

口腔病理及影像診斷科

CASE REPORT

報告組別：Intern E組

報告日期：102 / 01 / 25

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General data

- ◎ Name : XXXX
- ◎ Chart no.: XXXXXXXXX
- ◎ Sex : Female
- ◎ Age : 62
- ◎ Marital status : 已婚
- ◎ Attending V.S. : XXX 醫師
- ◎ First visit : XX/XX/2009



Chief Complaint

-101.11.26-

- Swelling and tenderness over L't submandibular area for 2 months

Present Illness

- 98/04/13: This 65 y/o female p't suffered from a mass over anterior maxillary mucobuccal fold due to improper denture, and she came to OPD for examination and biopsy.
(→ H-P : Mucoepidermoid carcinoma over maxillary anterior area, high grade)
- Arranged OP on 98/05/29.
- Regular follow up on 98/06/08 ~ 101/11/19
- A Swelling and tenderness over L't submandibular area for 2 months on 101/11/26

Past medical History

1. Underlying disease :
HTN(+), DM(+) with medication control
2. Denied any food or drug allergies
3. Hospitalization (+) :
 - R't leg varicose vein (09/2010)
 - Surgery for uterus myoma (10+ yrs ago),
 - Oral Mucoepidermoid Ca (05/27/2009)
 - Left knee fracture s/p OP
4. Family history : denied

Past dental History

1. Routine dental procedures
2. Attitude to dental treatment : Cooperative

Personal History

- ⦿ Risk factors related to malignancy
 - Alcohol : (-)
 - Betel quid: (-)
 - Cigarette: (-)
- ⦿ Special oral habits : Denied
- ⦿ Bite irritation: Denied

Extraoral finding

- Size : 5.5 x 5 cm
- Color : Normal
- Surface : Normal
- Tenderness : (+)
- Pain : (+) throbbing pain
- Induration : (+)
- Consistency : Firm
- Mobility : Fixed
- Shape : Dome



