

Case report

報告者：Intern Group D
蔡宜璋、張仁虎、黎育廷、林兆祥、
指導醫師：陳玉昆 主任
林立民 醫師
及口腔病理科全體醫師

工作分配

- ▶ General data+醫倫：張仁虎
- ▶ CT：黎育廷
- ▶ DD：林兆祥
- ▶ Discussion：蔡宜璋
- ▶ PPT製作：全體組員
- ▶ 報告：全體組員
- ▶ 統整：黎育廷 蔡宜璋

General data

- ▶ Name : 0 0 0
- ▶ Sex : Male
- ▶ Age : 65 y/o
- ▶ Native : 高雄市
- ▶ Marital status : married
- ▶ Attending staff : 0 0 0
- ▶ First visit : 103/10/20

Chief Complaint

- ▶ Bleeding over L't maxilla



Present Illness

This 65 y/o male suffered from discomfort over apical area of tooth 24~26, and bleeding over L't maxilla more than 10 days. He went to the OS dept. for treatment.

Personal History

▶ Past medical history

- ▶ Underlying disease: (+)
hepatocellular carcinoma, T4N0M1, lung metastasis, HBV, HTN, DM
- ▶ Hospitalization: (+) hepatocellular carcinoma, (96~103)
- ▶ Surgery under GA: (+)
- ▶ Allergy: denied: (-)

+ **Past Dental History**

General routine dental treatment

+ **Attitude to dental treatment : co-operative**

+ **Risk factors related to malignancy**

◇ Alcohol : (-)

◇ Betel quid : (-)

◇ Cigarette : (-)

+ **Special oral habits : denied**

+ **Irritation : denied**

Intraoral examination

- + A nodule on L't side of palatal opposed to teeth 24~26
- + Size: 2.5X2.0cm
- + Surface: smooth
- + Consistency: soft to firm
- + Color: pink
- + Dome-shaped
- + Sessile based
- + Pain(+)
- + Tenderness(-)



Intraoral examination

- + Ulcer over buccal gingiva of teeth
- + Size: 0.5X0.5cm
- + Surface: smooth
- + Consistency: soft to firm
- + Color: pink
- + Pain(+)
- + Tenderness(-)

