

初診科 Case Report

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報告人：實習G組

Int.	洪紹紘	林美萍
	李俊生	許家維
	郭芳嘉	

General Data

- Name : 曾韻升
- Sex : 男
- Age : 15 y/o
- Native : 高雄
- Marital status : 未婚
- Occupation : 學生
- Attending V.S. : 陳俊明 醫師
- First visit : 96.08.02



Chief Complaint

- Mobility and biting pain over tooth 46, 47 for 2 weeks.
- Paresthesia over R't lower lip for half a year.

Present Illness-1

- 96.01

The 15y/o boy suffered from paresthesia over R't lower lip.

- 96.06

He went to Dr. 文藝的LDC for help. After taking panorex, the dentist found nothing particular.

- 96.07初

He went to see a herbal doctor. The herbal doctor taught him 指壓, but it still didn't work.

Present Illness-2

- 96.07中旬

He found mobility and biting pain over 46, 47.

- 96.07.27

He went to Dr.文藝's LDC and periapical film of 46, 47 was taken. Dr.文藝 suspected the boy had immune problem. Therefore, Dr.文藝 referred him to Dr.賴聖宗 for further examination and treatment.

Present Illness-3

- 96.08.02 first visited our OPD(OS)
 1. Panorex was taken.
 2. OE : 46 → floating tooth, mobility grade II
47 → mobility grade I
45~47 buccal & lingual bone expansion
 3. Plan : (1) refer to 小兒科 for evaluation
(2) 安排CT scan
(3) 安排biopsy
 4. P't的母親有提及P't曾經刷牙後, 在45~47部位有
牙齦出血並流血不止的情形.

Present Illness-4

- 96.08.03

CT examination was performed.

- 96.08.07

Incisional biopsy was performed at 47 buccal gingiva.

Easy bleeding for 47 buccal gingiva after biopsy → 電刀止血

- 96.08.14

Angiography was performed.

Past History

- **Past Medical History**

- Denied any systemic diseases
- Denied any drug or food allergies

- **Past Dental History**

- OD
- scaling
- attitude for dental tx: cooperative

Personal History

- Risk factors related to malignancy
 - Alcohol : (-)
 - Betel quid : (-)
 - Cigarette : (-)

Family History

- Hereditary disease: Nil
- Family support : good

Extraoral Examination

- MMO: 39 mm (11~41)
- LAP(-)
- No facial asymmetry
- Numbness over right lower lip
- Duration : 6 months

Intraoral Examination

- 45, 46, 47 buccal & lingual bony expansion
- Smooth surface
- Swelling over 46 47 lingual and vestibular side
- Color : normal pink
- No discharge
- The adjacent mucosa seems to be normal.
- rebound tooth
- gingiva of 46 47 area seems **bleeding easily**



96/08/02

Intraoral Examination (cont.)

- Biting pain (+)
- Tenderness (-)
- Induration (-)
- Unerupted teeth : 18, 28, 38, 48
- Restoration : 16, 26, 36
- Tooth mobility : 46, 47 grade I~II

Physical Examination

- Consistency : soft ~ rubbery
- Fluctuation (-)
- Pain (-)
- biting pain(+) → tooth 46 47
- Tenderness (-)
- Induration (-)
- Fever or local heat (-)
- R`t Lower lip paresthesia (+)
- Lymphadenopathy (-)

Radiographic Examination (Panoramic film)



