

口腔病理及影像診斷科

Case Report

報告組別：Intern L

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指導醫師：林立民醫師、陳玉昆醫師、
王文岑醫師、陳靜怡醫師

組員：顏德文、陳柏屹、溫易宏、謝韶撫、紀勝元

General Data

- Name: XXX
- Sex: Male
- Age: 46 y/o
- Native: 台灣
- Marital status: 已婚
- Attending V.S.: 陳俊明醫師
- First visit: 101.02.07

Chief Complaint

- Swelling over L't posterior mandible for 2 days

Present Illness

- This 46 y/o male found a swelling mass over left lower edentulous area 2 days ago. He went to LDC for help. The dentist suggested him to our OPD for further examination and Tx .

Intra-Oral Examination

- Red and swelling over L't mandibular area
- Size: 2.5x2cm
- Surface: Smooth
- Base: Sessile
- Shape: Dome
- Color: Red
- Mobility: Fixed
- Pain(+)
- Tenderness, induration, lymphadenopathy (-)



Past History

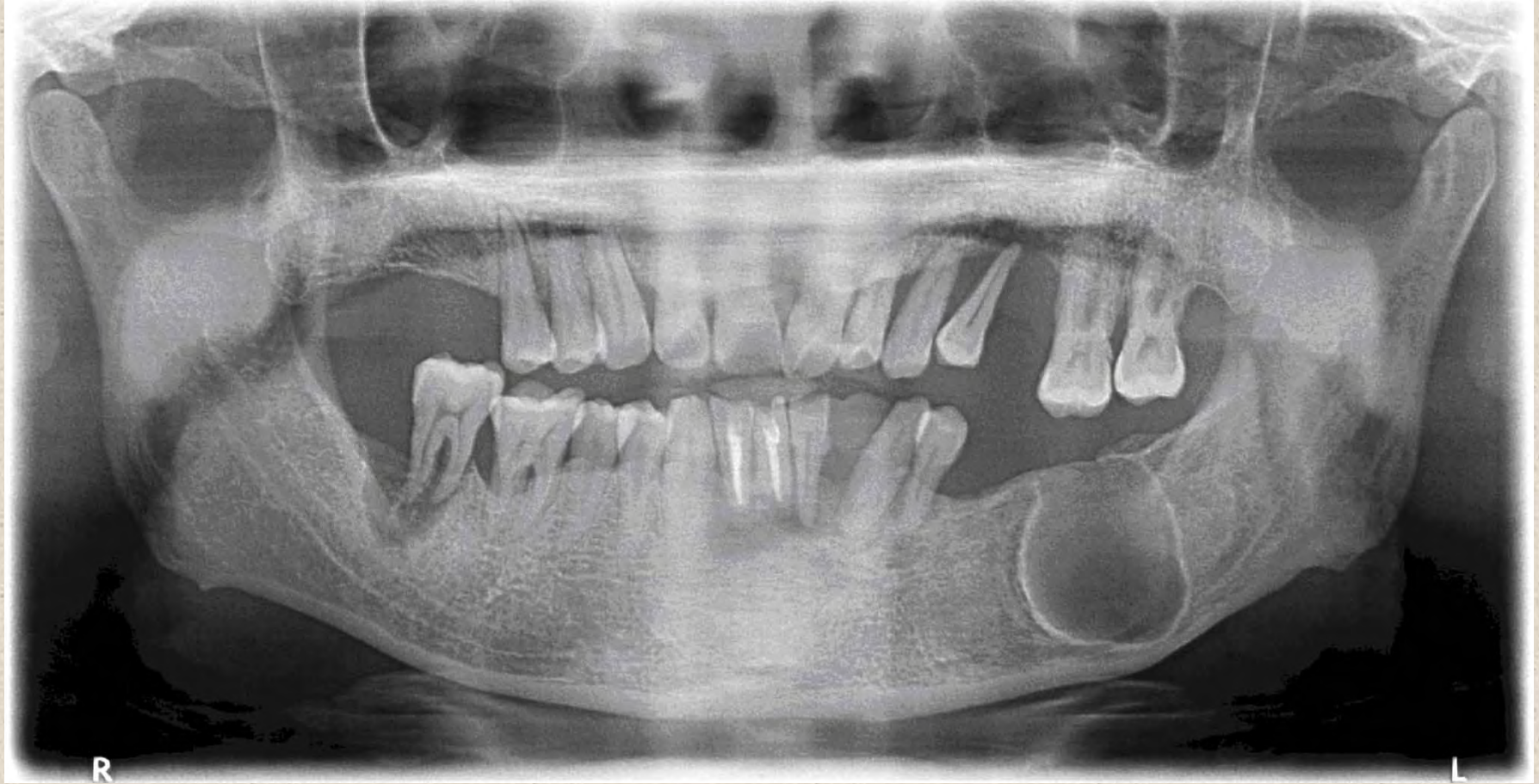
- Past medical history
 - Denied any systemic disease
 - Denied any drug or food allergy
- Past dental history
 - General routine dental treatment
- Attitude to dental treatment: Cooperation