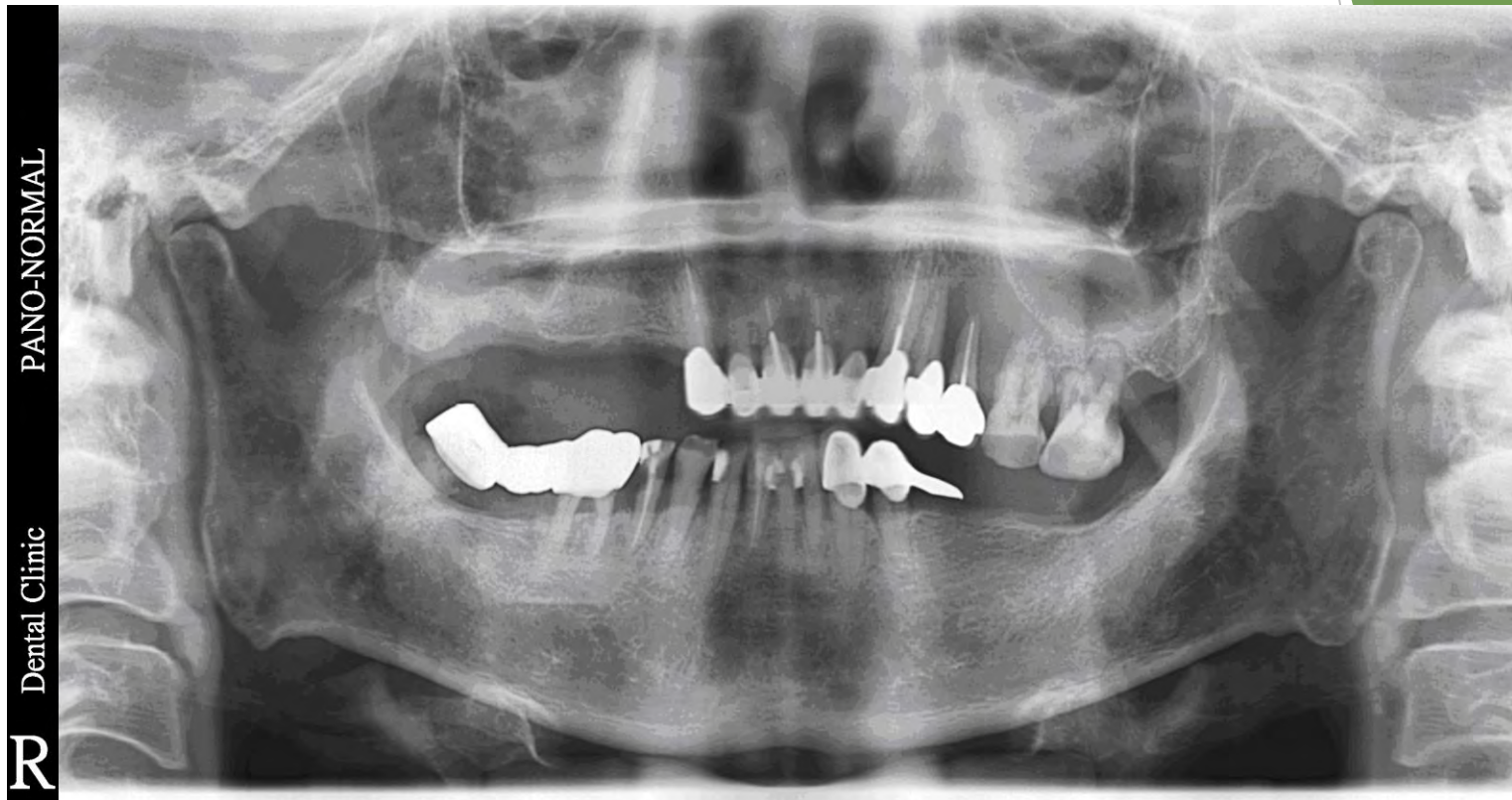


Image finding ~ Pano



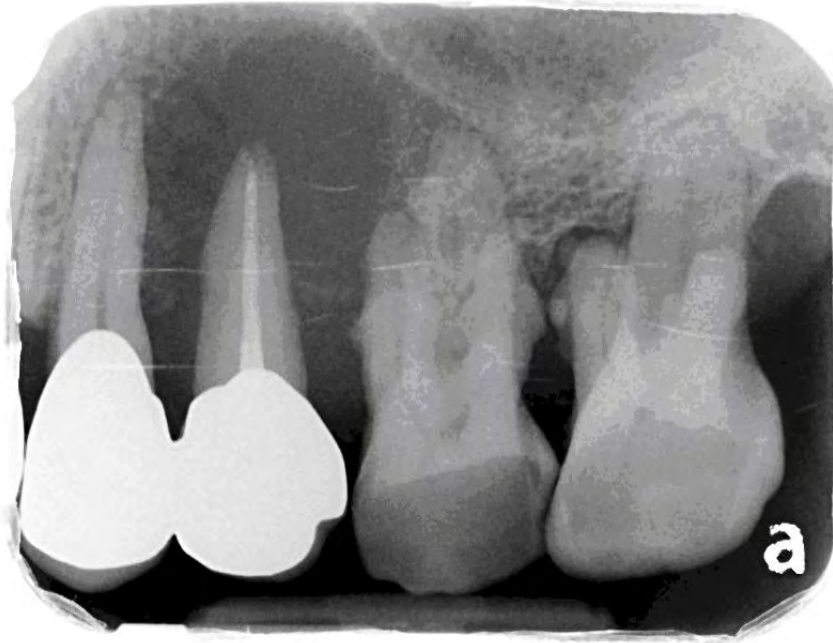
There is a well-defined irregular radiolucence without corticated margin over left posterior maxilla, extending from the distal side of tooth 24 to the mesial side of tooth 26 , and from the border of left maxillary sinus to the left maxillary alveolar crest of premolar area, measuring approximately 1.5x2.0 cm,It affected alveolar bone loss over 24~26.

Image finding ~ Pano



- Tooth missing: 14, 15, 16, 17, 18, 28, 34, 35, 36, 37, 38, 47,
- Prosthesis: 13-12-11-21-22-23-24-25, 32-33X, 46X48,
- filling: 31, 41, 43
- Endo: 11, 13, 21, 23, 25, 42, 45

