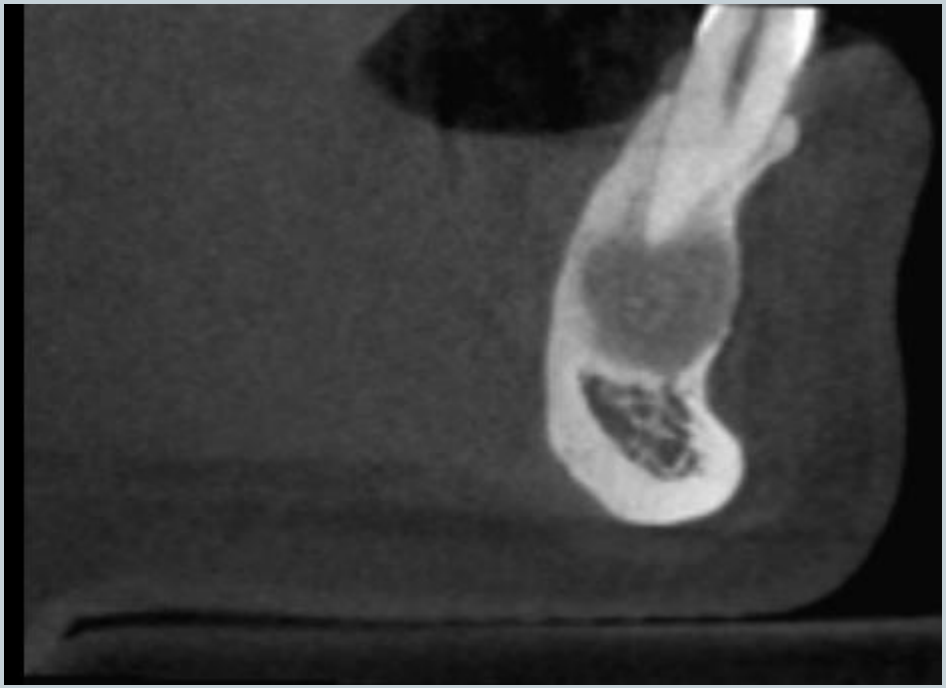
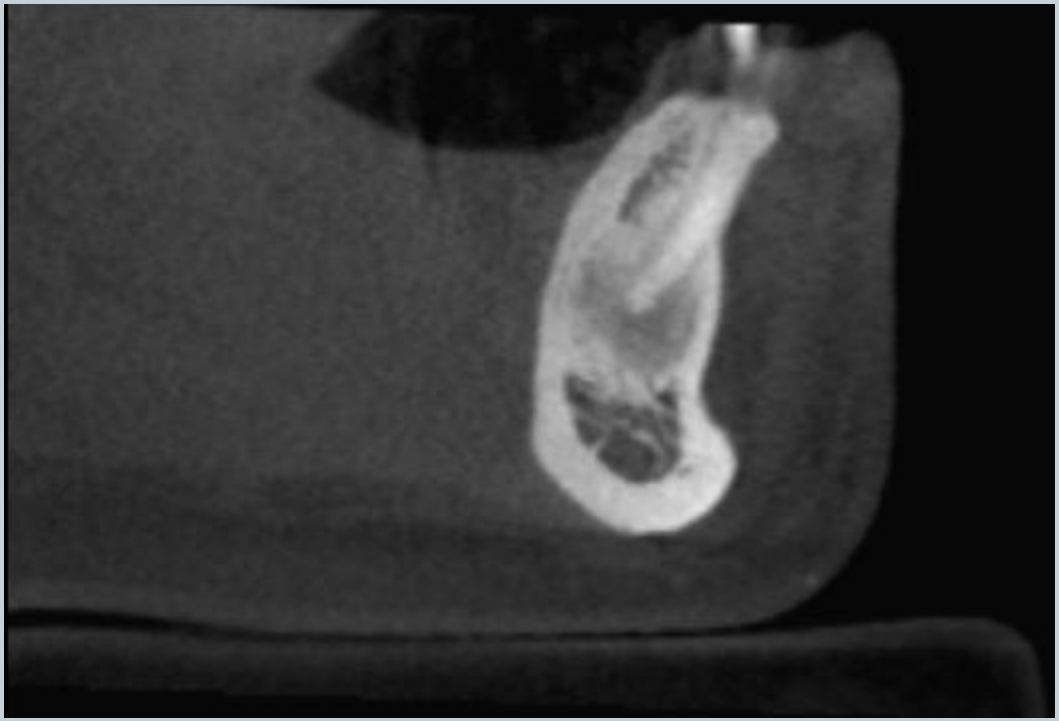
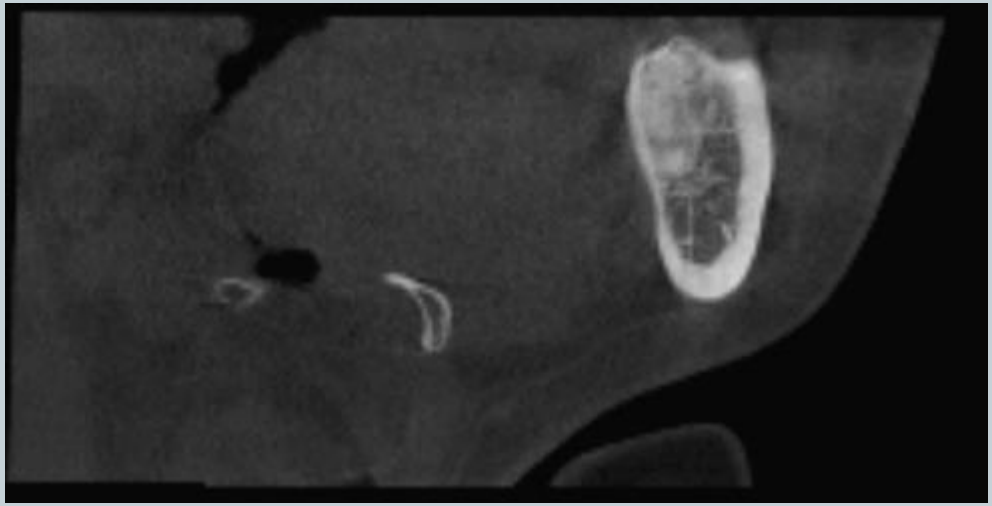