Personal Habits

- Risk factor related to malignancy
 - Alcohol : (+) 25years, 1 pack/day
 - Betel quid: (+) 1-2year, 1 pack/day , quit
 - Cigarette: (+) 20years, 2-3 bottle/day
- Special oral habits : Denied
- Bite irritation : Denied

Dental examination

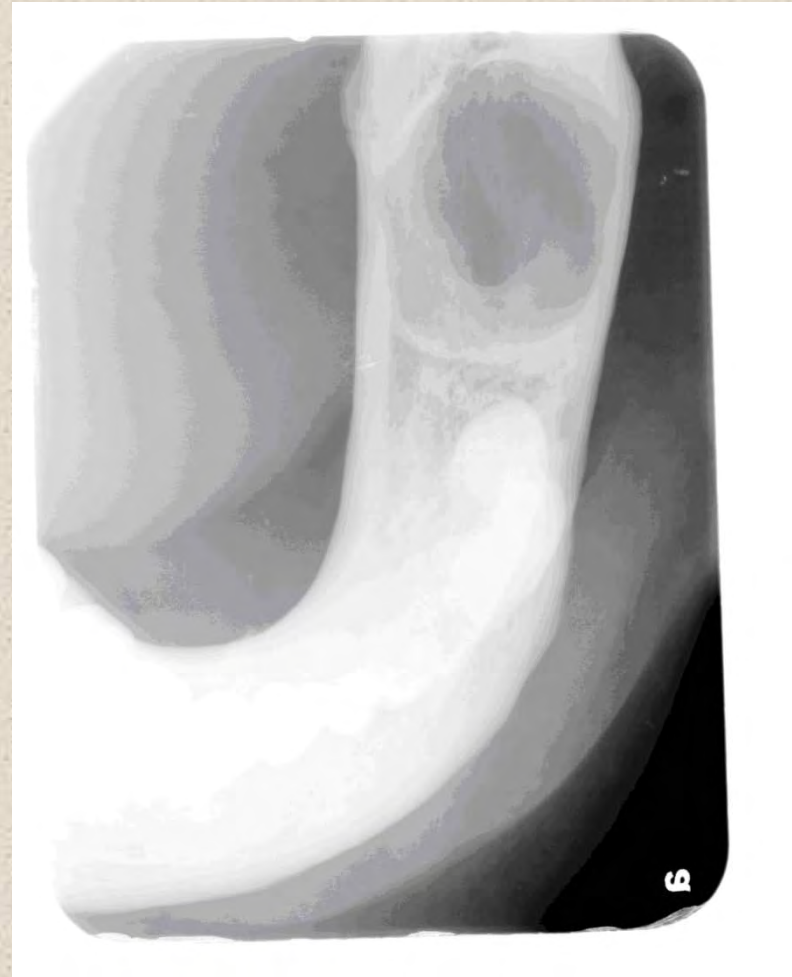
- Missing: Tooth 16, 17, 18, 24, 26, 32, 35, 36, 37, 38, 48
- C&B: None
- Restorations: None
- General plaque and calculus deposition
- Tooth 25 tooth: Mobility grade III



- **There is a solitary well-defined corticated unilocular radiolucent shadows located in left mandibular body, measured about 2.0 x 3.0 cm in maximum diameter, extending from distal of mental foreman to middle of body and from edentulous ridge to close to lower margin of mandible with 0.2cm. The left mandibular canal is pushed down.**

Occlusal film finding

- There is a well-defined corticated unilocular radiolucent shadow located in left mandibular body measured about 2.8 x 1.8cm range from near buccal margin to lingual margin and distal from 34 to retromolar region. No buccal-lingual bony expansion.