Periapical film



103/10/21

CBCT

panoramic

: 24005194

啟芳 許經偉 [M] 65

41020

ies : 999

: 21

MPR

TH : 10.0mm



L
17 mm

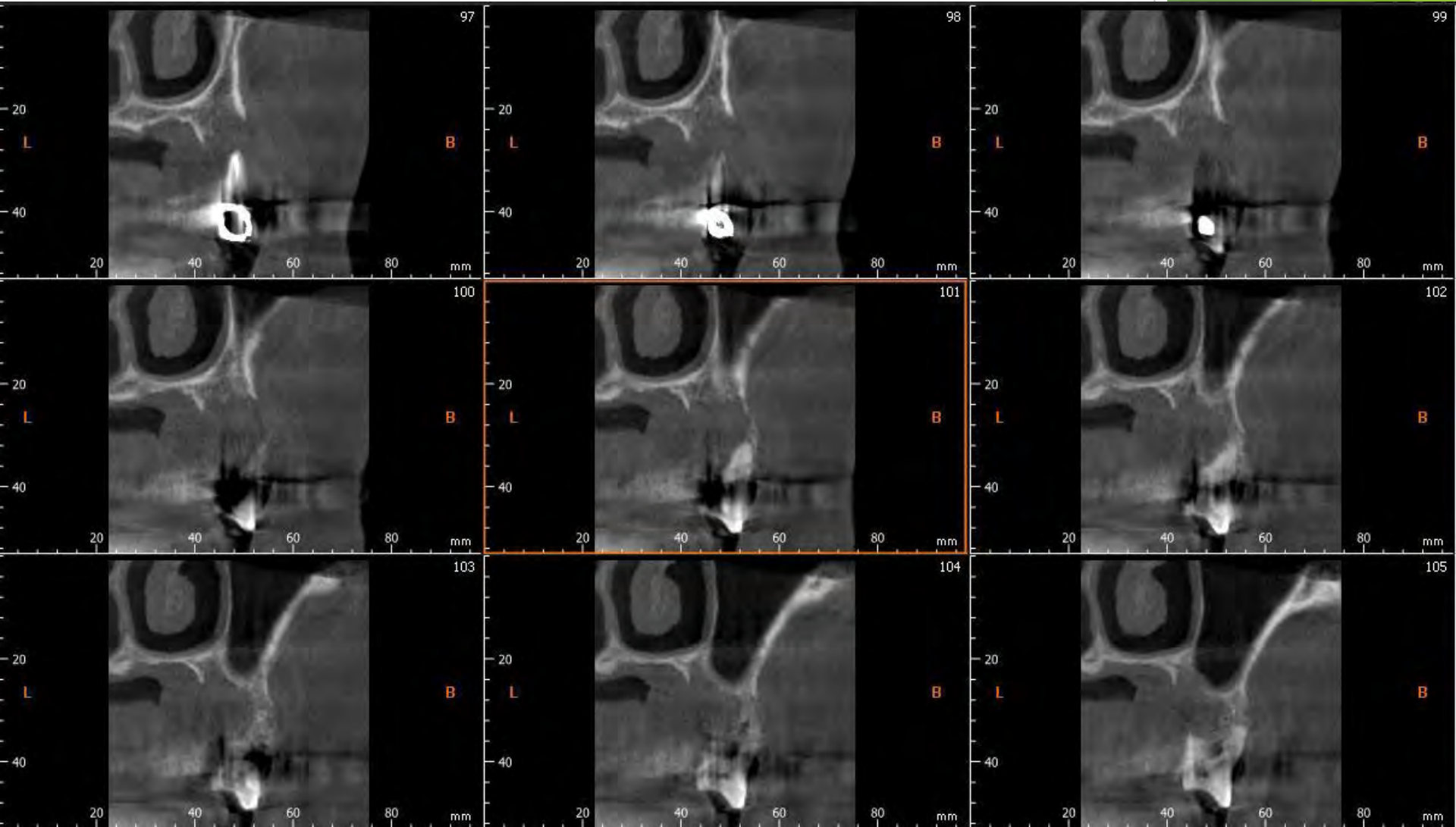
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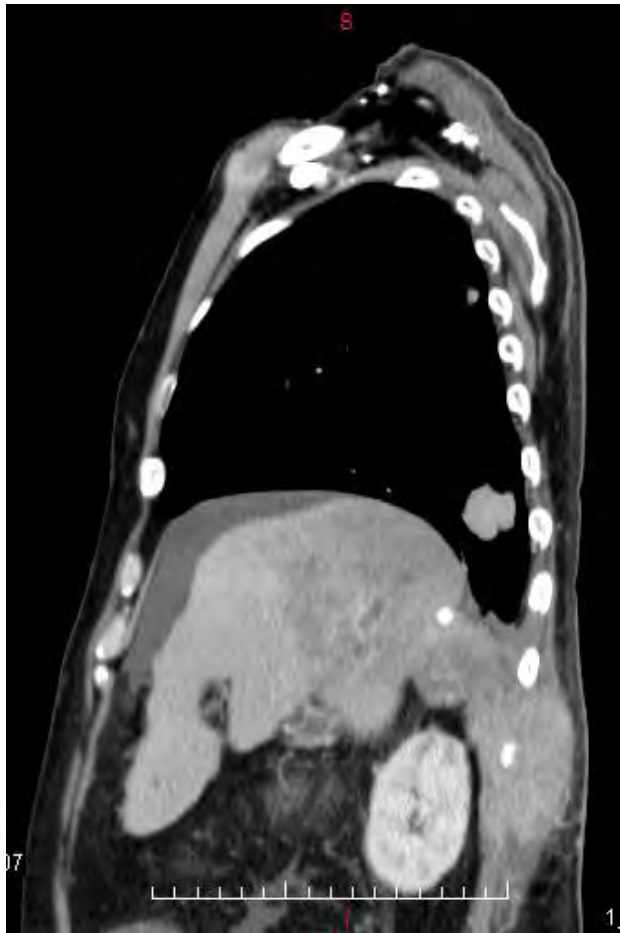
103/10/20