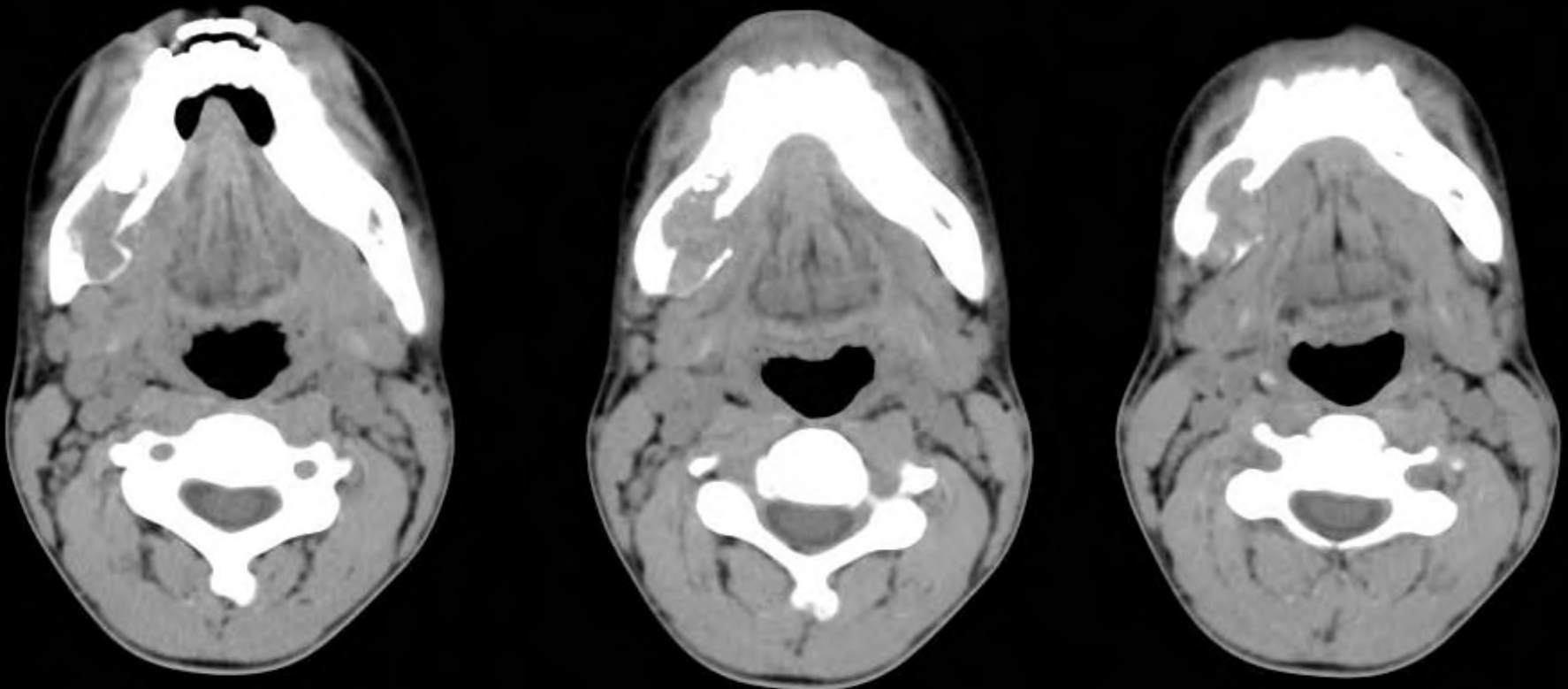
- There is an ill-defined diffused radiolucency with ragged border over the right mandibular body extending from distal aspect of tooth 47 to distal aspect of tooth 44 and from the inferior border of right mandible up to alveolar crest between tooth 46 and 47, measuring approximately 6 × 4 cm in diameter.
- Tooth 45 , 46 , 47 & distal of 44 loss of the dental lamina dura and displacement of tooth 46 & 47 are noted . Tooth 46 floating in air is noted. In addition , thinning of right mandible cortex and missing of inferior alveolar canal are noted too.



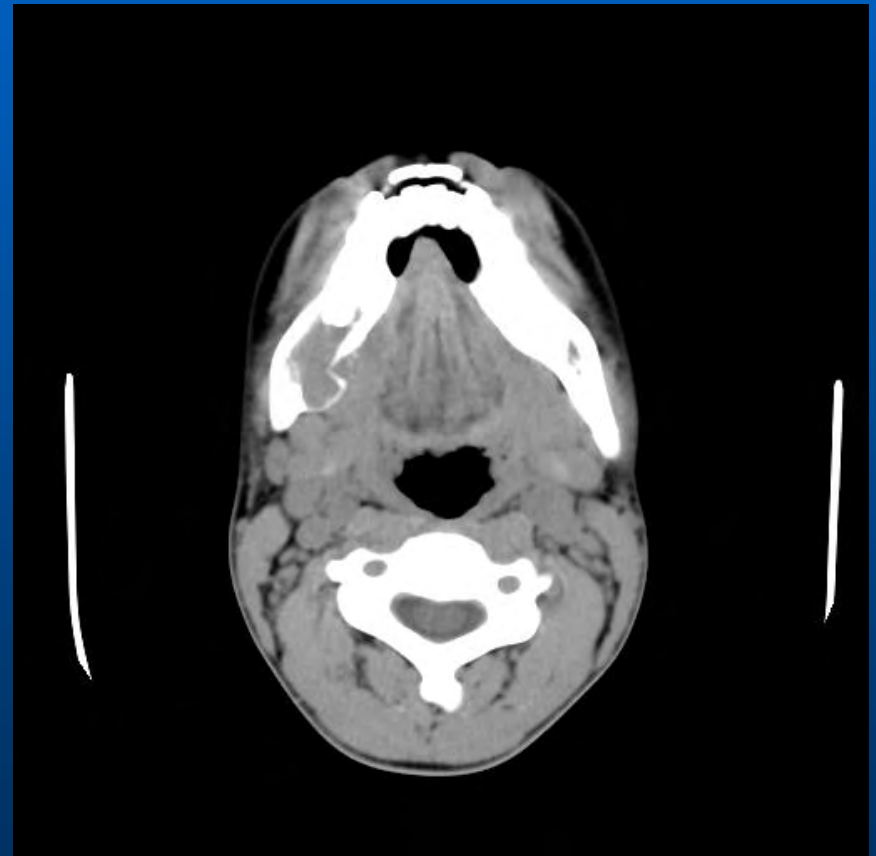
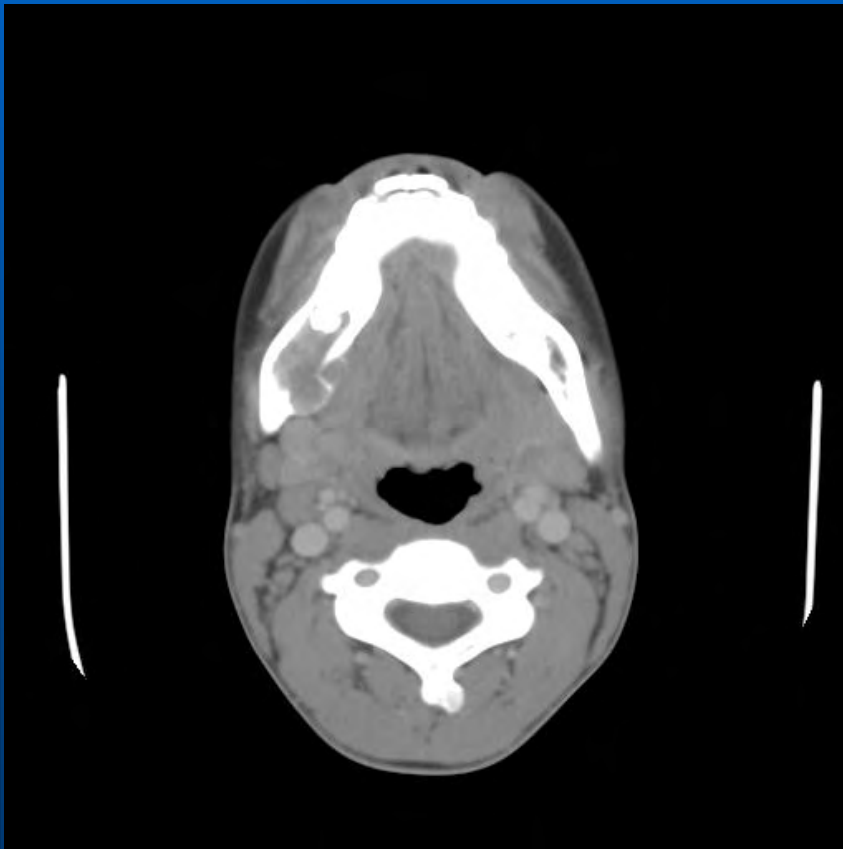
- **Dental findings:**
 - Filling : 16, 26, 36
 - bone loss of alveolar crest between tooth 46 & 47 ,
 - angular bony defect of 46 mesial , tooth 46&47 displacement
- **No other abnormalities were observed.**