Intraoral finding

- No evidence of intra-oral tumor recurrence

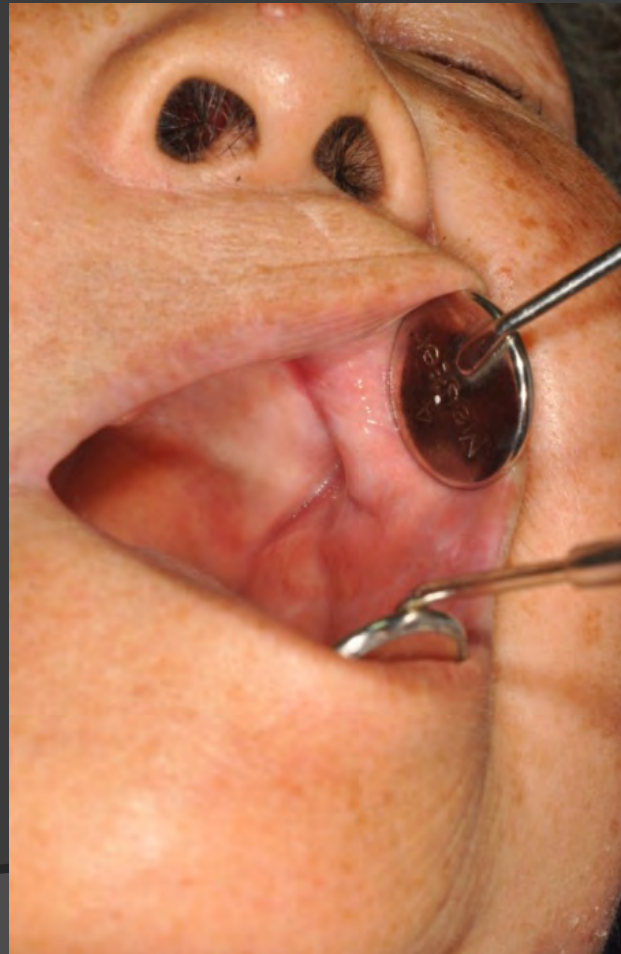


IMAGE FINDING- PANOREX & CT

Image finding- panorex

101.12.24

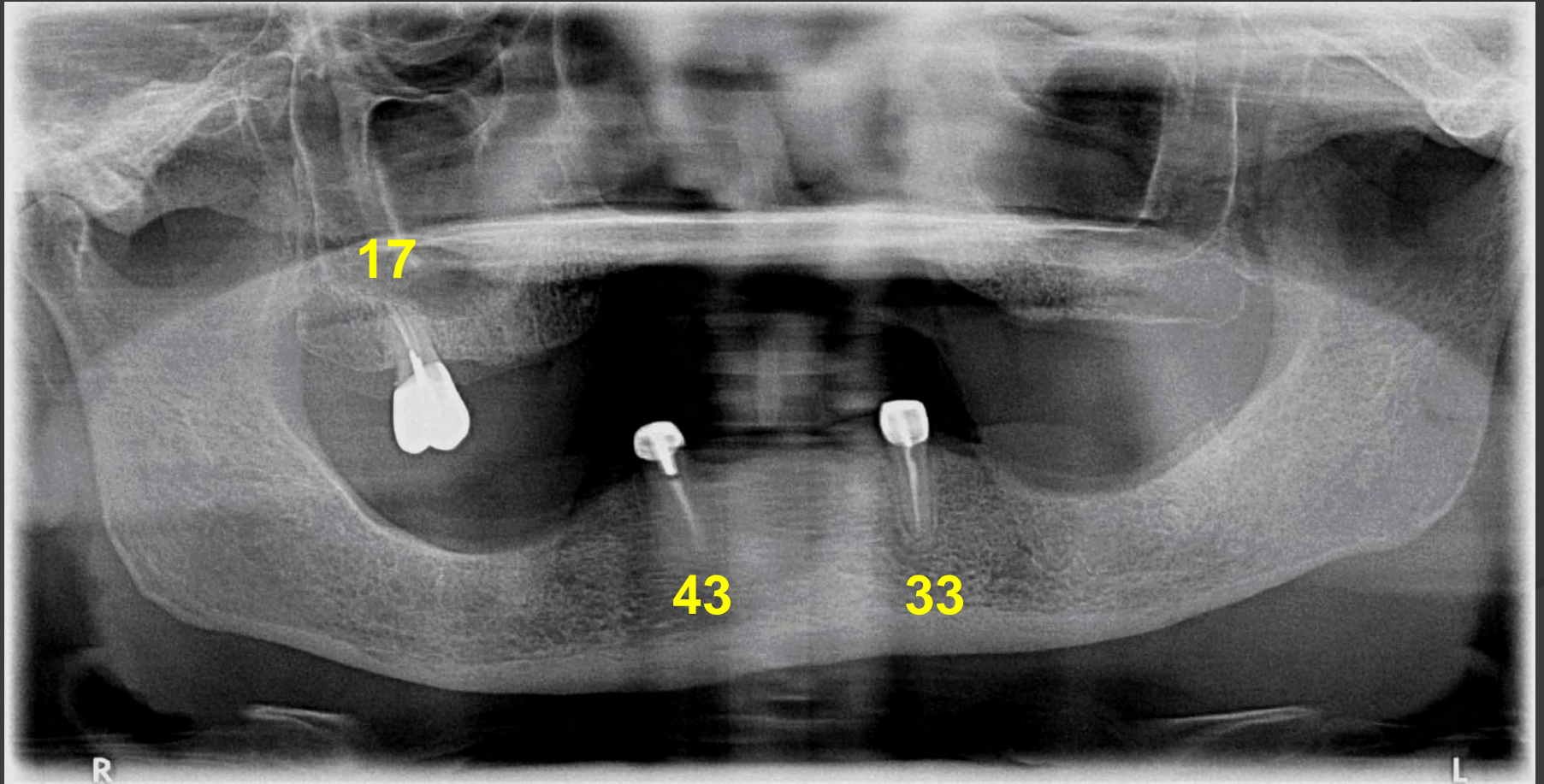