CBCT



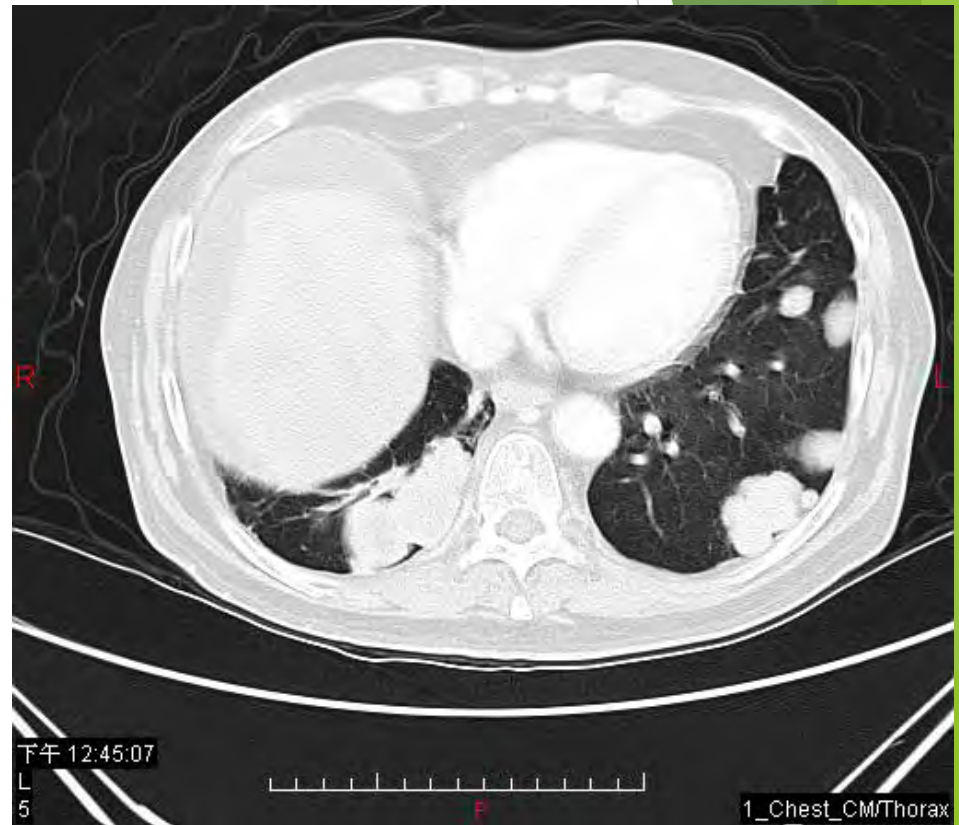
Progression of hepatocellular carcinomas (HCCs) in both hepatic lobe