Image finding – Cone beam CT(102/8/12)



There is a well-defined unilocular round-shaped radiolucence. Resorption of cortical bone on buccal side is noted .

Image finding – Cone beam CT(102/8/12)



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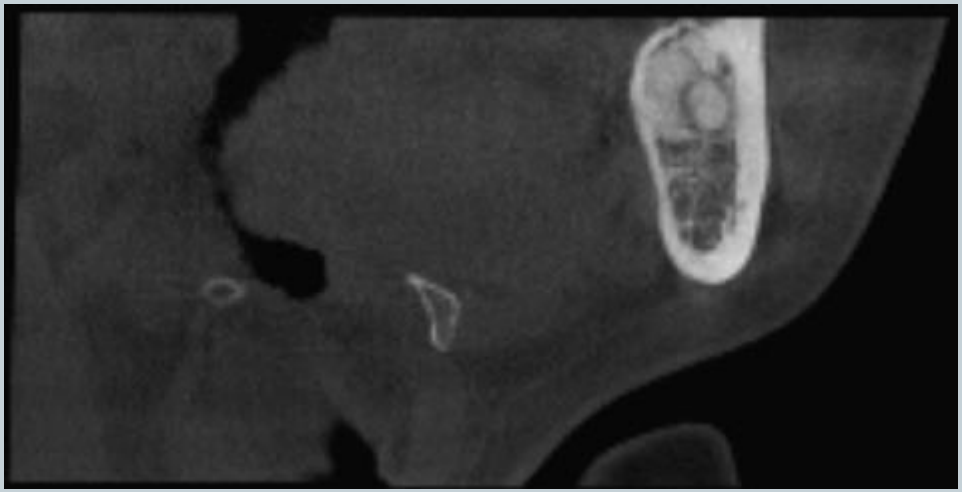