Image finding- panorex

98.05.04

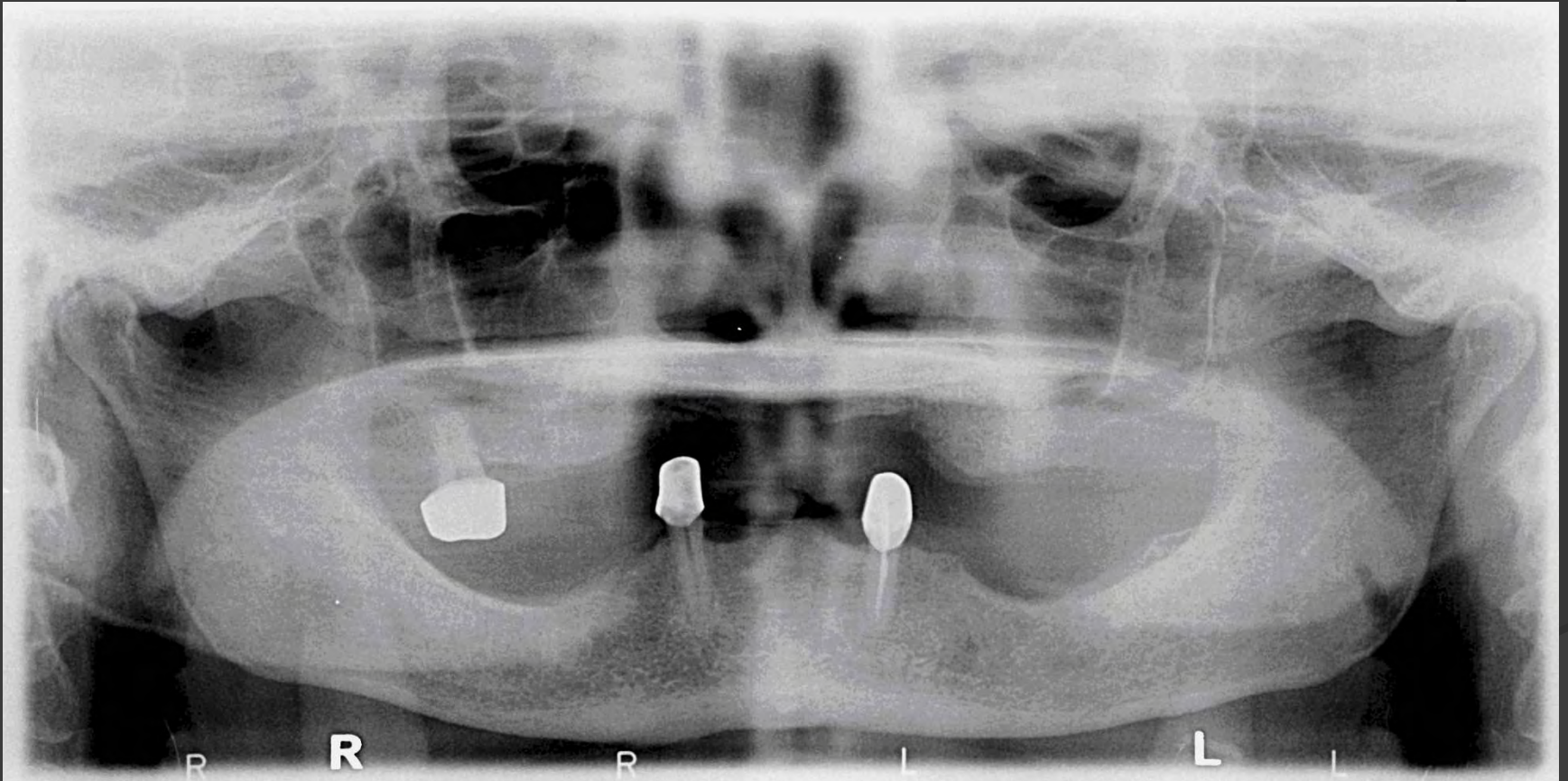


Image finding- panorex

98.07.02

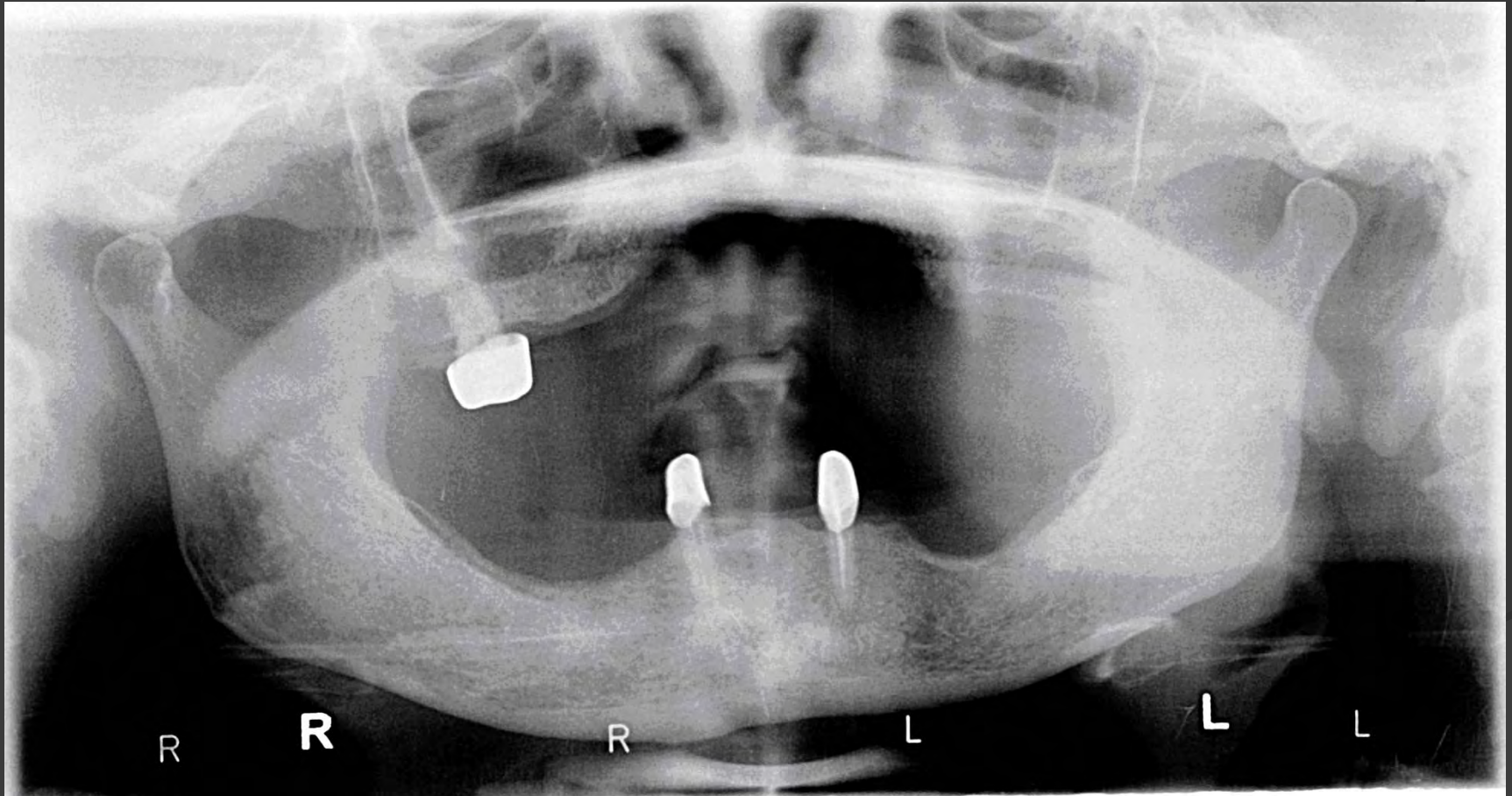
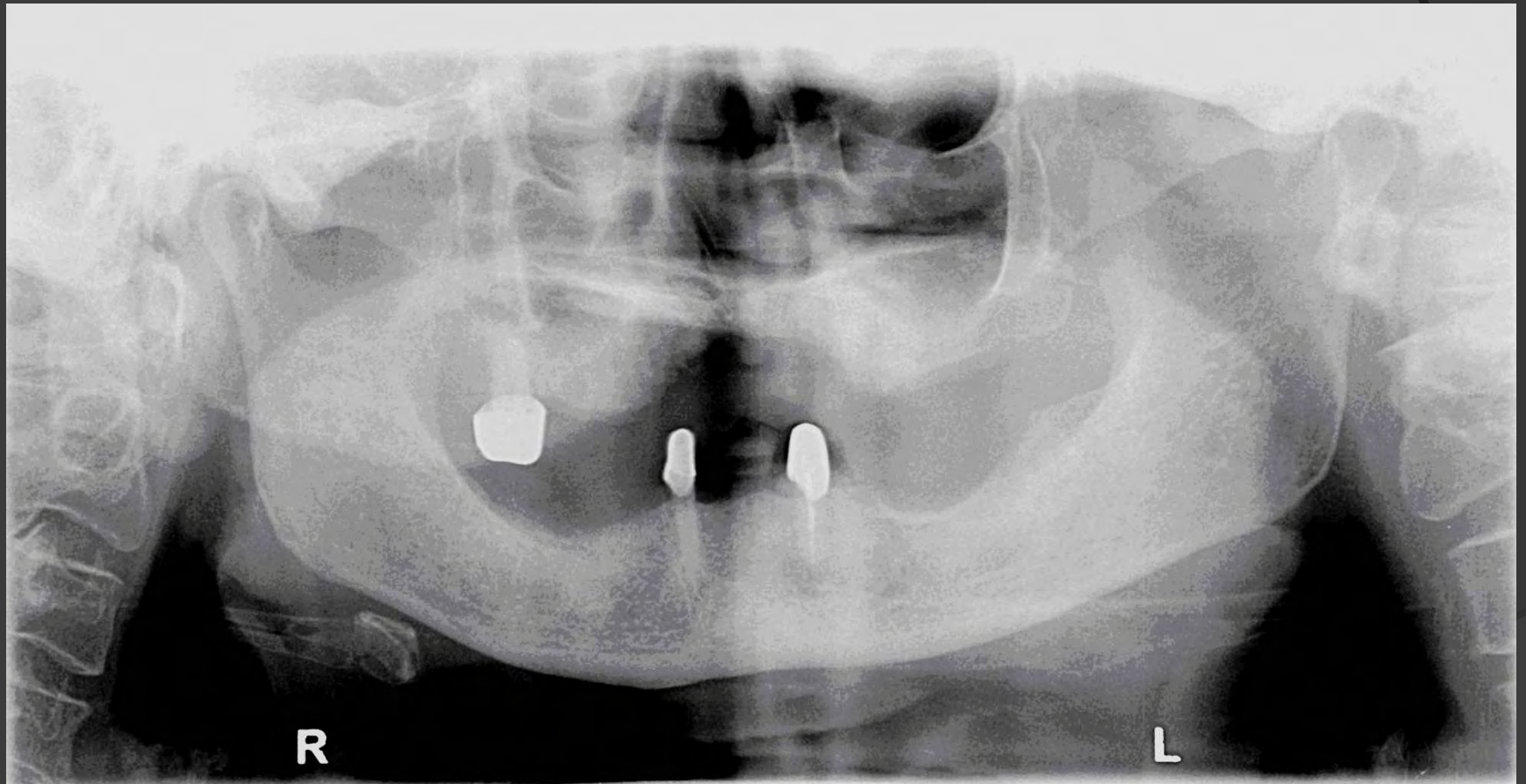