Poorly enhancing nodules in both hepatic lobe

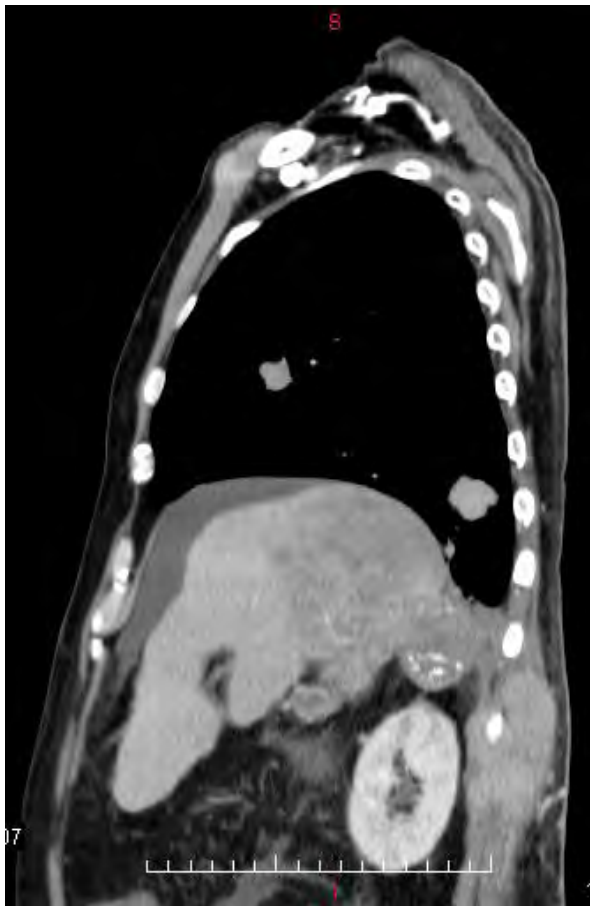


multiple metastases in both lungs

Multiple soft tissue nodules are noted in both lungs



Metastases at the right 11th rib, adjacent soft tissues, adjacent diaphragm, adjacent right retroperitoneum and adjacent skin



Metastases at T12 and previous pathological fracture

The height of the vertebral body of T12 is decreased.



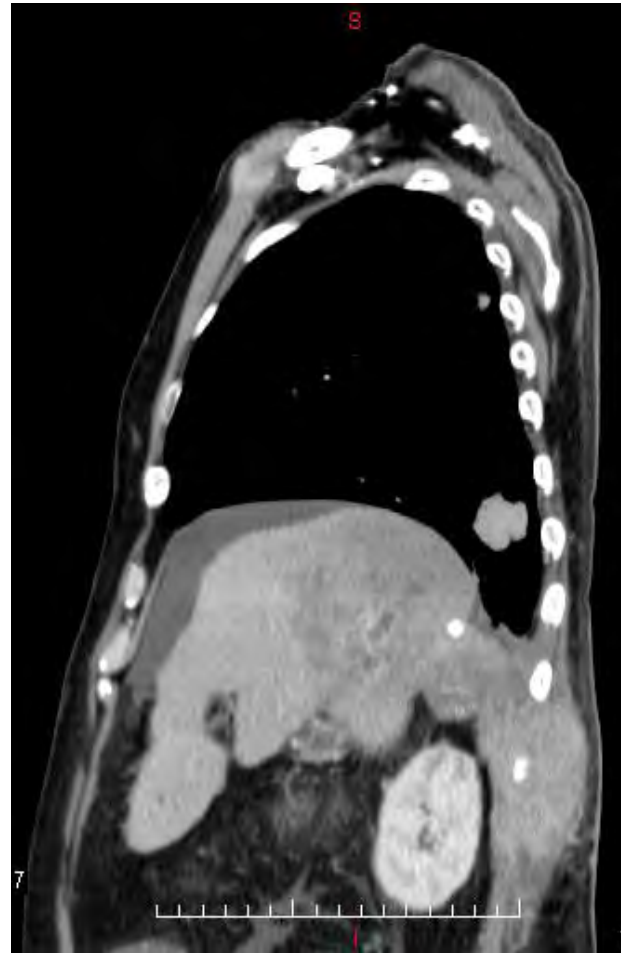
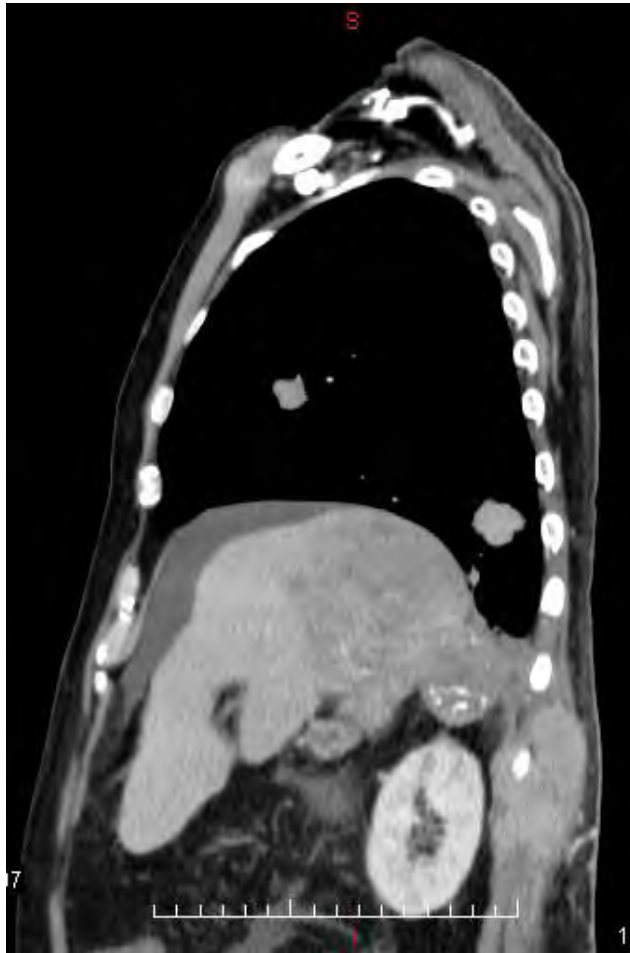
Suspect subsegmental atelectasis and/or fibrosis in both lungs.