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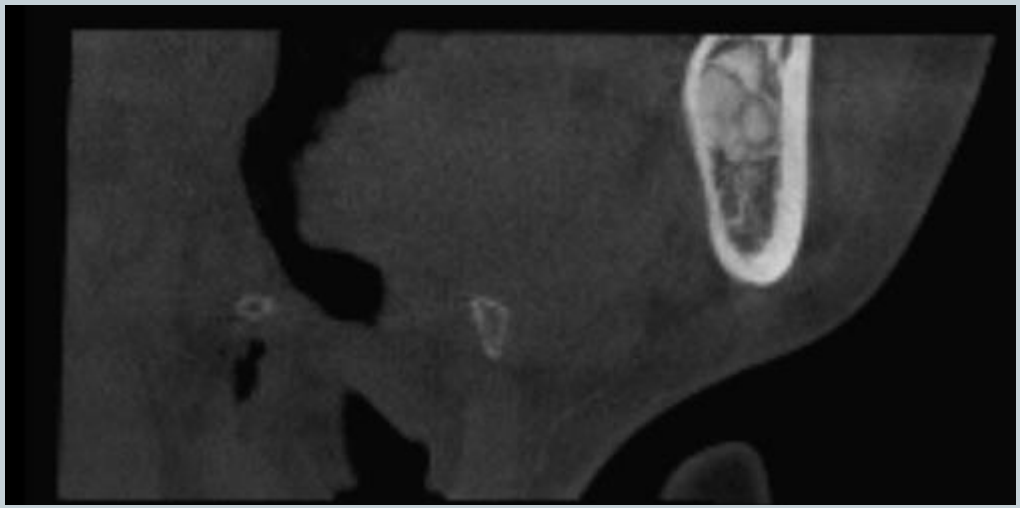

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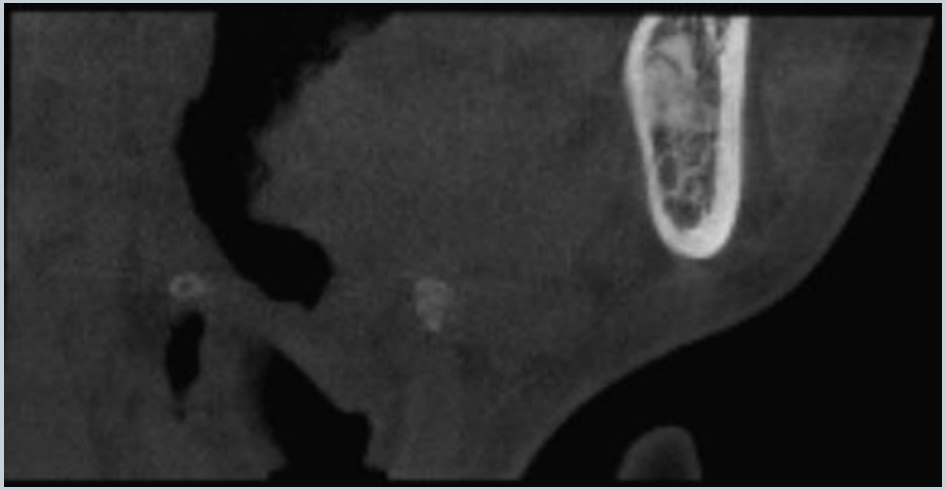


There is a unilocular round-shaped radiopaque lesion.The adjacent bony structures are intact.

Working Diagnosis

Peripheral or Intrabony?

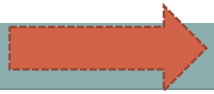
	Our case	Peripheral	Intrabony
Mucosal lesion	-	+	-
Induration	-	+	-
Bony expansion	-	-	+/-
Cortical bone destruction	+	-	+/-

=> Intrabony

Inflammation, Cyst or Neoplasm?

Inflammation

	Our case	Inflammation
Redness	-	+
Swelling	-	+
Local heat	Unknown	+
Pain	-	+
Multifocal	-	-
Skull involvement	-	-



Cyst or Neoplasm

Cyst or Neoplasm?

Cyst

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

Cyst or Neoplasm?

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

Cyst or Neoplasm?