Image finding- panorex

98.09.17



Dental finding

- Upper and lower arch with RPD

Missing teeth $\frac{\cdot 8}{654321} \mid \frac{12345678}{12}$

Retained abutment $\frac{7}{3} \mid \frac{45678}{3}$

Previously endo treated $\frac{7}{3} \mid \frac{3}{3}$

Post and core $\frac{7}{3} \mid \frac{3}{3}$

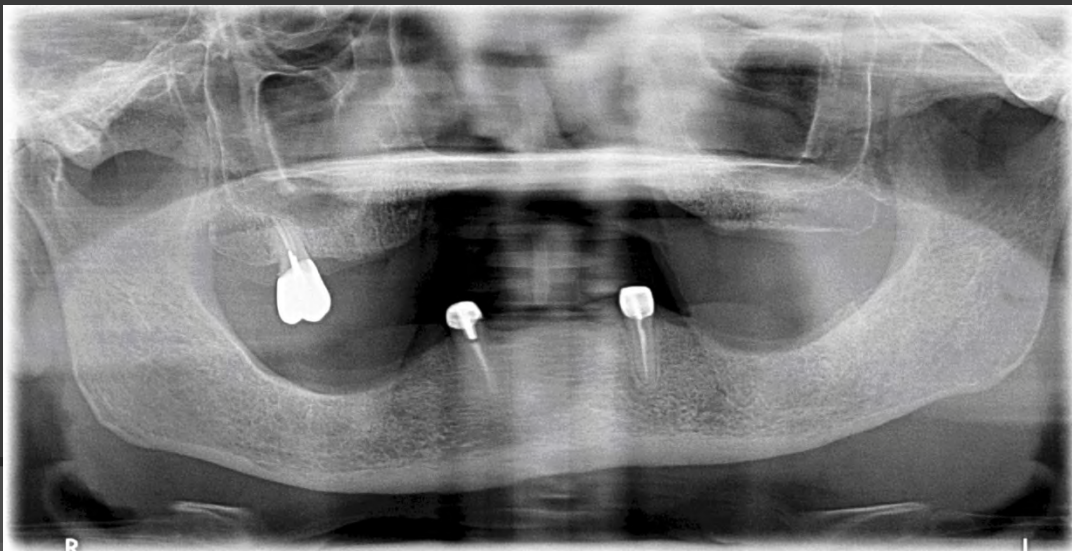
Crown $\frac{7}{3} \mid \frac{3}{3}$

Image finding- C T

DIFFERENTIAL DIAGNOSIS

Peripheral or intrabony ?