CT

1. Prominent soft tissue is noted in the R't Mand. Angle
2. The adjacent bony structures are destroyed



3. Enlarged lymph nodes (>1cm) are noted in right jugulodigastric and submandibular space.



Imp:

- 1. Prominent soft tissue with enhancement and bony destruction in the right mand. Angle. Susp: ameloblastoma → biopsy , DDx: SCC**
- 2. Enlarged lymph nodes in the right jugulodigastric and submandibular space**

Incisional biopsy

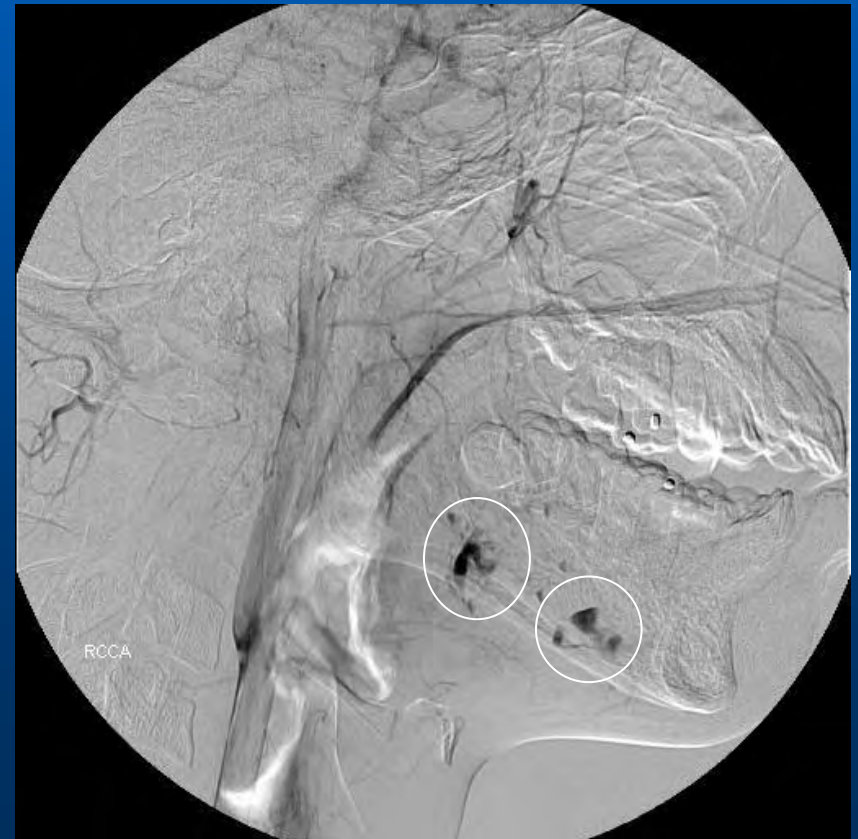
- H-P report:

- Imp: **hemangioma**, capillary. buccal gingiva. lower right.
- However , it is **only a superficial biopsy** and what is the possible histological picture of the intrabony area remains to be investigated

Angiography

- Imp:

1. Consistent with hemangioma with feeders from right maxillary and facial artery.



Angiography



Working diagnosis

■ Inflammation? Cyst? Neoplasm?