The plate-like opacities are noted in both lungs.

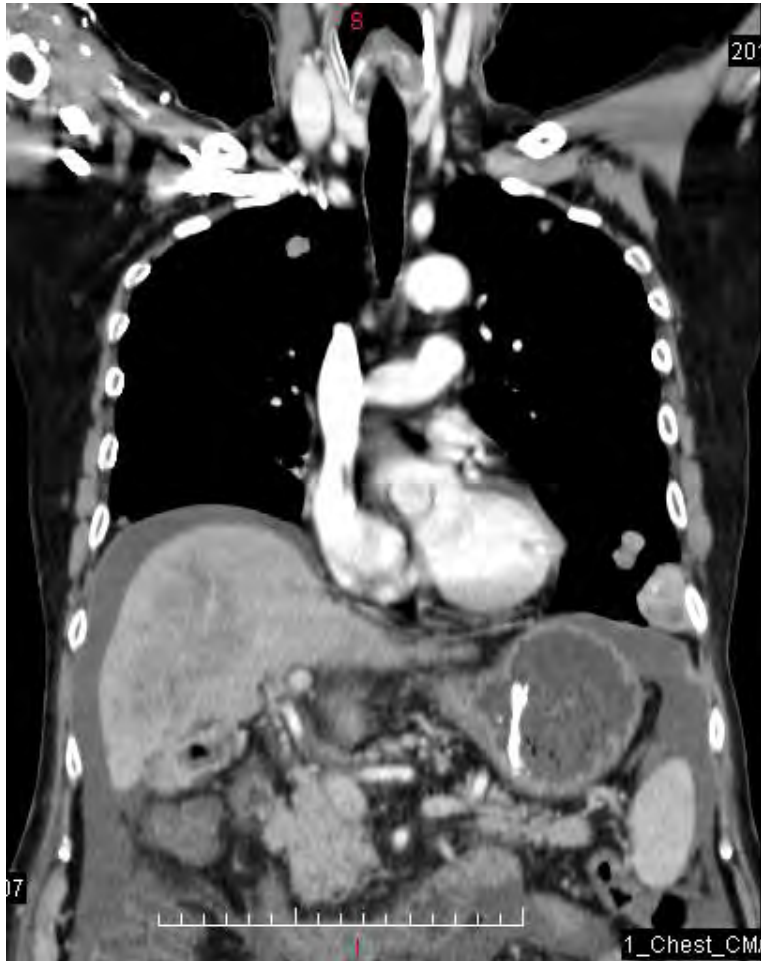


Cholelithiasis.

The plaque opacities are noted at gallbladder



Atherosclerosis of aorta, coronary arteries and the major branches of aorta

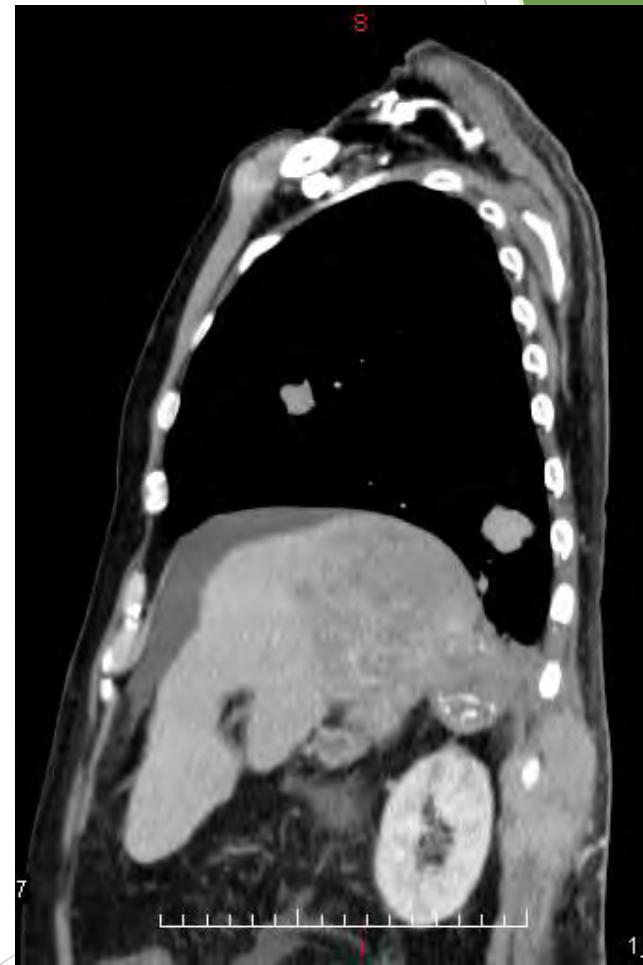


Liver cirrhosis and splenomegaly.