- 5.5 x 5cm, firm consistency, smooth surface, dome shape, normal color, fixed
- Pain(+) 、Tenderness(+)
- No bony lesion & destruction



Peripheral or intrabony ?

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

→ **Peripheral**

Inflammation, cyst, neoplasm?

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

	Our case	cyst
Fluctuation	-	+ / -
Well + defined border	Unknown	+

A mass of no local heat, firm consistency
→ **neoplasm**

Benign or Malignancy?

	Our case	Benign	Malignancy
progressive	2 months	Slow	fast
Swelling with intact epi.	+	+	-
Pain	+	-	+
Induration	+	-	+
lymphadenopathy	Unknown	-	+

Malignancy

Working diagnosis

- ① Mucoepidermoid carcinoma
- ① Polymorphous low grade adenocarcinoma
- ① Adenoid cystic carcinoma
- ① Acinic cell adenocarcinoma

Mucoepidermoid carcinoma

	Our case	Mucoepidermoid carcinoma
Gender	female	Slight male
Age	62	20~70
Site	L't submandibular area	Parotid gland, minor gland Lower lip, floor of mouth, tongue, retromolar pad areas
Pain	+	Early stage: -
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	firm or hard
Duration	2 months	slow

Polymorphous low grade adenocarcinoma

	Our case	PLGA
Gender	Female	2/3 female
Age	62	60~90
Site	L't submandibular area,subcutaneous	Hard or soft palate
Pain	+	-
Ulcer	-	+ / -
Duration	2 month	Slow, indolent
Consistency	Firm	Firm
Shape	Dome, smooth	
Feature	N/P	Infiltrate the underlying bone

Adenoid cystic carcinoma

	Our case	Acinic cell carcinoma
Gender	Female	Equal
Age	62	Middle age adult
Site	L't submandibular area, subcutaneous	Minor salivary gland (esp. palate)
pain	+	+
swelling	+	+
drainage	-	-
Numbness	-	+ (if parotid gland)
Shape	Smooth, dome shape	Smooth surface
Duration	unknown	slow

Acinic cell adenocarcinoma

	Our case	Acinic cell adenocarcinoma
Gender	Female	Female
Age	62	40
Site	L't submandibular area, subcutaneous	Parotid gland
pain	+	-
swelling	+	+
drainage	-	-
Numbness	-	-
Shape	Smooth, dome shape	Smooth surface
Duration	unknown	slow

Clinical impression

- Mucoepidermoid carcinoma over left neck and submandibular border.

TREATMENT PROCEDURE

- 101 / 11 / 26

- Swelling & tenderness over L't submandibular area
- Firm and smooth surface, dome shape, induration(+), painful, size about 5.5 x 5 cm
- Needle incisional biopsy was performed
- H-P exam



- 101 / 11 / 27
 - H-P report
 - Pathologic diagnosis : Oral cavity, subcutaneous , left, needle biopsy , mucoepidermoid carcinoma, high grade
 - Arranged CT scan and bone scan
 - Arranged OP on 102 / 01 / 03

- 102 / 01 / 01 【Treatment plan】
 - Pre-operation
 - ✓ Consult anesthesia dept. and ENT dept.
 - ✓ Full mouth scaling
 - ✓ Require p't NPO since midnight the day before surgery
 - Operation
 - ✓ Wide excision + L't radial neck dissection
 - Post-operation
 - ✓ Oral irrigation and wound care
 - ✓ Check laboratory data
 - ✓ Oral hygiene instruction and reinforcement
 - ✓ Keep f/u in OPD after discharged

- 102 / 01 / 03

- Wide excision + L't mandibular border marginal resection + L't radial neck dissection were performed with sacrificing SCM muscle, accessory nerve, internal jugular vein and partial masseteric muscle
- Place a 7 mm Jackson prett over L't neck via a stab incision

- 102 / 01 / 11
 - **Aseptic procedure** and draping as OMS routine
 - **Prophylactic antibiotic** : Cefazolin(1g) 1 vial + Aq-dest 20ml IV was injected
 - Chylo fluid was noted as opening the neck wound
 - Irrigation with N/S was performed
 - **Debridement and surgical packing** was performed

- 102 / 01 / 17

- **Aspiration** of L't submandibular area and 28ml fluid was collected, then sent culture for H-P report.
- **Placed another J-P tube** over L't submandibular area under **LA**.
- **BI gauze packing** and elastic adhesive bandage application.
- Keep close f/u the wound condition, vital sign and general condition.

- 102 / 01 / 18 ~ 102 / 01 / 24
 - Intraoral irrigation with N/S
 - Generalized condition : stable
 - Kept close f/u the wound condition, vital sign and general condition