- **Fever or local heat (-)**
- Duration : 6 months
- ill-defined RL
- swelling (+)
- **pain (-)**
- Numbness over left lower lip
- **normal pink**

~~inflammation~~

Rule out Cyst or Neoplasm

■ Cyst ? Neoplasm?

- ill-defined RL
- Fluctuation(-)
- Duration : 6 months
- Induration (-)
- adjacent mucosa → normal
- Lymphadenopathy (+)
- Numbness over right lower lip
- Smooth surface
- Biting pain(+)
- pain (-)
- tenderness(-)

- Lower Tooth mobility
- Bony expansion and perforation
- inferior alveolar canal missing



neoplasm

■ Central ? Peripheral?

- smooth surface
- adjacent mucosa
→ normal

- ill-defined RL
- lingual bony expansion and perforation



Central

■ Neoplasm (central type)

- ill-defined diffused RL with ragged border
- 6 months
- lingual bony expansion & perforation
- inferior alveolar canal missing

~~Benign tumor~~

Malignant tumor

Malignant tumor

Working diagnosis

■ Clinical feature

- EPT: ?
- Smooth surface
- Adjacent mucosa → normal
- **Swelling(+)**
- **tooth mobility 46, 47**

■ CT & X-ray feature

- ill-defined diffused RL with ragged border
- Lingual bony expansion and perforation

1. Angiosarcoma

- Color: normal pink
- Consistency: soft ~ rubbery

2. Osteosarcoma

- Fluctuation (-)
- Numbness over right lower lip

3. Ewing's sarcoma

- Biting pain (+)
- Pain (-)
- Percussion (-)
- Tenderness (-)
- Induration (-)
- **Bleeding tendency**

4. Fibrosarcoma

- Lamina dura of involving tooth disappear
- tooth 46 floating in air

5. Chondrosarcoma

- bone loss of alveolar crest between tooth 46 & 47

6. Lymphoma

- Tooth 46, 47 displacement
- Lymph node (+)