Ascites

Fluid collection is noted in the peritoneal space



Cysts in liver and left kidney

Hypodense cystic lesions are noted in the liver and left kidney.



Spondylosis deformans of cervical spine, thoracic spine and lumbar spine

Spur is noted on the cervical spine, thoracic spine and lumbar spine



Differential diagnosis

Working diagnosis

- ▶ Inflammation, cyst, or neoplasm?
- ▶ Benign or malignant?
- ▶ Intrabony or peripheral?

Our case

- Age and gender: 65y/o, Male
- Pain (+)
- Tenderness (-)
- Swelling (+)
- Mobility: Fixed
- Consistency: soft to firm
- Destruction of bone structures (+)
- Development: Fast

Inflammation, cyst or neoplasm

	Our case	Inflammation	Cyst	Neoplasm
Color	<i>Pink</i>	<i>Red</i>	<i>Normal</i>	<i>Variable</i>
Fever	-	+	-	-
Consistency	<i>soft to firm</i>	<i>Rubbery</i>	<i>Soft</i>	<i>Firm</i>
Margin	<i>Irregular</i>	<i>Irregular</i>	<i>Regular</i>	<i>Irregular</i>
Discharge	-	+	-	<i>+/-</i>
Pain	+	+	-	+
Ulceration	+	-	-	+
Mobility	<i>Fixed</i>	<i>Fixed</i>	<i>Fluxuation</i>	<i>Fixed</i>
Duration	<i>>10 days</i>	<i>Days</i>	<i>Years</i>	<i>Months</i>

Benign or malignant

	Our case	Benign	Malignant
Surface	Smooth	Smooth	Rough
Ulceration	+	-	+
X-ray margin	Poor defined	Well-defined	Poor defined
Mobility	Fixed	Movable	Fixed
Duration	>10 days	Years	Months

Intrabony or peripheral











	Our case	Intrabony	Peripheral
Mucosal lesion	+	-	+
Bone expansion	-	+/-	-
Cortical bone destruction	+	+/-	-
Consistency	Soft	Hard	Soft, firm, rubbery.....

Working diagnosis

Working Diagnosis

- 1. Metastatic Tumors
- 2. Squamous cell carcinoma
- 3. Mucoepidermoid Carcinoma
- 4. Non-Hodgkin's Lymphoma

Metastatic Tumors

Factors	Our case	Metastatic Tumor
Age	65	Adults 
Gender	Male	Both 
Site	Left Max. Post. area	Jaw Bone, Oral soft tissue 
Duration	>10 days	Growth slowly (several months)
Color	Pink	Red 
Shape	Irregular	Irregular 
Surface	Smooth	Smooth 
Mobility	Fixed	Fixed 
Consistency	Soft to firm	Soft 
Pain	+	+ 
Induration	-	- 








Squamous cell carcinoma

Factors	Our case	SCC	
Age	65	Increasing age	★
Gender	Male	Male	★
Site	Left Max. Post. area	1. Buccal mucosa 2. Tongue 3. Gingiva	★
Duration	>10 days	4~8 months	★
Color	Pink	Red/Yellow	★
Shape	Irregular	Irregular	★
Surface	Smooth	Rough	
Mobility	Fixed	Fixed	★
Consistency	Soft to firm	Firm	★
Pain	+	-	
Induration	-	+	

Mucoepidermoid Carcinoma

Factors	Our case	Mucoepidermoid Carcinoma	
Age	65	Adults	★
Gender	Male	Both	★
Site	Left Max. Post. area	Parotid Gland	
Duration	>10 days	Growth slowly (several months)	★
Color	Pink	Red	★
Shape	Irregular	Irregular	★
Surface	Smooth	Smooth	★
Mobility	Fixed	Fixed	★
Consistency	Soft to firm	Soft	★
Pain	+	-	
Induration	-	-	★