DISCUSSION

Mucoepidermoid carcinoma

◎ Etiology and pathogenesis

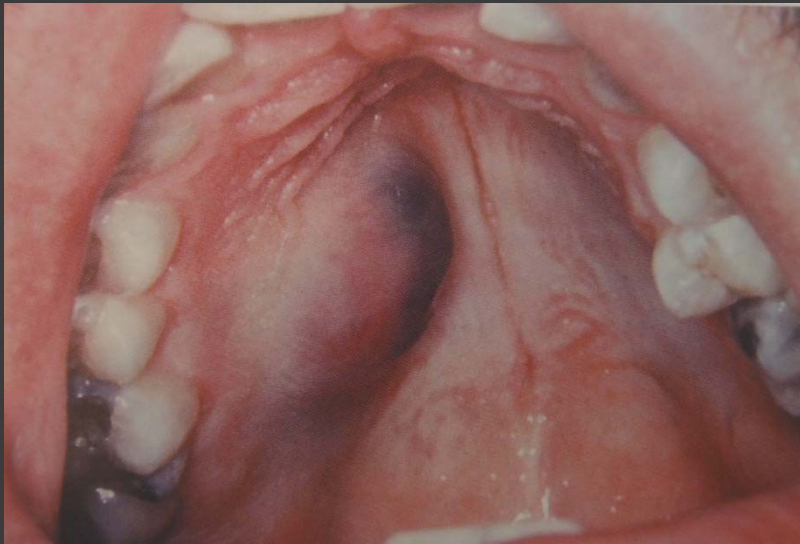
- One of the most common salivary gland malignancies
- If intra-bony lesion, may be changed from dentigerous cyst

Mucoepidermoid carcinoma

◎ Major clinical features

- No sex tendency
- Wide age range (2nd-7th decades)
- Most common salivary gland malignant tumor in children
- Parotid gland > minor gland (palate)
- Asymptomatic swelling
- Sometimes blue or red color
- Sometimes fluctuate

Mucoepidermoid carcinoma

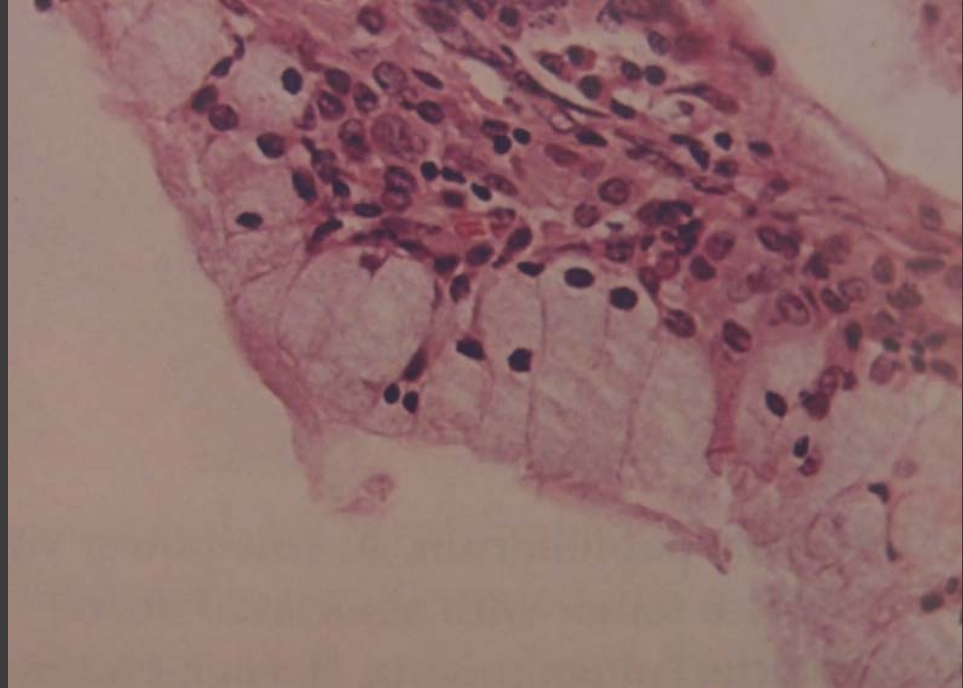
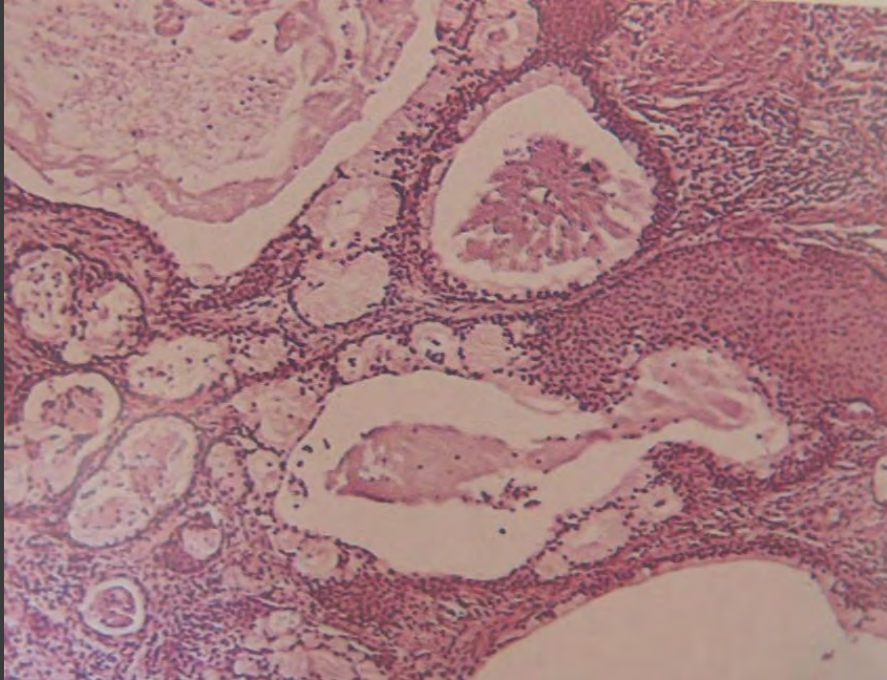