Malignant tumor

Working diagnosis

1. Angiosarcoma

2. Osteosarcoma

3. Ewing`s sarcoma

4. Fibrosarcoma

5. Chondrosarcoma

6. Lymphoma

Differential Diagnosis

1. Angiosarcoma

2. Non-Hodgkin's lymphoma

3. Fibrosarcoma

4. Osteosarcoma

5. Ewing's sarcoma

6. Chondrosarcoma

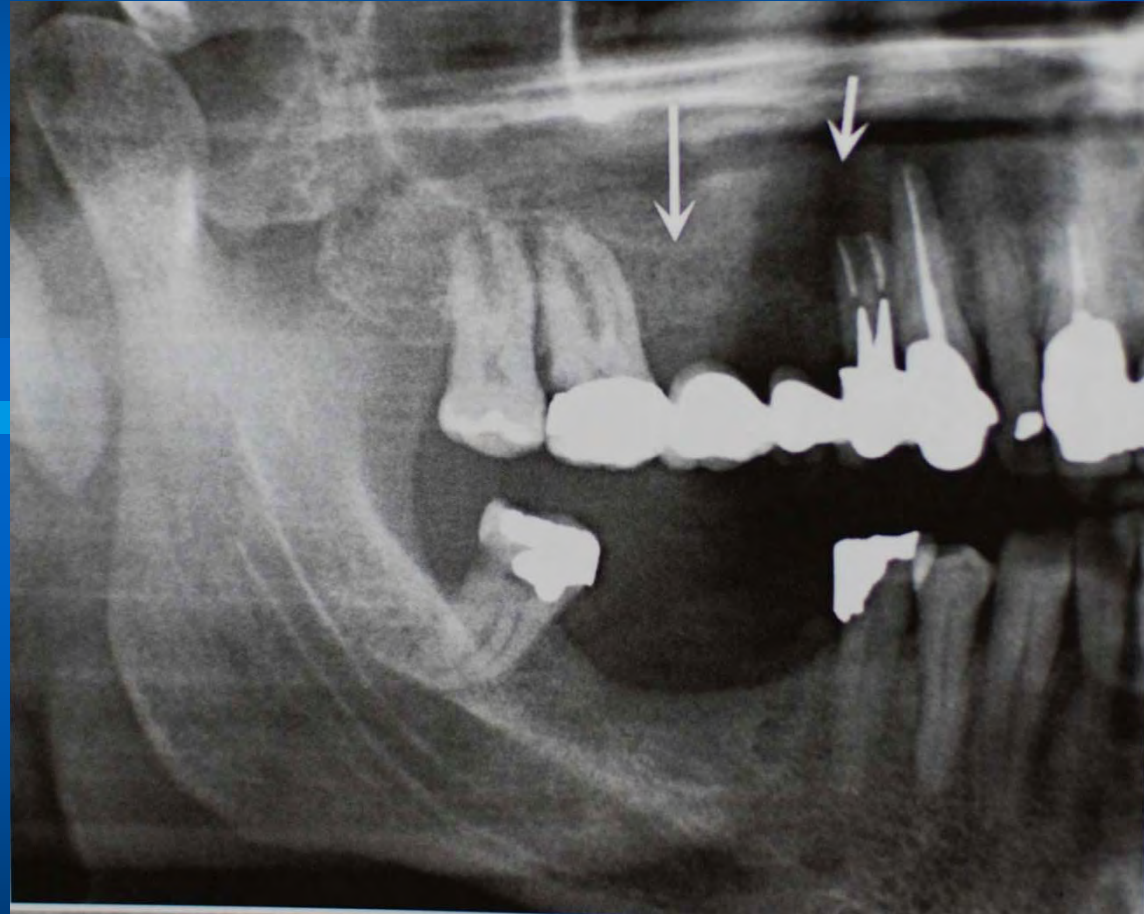
Angiosarcoma



	angiosarcoma	Our case
Gender	Unknown	Male
Race	Unknown	Asian
Age	elderly	15
Site	<p>Head and neck (>50%)</p> <p>Scalp and forehead most common, oral quite rare.</p> <p>Mandible is the most common in oral.</p>	Mandibular body
Symptom	<ul style="list-style-type: none"> • early lesion : simple bruise • Bleeding tendency • Rebound tooth 	<ul style="list-style-type: none"> • Swelling(+) • Numbness over R`t lower lip • Mobility of tooth 46,47 • 46, 47 gingival bleeding easily • Fluctuation(-) • Pain(-) Tenderness(-) • Smooth surface

	angiosarcoma	Our case
Margin	ill-defined diffused RL	ill-defined diffused RL with ragged border
X-ray feature	ill-defined diffused RL	ill-defined diffused RL
Size	variable	6.0 x 4.0 cm
Density	Radiolucency	Radiolucency
Effects on surrounding structure	<ul style="list-style-type: none"> •Bone destruction and expansion •Floating teeth 	<ul style="list-style-type: none"> •teeth displacement •Bone expansion and perforation •Thinning of mandible inferior cortical border •Inferior alveolar canal missing •Floating teeth