Neoplasm

	Our case	Benign	Malignant
Border	Well-defined	Well-defined	Poorly-defined
Sclerotic margin	+	+	—
Destruction of cortical margin	—	+/—	+
Pain	—	—	+
Induration	—	—	+
Swelling with intact epithelium	+	+	—
Lymphadenopathy	—	—	+/-
Progress	Slow	Slow	Fast
Metastasis	—	—	+/-

Non-inflammation cyst or Benign tumor

Working Diagnosis

- Cemento-osseous dysplasia (early stage)
- Cemento-ossifying fibroma
- Odontogenic fibroma
- Fibrous dysplasia

Differential Diagnosis

Florid cemento-osseous dysplasia(early stage)

	Our case	Florid cemento-osseous dysplasia (early stage)
Gender	female	female
Age	40	> 30歲
Site	Left mandibular canine and lateral incisor	Multiple lesions, including anterior mandible
Symptom and Sign	Asymptomatic	Asymptomatic
Size	1.5X2.0 cm	
Teeth vitality	+	+

Florid cemento-osseous dysplasia(early stage)

- Radiographic features

	Our case	Florid cemento-osseous dysplasia(early stage)
Density	RL	RL
Border	Well-defined with corticated margin	Well-defined with corticated margin
shape	Unilocular	Unilocular

Cemento-ossifying fibroma

	Our case	Cemento-ossifying fibroma
Gender	female	female
Age	40	20~40
Site	Left mandibular canine and lateral incisor	Mandibular premolar-molar region
Symptom and Sign	Asymptomatic	Painless swelling
Jaw expansion	-	+
Teeth displacement	+	+

Cemento-ossifying fibroma

- Radiographic features

	Our case	Cemento-ossifying fibroma
Density	RL	Mixed lesion(RL+RO)
Border	Well-defined with corticated margin	Well-defined with corticated margin R/L rim is uncommon
shape	Unilocular	Unilocular
Root divergence or resorption	+	+

Odontogenic fibroma

	Our case	Odontogenic fibroma
Gender	Female	Female
Age	40	4~80(mean=40)
Site	Left mandibular canine and lateral incisor	mandible
Symptom and Sign	Asymptomatic	Asymptomatic
Teeth vitality	+	+
Root divergence or resorption	+	+

Odontogenic fibroma

- Radiographic features

	Our case	Odontogenic fibroma
Density	RL	RL
Border	Well-defined with corticated margin	Well-defined with corticated margin
shape	Unilocular	Unilocular or multilocular

Fibrous dysplasia(monostotic)

	Our case	F.D.
Gender	female	both
Age	40	10~20
Site	Left mandibular canine and lateral incisor	Maxilla
Symptom and Sign	Asymptomatic	Painless swelling
Displacement of mandibular canal	-	Superior displacement
Hormone related	unknown	+ (do not progress beyond puberty)

Fibrous dysplasia

- Radiographic features

	Our case	F.D.
Density	RL	Ground glass
Border	Well-defined with corticated margin	Poorly-defined
shape	Unilocular	

Clinical impression

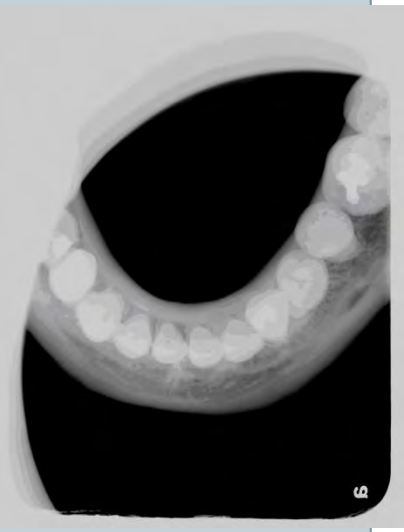
- Cemento-osseous dysplasia (early stage) over tooth 32

Treatment course

- 102.08.07
  - Referred from for a lesion found in routine X-ray exam one year ago
  - Arrange to biopsy in OS

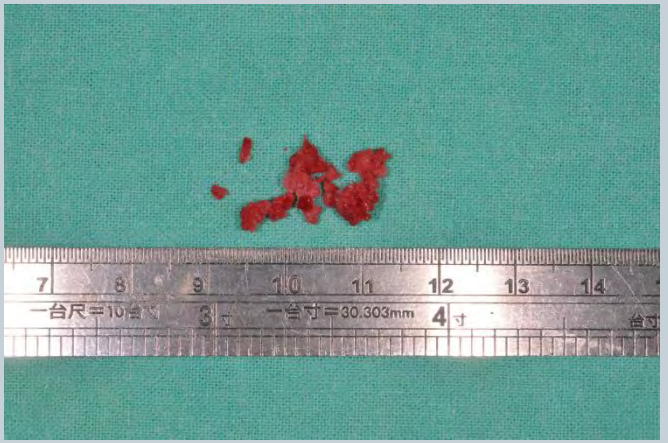
Treatment course

- 102.08.08
  - occlusal film and cone beam CT taking
  - Arrange surgery under general anesthesia
- 102.08.09
  - Pre-OP full mouth scaling
- 102.08.12
  - Admission for operation