Mucoepidermoid carcinoma

◎ Histopathology features

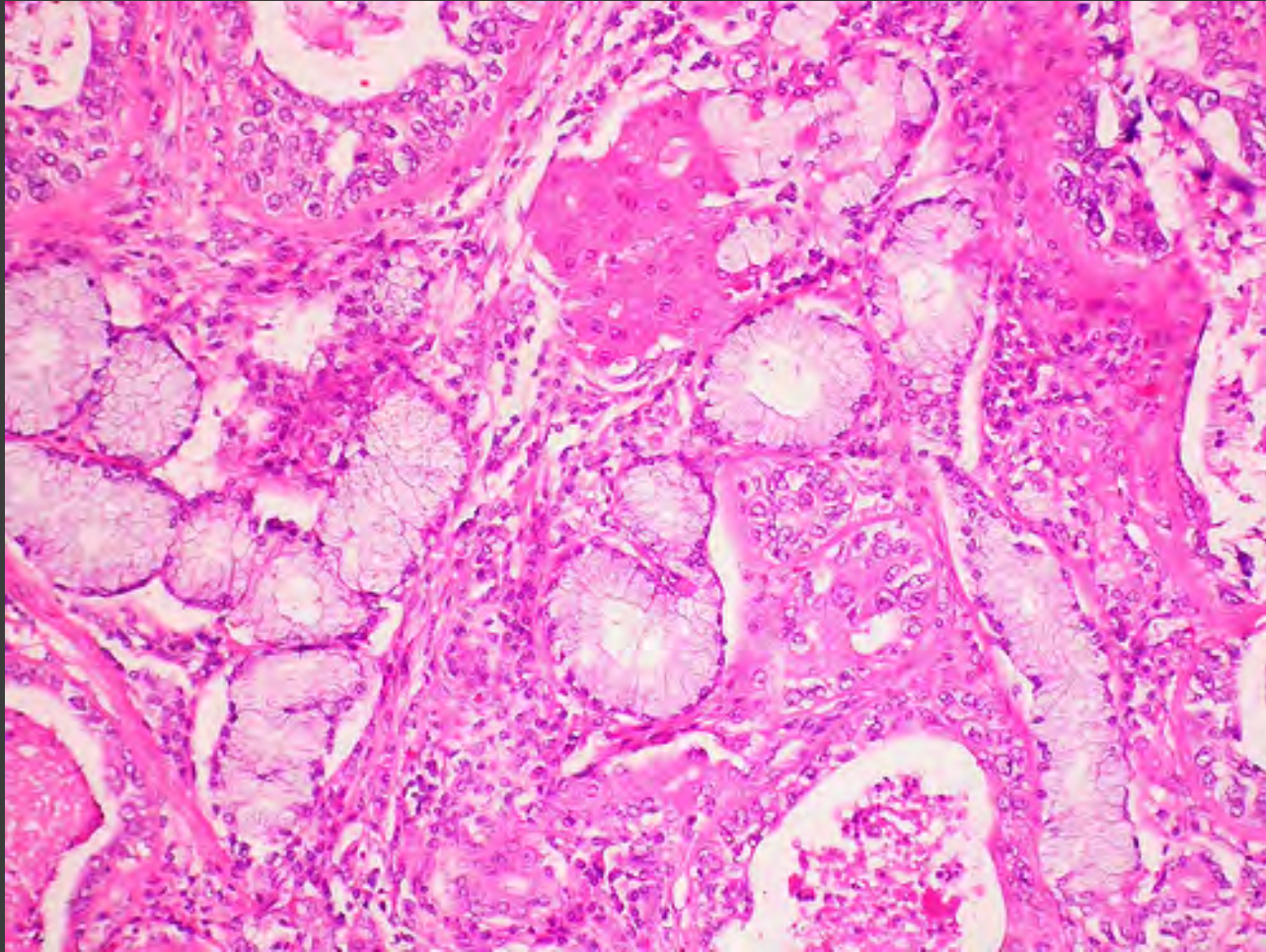
- Mucous cell
 - Foamy cytoplasm, mucin stain (+)
- Epidermoid cell
 - Like squamous cell, obvious intercellular bridge
- Intermediate cell
 - Like basal cell, small, round

Mucoepidermoid carcinoma



Low grade

Mucoepidermoid carcinoma



high grade

Mucoepidermoid carcinoma

Parameter	Point Value
AUCLAIR ET AL. (1992)	
Intracystic component < 20%	2
Neural invasion present	2
Necrosis present	3
Four or more mitoses per 10 high-power fields	3
Anaplasia present	4
Grade	Total Point Score
Low	0-4
Intermediate	5-6
High	7-14
BRANDWEIN ET AL. (2001)	
Intracystic component <25%	2
Tumor front invades in small nests and islands	2
Pronounced nuclear atypia	2
Lymphatic or vascular invasion	3
Bony invasion	3
Greater than four mitoses per 10 high-power fields	3
Perineural spread	3
Necrosis	3
Grade	Total Point Score
I	0
II	2-3
III	4 or more

Histopathologic grades

- Amount of cyst formation
- Degree of cytologic atypia
- Relative number of mucous, epidermoid, and intermediate cell

Low grade:

Prominent cyst formation, minimal cellular atypia, relatively high porportion of mucous cell

High grade:

Solid island of squamous and intermediate cells, considerable pleomorphism and mitotic activity, difficult to distinguish from SCC

Mucoepidermoid carcinoma

◎ Treatment and prognosis

- Surgical excision (subtotal or total removal)
 - Location
 - Histopathologic grade
 - Clinical stage (radiation therapy may be needed)
- Prognosis depends
 - Low grade: 90-98% cured
 - High grade: 30-54% surviving
 - Parotid gland > minor gland > submandibular gland > Tongue and mouth floor