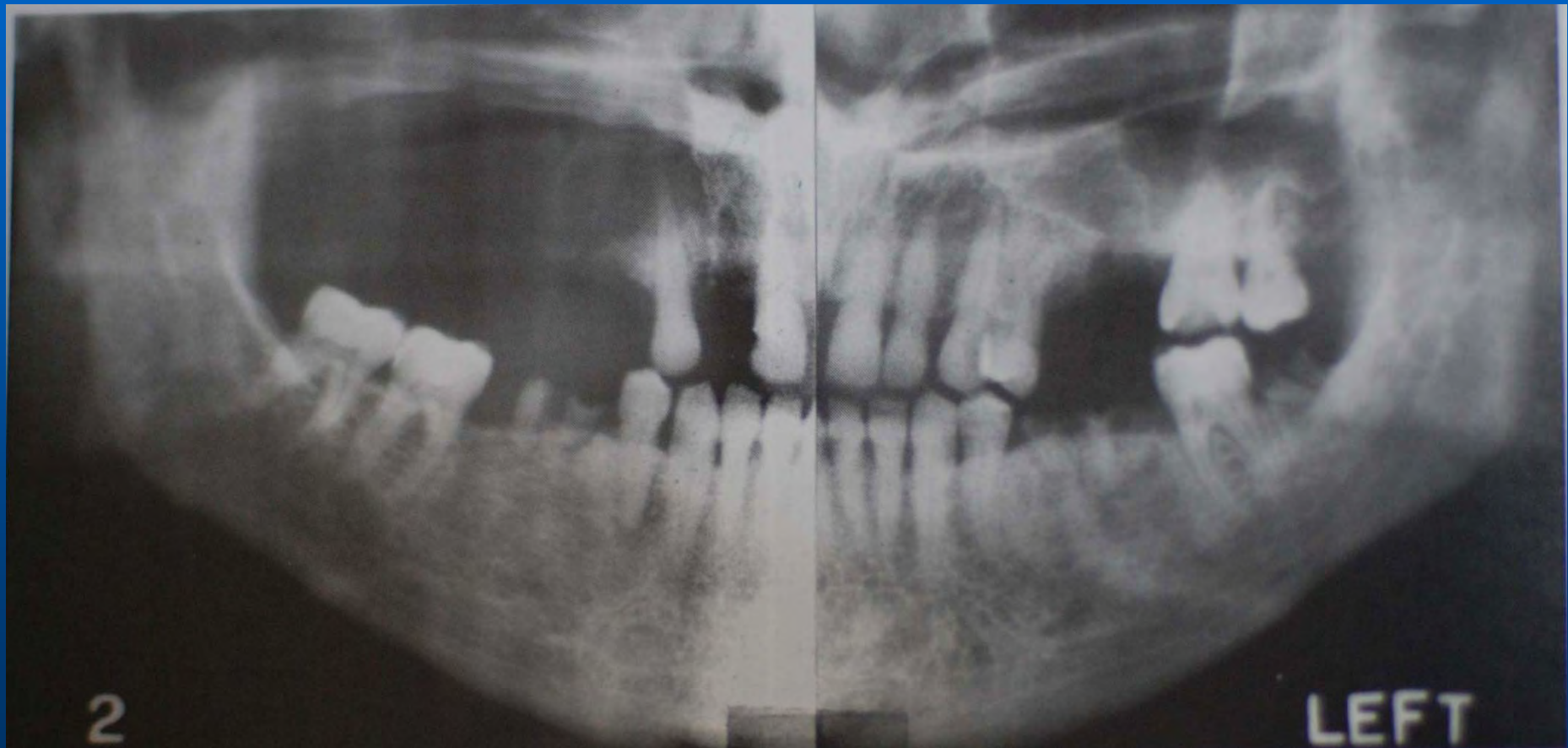
Non-Hodgkin's lymphoma



	Non-Hodgkin's lymphoma	Our case
Gender	No obvious difference	Male
Race	Any race	Asian
Age	Primarily in adults	15
Site	Buccal vestibule, posterior hard palate, gingiva	Mandibular body
Symptom	Swelling (+) in boggy consistency Vague pain or discomfort Paresthesia (+) Tenderness (+/-) Ulceration (+/-)	<ul style="list-style-type: none"> •Swelling(+) •Numbness over R't lower lip •Mobility of tooth 46,47 •46, 47 gingival bleeding easily •Fluctuation(-) •Pain(-) Tenderness(-) •Smooth surface

	Non-Hodgkin's lymphoma	Our case
Margin	Ill-defined without corticated margin	ill-defined diffused RL with ragged border
X-ray feature	<ul style="list-style-type: none"> ● Rounded or multiloculated lacking a defining outer cortex ● Invasive border ● Periosteal reaction not common 	ill-defined diffused RL
Size	variable	6.0 x 4.0 cm
Density	Entire radiolucency	Radiolucency
Effects on surrounding structure	<ul style="list-style-type: none"> ● Expansion of the bone, and perforate the cortical plate ● Destroy the cortex of the neurovascular canal ● Grow in the PDL of mature teeth ● The involved teeth displaced in an occlusal direction and exfoliated 	<ul style="list-style-type: none"> • teeth displacement • Bone expansion and perforation • Thinning of mandible inferior cortical border • Inferior alveolar canal missing • Floating teeth

Fibrosarcoma



	fibrosarcoma	Our case
Gender	M:F=1:1	Male
Race	Any race	Asian
Age	Young adult and children	15
Site	Most in mandibular premolar-molar region	Mandibular body
Symptom	Swelling (+) Pain(+) Paresthesia (+) Tenderness (+/-) May invade soft tissue , cause bulky lesion. Pathology fracture	<ul style="list-style-type: none"> •Swelling(+) •Numbness over R't lower lip •Mobility of tooth 46,47 •46, 47 gingival bleeding easily •Fluctuation(-) •Pain(-) Tenderness(-) •Smooth surface

	fibrosarcoma	Our case
Margin	Ill-defined without corticated margin	ill-defined diffused RL with ragged border
X-ray feature	<ul style="list-style-type: none"> ● Rounded or multiloculated lacking a defining outer cortex ● Invaded border ● Saucer – like depression (peripheral type) 	ill-defined diffused RL
Size	variable	6.0 x 4.0 cm
Density	Entire radiolucency	Radiolucency
Effects on surrounding structure	<ul style="list-style-type: none"> ● Expansion of the bone, and perforate the cortical plate ● Destroy the cortex of the neurovascular canal ● The involved teeth may displaced , resorption or floating in air. 	<ul style="list-style-type: none"> ● teeth displacement ● Bone expansion and perforation ● Thinning of mandible inferior cortical border ● Inferior alveolar canal missing ● Floating teeth