Treatment course

- 102.08.14
  - OP day
  - Bone tumor excision



Treatment course

- 102.08.19
  - Pathologic diagnosis:

    Bone,mandible,left,enucleation,cemento-osseous dysplasia
- 102.09.22
  - Suture removal and topical application of BI

Florid cemento-osseous dysplasia

INTRODUCTION

- Fibro-osseous lesion
- Site: jaw bone
- Age:mid-aged
- Radiographic:multi-quadrant radiopaque cementum-like masses
- Usually asymptomatic
- Biopsy is usually not recommended

CASE REPORT

P.I.

A 45-year-old female patient presented to our department with a chief complaint of pain in the left molar region of the mandible for 1 month. The patient was otherwise healthy, and her physical examination showed no significant abnormality.

Intraoral examination

- Caries: Tooth 36
- Missing: Tooth 18,28,37,38,48
- Previous endo. tx: Tooth 36

X-ray finding

Discussion

- Pathogenesis → obscure
- Theories:
  1. Proliferation of the fibroblastic mesenchymal stem cells
  2. Reactive or dysplastic changes in PDL
  3. Trauma from occlusion

Discussion

D.D.

1.FGC(familial gigantiform cementoma)

- Autosomal trait genetic disease
- Affect mostly children
- Often crosses the midline
- Without gender predilection
- Need surgery

Discussion

D.D.

2. Gardener's syndrome

- Skeletal changes
- Skin tumors
- Dental anomalies

Discussion

D.D.

3. Paget's disease

- Affect mostly white males
- More of polyostotic with pathognomonic increase in serum alkaline phosphatase level

Discussion

D.D.

4. Cemento-ossifying fibroma

- More buccolingual expansion

Discussion

D.D.

5. Chronic diffuse sclerosing osteomyelitis

- Unilateral
- Soft-tissue swelling,
- Fever
- Lymphadenopathy affecting primarily mandible

Conclusion

- FCOD is diagnosed principally by its clinico-radiological features
- If asymptomatic→no surgical treatment is required
- Long term follow-up

醫學倫理討論

六大原則

Tom Beauchamp &James Childress

- **行善原則(Beneficence)**：
  醫師要盡其所能延長病人之生命且減輕病人之痛苦。
- **誠信原則(Veractity)**：
  醫師對其病人有「以誠信相對待」的義務。
- **自主原則(Autonomy)**：
  病患對其己身之診療決定的自主權必須得到醫師的尊重。
- **不傷害原則(Nonmaleficence)**：
  醫師要盡其所能避免病人承受不必要的身心傷害。
- **保密原則(Confidentiality)**：
  醫師對病人的病情負有保密的責任。
- **公義原則(Justice)**：
  醫師在面對有限的醫療資源時，應以社會公平、正義的考量協助合理分配此醫療資源給真正最需要它的人。

- 行善原則(Beneficence)
  - 考慮到持續破壞骨頭可能性甚至惡性的變化
  - 病患能夠較免於提心吊膽
- 誠信原則(Veractity)
  - 清楚詳細地並且以病人能理解的語言，告知病人手術中可能遭遇的風險和術後會有的疼痛及不方便
  - 估計所需要費用和住院時間的說明

- 自主原則(Autonomy)
  - 告知病情狀況後，尊重病人及家屬的決定，決定是否開刀移除病兆
  - 手術同意書、全身麻醉同意書等等
- 不傷害原則(Nonmaleficence)
  - 病兆以外的正常組織
  - 無菌控制

- 保密原則(Confidentiality)
  - 病情以對本人說明為原則，尊重病的隱私權
  - 考慮病人年紀或病情嚴重度等等
- 公義原則(Justice)
  - 是否有手術的必要
  - 醫療資源的分配

THANKS FOR LISTENING