Non-Hodgkin's Lymphoma

Factors	Our case	Non-Hodgkin's Lymphoma
Age	65	Adults 
Gender	Male	Male 
Site	Left Max. Post. area	CNS(most) ; Oral(4%, gingiva , tongue , palate) 
Duration	>10 days	Growth slowly (several months)
Color	Pink	Red
Shape	Irregular	Irregular 
Surface	Smooth	Rough
Mobility	Fixed	Fixed 
Consistency	Soft to firm	Soft
Pain	+	+ 
Induration	-	- 

Treatment course

103/10/20 OS

- Bleeding over L't maxilla ,CBCT

103/10/21 OD

discomfort over apical area of tooth 24~26

103/10/22 OS

- Incisional biopsy

103/10/23 oral- hp report:

Pathologic diagnosis:

Bone, maxilla, left, incision, hepatocellular carcinoma, metastatic

103/10/24 KMUER

Fever

103/10/25~11/14 17ES

Hospitalized

11/12 病情惡化，**11/14** 病危自動離院〔critical AAD〕

Discussion: cancer metastasis to oral cavity

Metastases to jaw bones

Metastases to soft tissue

Metastases to jaw bones

- ▶ Breast carcinoma
- ▶ Prostate carcinoma
- ▶ Lung carcinoma
- ▶ Kidney carcinoma
- ▶ Thyroid carcinoma

Clinical features

- ▶ Older patient
- ▶ 80% in mandible
- ▶ Symptoms: pain, swelling, tooth mobility, mass, paresthesia
- ▶ Numb chin

Radiographic features

- ▶ Most Radiolucent
- ▶ Well circumscribed, ill-defined (moth eaten)
- ▶ PDL widening
- ▶ RO, mix RO-RL (breast/prostate)

Histopathologic features

- ▶ Poorly differentiated
- ▶ Immunohistochemical reaction is needed

Treatment and prognosis

- ▶ Poor prognosis
- ▶ Tx: excision and RT

Metastases to oral soft tissue

- ▶ Route: Batson's plexus

Clinical features

- ▶ Site:gingiva(>50%)
- ▶ Male(>40 y/o)
- ▶ Nodular mass
- ▶ Surface ulceration
- ▶ In man:lung cancer> renal carcinoma>melanoma
- ▶ In woman:breast cancer>genital organ>lung>bone>kidney

Histopathologic features

- ▶ Resemble the tumor of origin

Treatment and prognosis

- ▶ Poor prognosis
- ▶ Palliative treatment

醫學倫理討論

Tom Beauchamp & James Childress

六大原則 - 1979

1. **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。
2. **誠信原則(Veracity)**：醫師對其病人有「以誠信相對待」的義務。
3. **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。
4. **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。
5. **保密原則(Confidentiality)**：醫師對病人的病情負有保密的責任。
6. **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

- ▶ 是否有減輕病人的疼痛感？或是使病人更不舒服？
→ 考量病人屬重症患者，面對家人擔心是meta tumor，第一時間安排CBCT，及後續Biopsy，減輕其焦慮。

誠信原則

- ▶ 對於患者的疾病**嚴重程度**是否有確實地通知，盡到告知的義務？
 - ▶ 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？
- 皆以已告知病人後，經同意才進行Biopsy。

自主原則

- ▶ 充分說明病情及治療計畫、風險之後，是否有讓病人充分自主地選擇治療計畫？
ò→照會OD dept. 尋求 second opinion，病人及家屬選擇並同意醫師的建議。

不傷害原則

- ▶ 是否有先完整瞭解病人的病史？

→ 治療前有完整蒐集病史資料，並與病患溝通後擬定進一步的治療計畫

- ▶ Biopsy手術過程中，是否有造成不必要的醫源性的傷害？

ò→ 沒有不必要醫源性傷害。

保密原則

告知的對象

1. 本人為原則
2. 病人未明示反對時，亦得告知其配偶與親屬
3. 病人為未成年人時，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

► Biopsy手術的必要性？

→病人重症患者，Biopsy有助於病症診斷與後續治療的進行，屬適當的醫療行為，符合公義原則

醫學倫理總結

- ▶ 在病例撰寫方面(病灶描述,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為
- ▶ 更加了解放化療病患口腔照顧的重要性，一旦口腔出現病灶，影響病人食慾，睡眠，身心健康大受影響。
- ▶ 安寧照護口腔照護的重要性，讓病人最後一程能好好的走。

Reference

- ▶ P.477~480,P.507~509,P.516~517,P.525~526,P.560~563,P.669~670 in Oral and Maxillofacial Pathology, third edition
- ▶ P.252,Wheater's Functional Histology A Text and Colour Atlas
- ▶ **Diagnostic Challenge of a Deep Minor Salivary Gland Neoplasm**

**THANK YOU FOR
YOUR ATTENTION!**