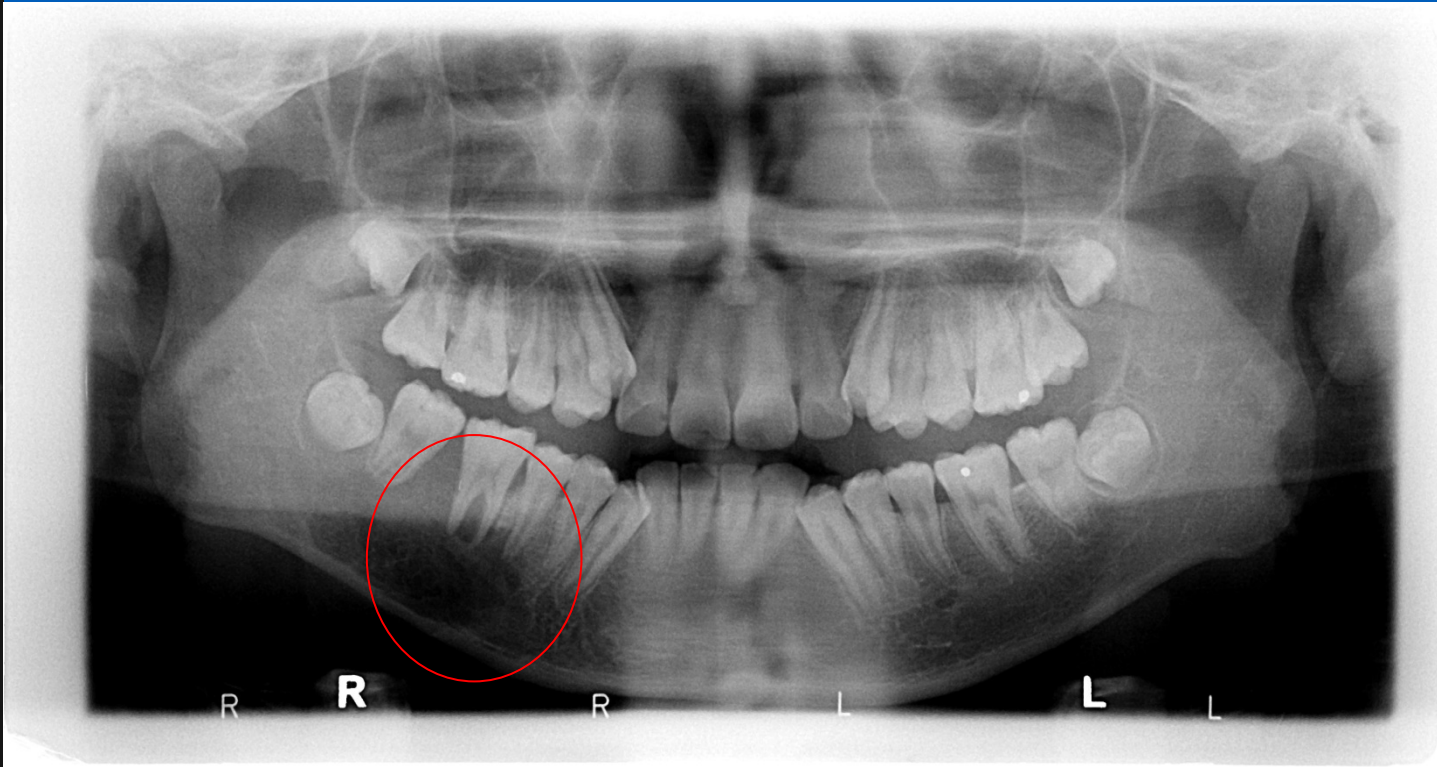
Osteosarcoma



	Osteosarcoma	Our case
Gender	Male	Male
Race	unknown	Asian
Age	Average 33	15
Site	Long bone Maxilla = Mandible	Mandibular body
Symptom	<ul style="list-style-type: none"> •Pain •Mobility •Numbness •Swelling •Smooth 	<ul style="list-style-type: none"> •Swelling(+) •Numbness over R`t lower lip •Mobility of tooth 46,47 •46, 47 gingival bleeding easily •Fluctuation(-) •Pain(-) Tenderness(-) •Smooth surface

	Osteosarcoma	Our case
Margin	Irregular ill-defined border	ill-defined diffused RL with ragged border
X-ray feature	sunburst	ill-defined diffused RL
Size	variable	6.0 x 4.0 cm
Density	RO, RL or mixed	Radiolucency
Effects on surrounding structure	<ul style="list-style-type: none"> •Bone expansion •Bone penetration •PDL space widening •Root resorption •Periosteum reaction 	<ul style="list-style-type: none"> •teeth displacement •Bone expansion and perforation •Thinning of mandible inferior cortical border •Inferior alveolar canal missing •Floating teeth