醫學倫理與全人照護

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 → patientcentered 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)

自主原則(Autonomy)

- ◎ 原則：一位具理性思考能力的病人，在完全瞭解醫療處置方針的利弊得失下，有權決定自己的行爲，包括決定及選擇醫療專業人員和治療方式
- ◎ 臨床意義
 - 病人之自主行爲不應遭受他人之操控或干預
 - 指醫療人員應提供充分且適當之資訊，以促成病人針對診療方式主動作出抉擇

不傷害原則(Non-maleficence)

- ◎ 源自希波克拉底之醫師誓約，即醫師之職責：「最首要的是不傷害」
- ◎ 原則：
 - 不殺害病人、不能侵害病人權益和福祉以及平衡利害得失，使痛苦減到最低
- ◎ 臨床意義
 - 醫療上是必須的，或是屬於醫療適應症範圍，因所施行的各種檢查或治療而帶來的傷害應符合不傷害原則
 - 權衡利害原則 → 兩害相權取其輕
 - 保護病人的生命安全

行善原則(Beneficence)

- 原則：
 - 不傷害原則的反面義務(不應該做的事)
 - 確有助益的正面義務(應該做的事)
 - 維護和促進病人的健康、利益和福祉，為基本倫理原則，也是醫護人員的基本義務
- 臨床意義
 - 勿施傷害：不得故意對他人施予傷害或惡行
 - 預防傷害：應該預防傷害或惡行
 - 移除傷害：應該移除傷害或惡行
 - 維持善行：應該致力於行事或維持善行

公義原則(Justice)

- ◎ 原則：強調資源合理分配、賞罰分明以及合乎正義之事。醫療上公平原則指基於正義與公道，以公平合理的態度來對待病人、病人家屬和受影響的社會大眾
- ◎ 臨床意義
 - 公平地分配不足的資源
 - 尊重病人的基本權利
 - 尊重道德允許的法律，法律之前人人平等
 - 先來先服務與急重症優先

臨床案例討論

- ◎ 35歲鄭女士於今年12月時因牙齒疼痛難耐而前往大同牙科治療，當下牙醫師的診斷為38 impaction，並安排時間拔除38，術後幾天鄭女士持續感到臉頰有麻木感，而且拔牙傷口沒辦法癒合並出現異味且相當疼痛

麻藥使用

- 局部麻醉劑過量
 - 一般來說，牙科用的麻醉藥為1.8ml/管，通常一次可以打到8管以上都不成問題(看體重) 正常的牙科治療大都在3管以內
- 血管收縮劑過量
 - 通常局部麻醉藥裡頭含有(正)腎上腺素，有血管收縮、降低局部末端出血量的功用 但如果總量過高，或是打入到血管內 常有心跳加速、暈眩的副作用，有心血管疾病或甲狀腺問題的病人宜少用 可以選擇低濃度(或不含)血管收縮劑的麻藥使用
- 過敏反應
 - 通常是對麻醉劑過敏(幾乎不會對血管收縮劑過敏) 症狀有皮膚發癢、喉嚨腫脹、呼吸困難、眼鼻分泌物增加等等

拔牙風險

一般性併發症

(1) 傷口出血(2) 傷口疼痛(3) 傷口腫脹(4) 拔牙處對應皮膚瘀青(5) 傷口感染或癒合不良(6) 局部或全身麻醉風險(7) 因併發症或處置效果不如預期，必要時需再度處置。(8) 必要時輸血導致之不適感或感染風險(如愛滋病、肝炎等...)

拔牙風險

特殊性併發症

(1)牙根斷裂(2)乾性齒槽炎(3)鄰牙牙根暴露引發之酸痛(4)傷害鄰牙牙周組織(5)牙齒異位(6)口鼻竇相通及鼻竇炎(7)下顎齒槽神經或舌神經傷害，導致暫時或永久性下唇或舌部麻木感(8)顎骨留下牙根斷片，難以取出或取出時易造成其它後遺症。(9)造成鄰牙或其補綴物、矯正裝置鬆脫、斷裂、喪失。(10)鄰近軟組織撕裂傷(11)開口困難(12)拔除牙誤吞入食道或氣管(13)臉部皮膚瘀青(14)暫時或永久顛顎關節不適感(15)拔牙後一段時間齒槽骨窩吸收不均，導致尖銳骨片形成，可能需再度手術修整骨頭。(16)下顎骨斷裂(17)長期之骨內疼痛(18)顎骨骨髓炎、顎骨壞死、蜂窩性組織炎、壞死性筋膜炎(19)全身性感染或敗血症(20)術中大出血

此案例違背了哪些原則？

◎ 自主原則：

- 醫師並未善盡告知使用麻藥的風險、拔牙的風險的責任

此案例違背了哪些原則？

◎ 不傷害原則：

- 醫師並未做好術前評估，包括病人系統性疾病、血壓高低、是否有麻藥過敏的可能性
- 醫師馬上讓病人返家，未告知拔牙後的注意事項

◎ 行善原則(預防傷害)：

- 術中病人感到身體不適，如有做好術前評估，應可避免傷害發生

總結

- ◎ 各項治療切勿躁進，要在病人了解且同意之下再進行侵入性治療才不會造成日後的糾紛
- ◎ 其實在診間中會不斷向病人告知各種注意事項都有其重要性，要在病人完全了解各種風險和須知的情況下，且醫生本身為病人找想，醫病關係才會完善

THANKS FOR YOUR ATTENTION