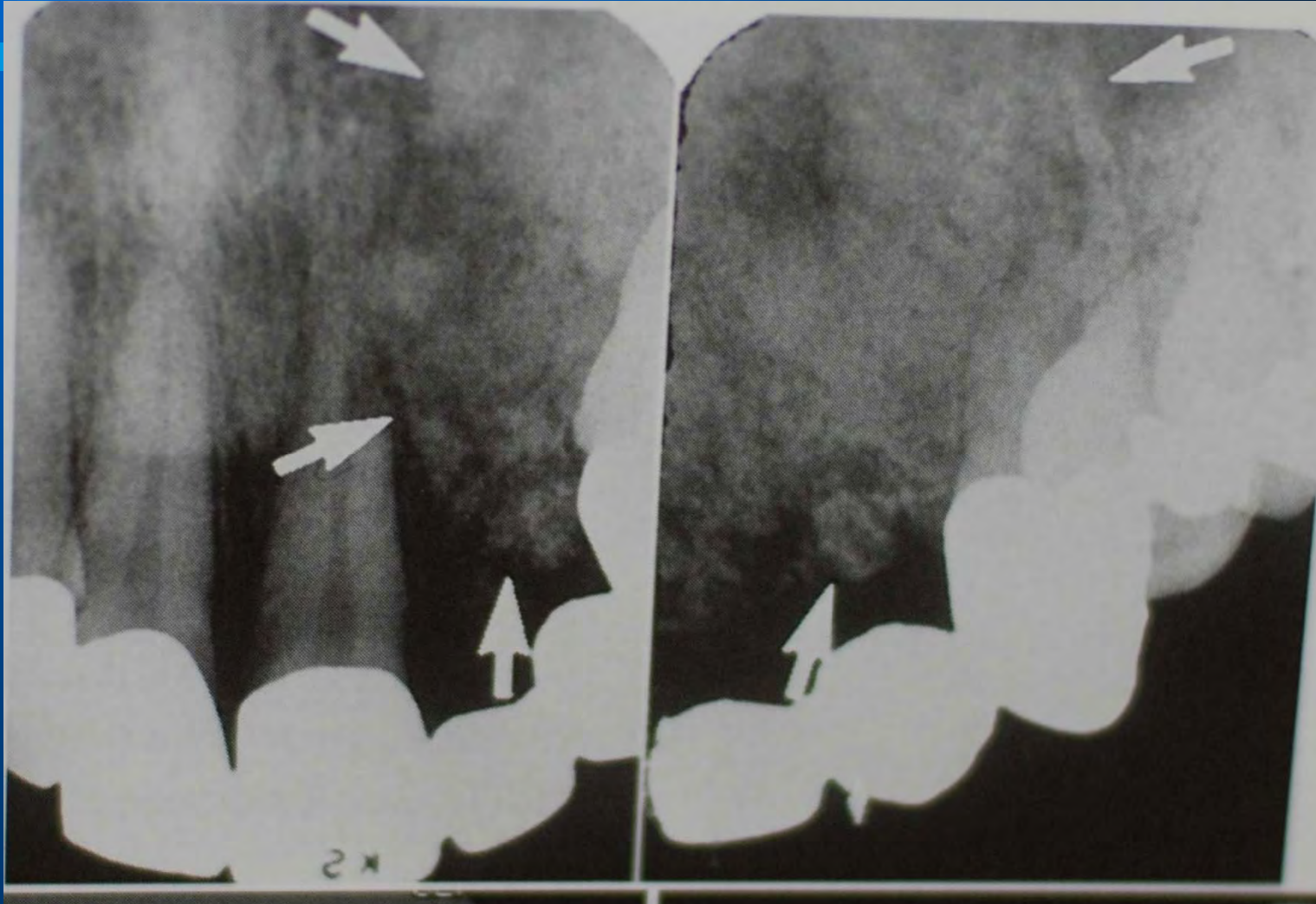
Ewing's sarcoma



	Ewing's sarcoma	Our case
Gender	Male	Male
Race	White	Asian
Age	<20	15
Site	Long bone, pelvis, rib, mandible(1~2%)	Mandibular body
Symptom	<ul style="list-style-type: none"> •Pain •Mobility •Numbness •Swelling •smooth 	<ul style="list-style-type: none"> •Swelling(+) •Numbness over R't lower lip •Mobility of tooth 46,47 •46, 47 gingival bleeding easily •Fluctuation(-) •Pain(-) Tenderness(-) •Smooth surface

	Ewing's sarcoma	Our case
Margin	Irregular ill-defined border	ill-defined diffused RL with ragged border
X-ray feature	Onion skin	ill-defined diffused RL
Size		6.0 x 4.0 cm
Density	Radiolucency	Radiolucency
Effects on surrounding structure	<ul style="list-style-type: none"> •Bone expansion •Bone penetration •Periosteum reaction 	<ul style="list-style-type: none"> •teeth displacement •Bone expansion and perforation •Thinning of mandible inferior cortical border •Inferior alveolar canal missing •Floating teeth

Chondrosarcoma



	Chondrosarcoma	Our case
Gender	F : M = 1 : 1	Male
Race	White more than other races	Asian
Age	At any age	15
Site	Maxilla : anterior region Mandible : 1. coronid process 2. condylar head and neck 3. symphyseal region	Mandibular body
Symptom	Swelling (+) Hemorrhage(+) Firm or hard mass Sensory nerve deficits, proptosis Visual disturbance Trismus when occur in TMJ	<ul style="list-style-type: none"> •Swelling(+) •Numbness over R't lower lip •Mobility of tooth 46,47 •46, 47 gingival bleeding easily •Fluctuation(-) •Pain(-) Tenderness(-) •Smooth surface

	Chordrosarcoma	Our case
Margin	Well-defined and at times corticated. Sometimes ill-defined	ill-defined diffused RL with ragged border
X-ray feature	1.round,ovoid,lobulated 2.ground-glass appearance 3. moth-eaten with island of residual bone	ill-defined diffused RL
Size	variable	6.0 x 4.0 cm
Density	mixed radiopaque and radiolucent appearance	Radiolucency
Effects on surrouding structure	-- at mandible : alveolar process expanded --at maxilla : maxillary sinus may be pushed. --at condyle : remodeling , expansion,erosion , --near tooth : resorption and displacement	<ul style="list-style-type: none"> •teeth displacement •Bone expansion and perforation •Thinning of mandible inferior cortical border •Floating teeth

Clinical impression

- Hemangioma R/O angiosarcoma over R`t mandible body



Thanks for your attention!!!