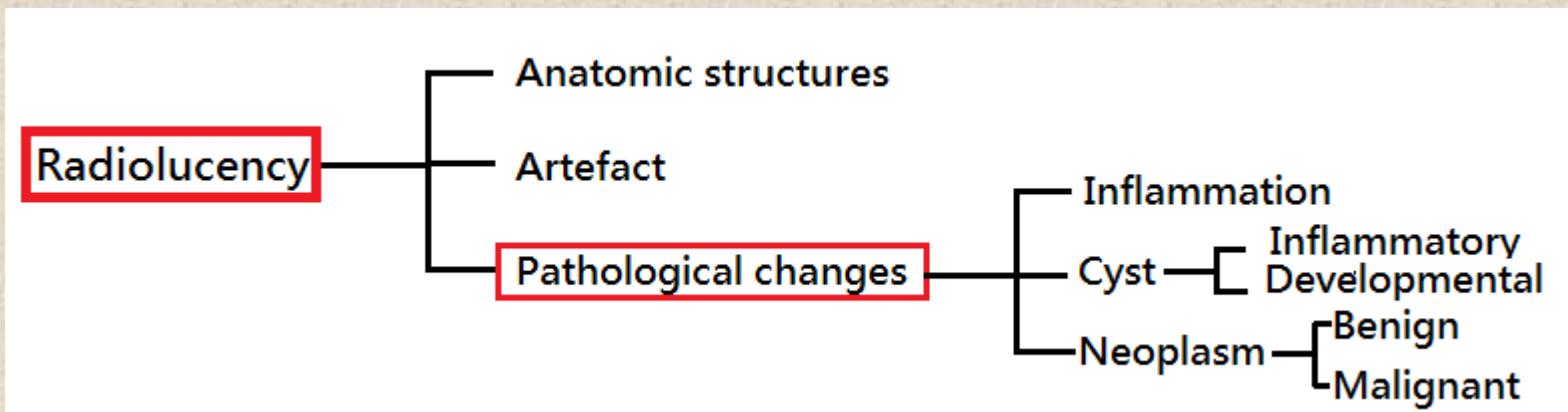


Differential Diagnosis

Differential Diagnosis

- Intrabony / peripheral lesion?
 - X-ray: Large size radiolucence bony lesion
 - Mucosal lesion(-)
 - Intrabony lesion

Differential Diagnosis



Inflammation, Cyst or Neoplasm?

- Reddish(+)
- Swelling(+)
- Local Heat(-)
- Pain(+)
- Aspiration(perforation): pus(-)

→ Inflammation? Infection?

Cyst ?

- Well-defined radiolucency
- Aspiration

Developmental or inflammation cyst?

- Pain (+), local heat (-)
- Sclerotic margin (slow progression)

Neoplasm?

- Destruction with bony expansion
- Well-defined
- Swelling with intact epithelium
- Probable : benign Neoplasm

Summary

- Inflammatory cyst or infected odontogenic tumor
- Intrabony benign tumor

Cyst -Working diagnosis

- Cyst
- Well-defined
- Round shaped
- Unilocular radiolucence
- Post. Mandible
 - Residual cyst
 - Simple bone cyst

Residual cyst

Simple bone cyst

(traumatic bone cyst)

- False cyst
- Doesn't have an epithelial lining

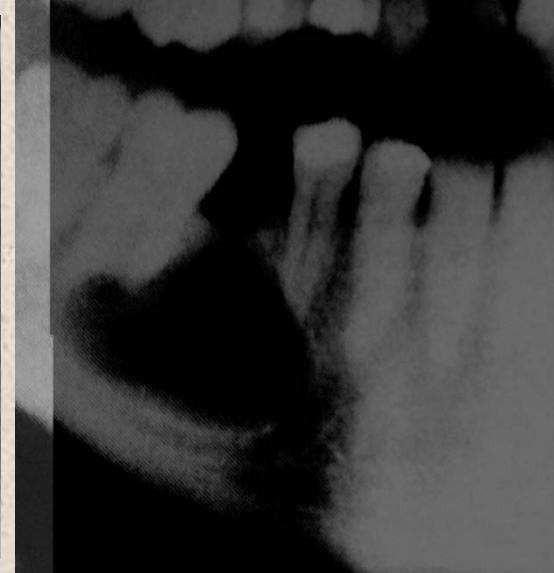
Simple bone cyst

(traumatic bone cyst)

- Clinical features
 - 常見於下顎 premolar / molar area
 - usually no symptoms , but 20% with painless swelling
 - Vital teeth
 - 常見於10~20歲，超過35歲之後少見

Simple bone cyst

- radiographic feature
 - Well-defined round shape radiolucenct defect
 - 1~10cm in diameter, usually not over 3cm
 - No root resorption
 - 在牙根之間形成scalloped appearance(常出現但非診斷依據)

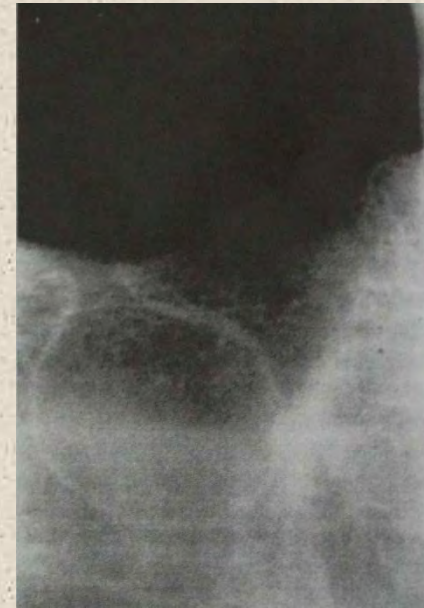
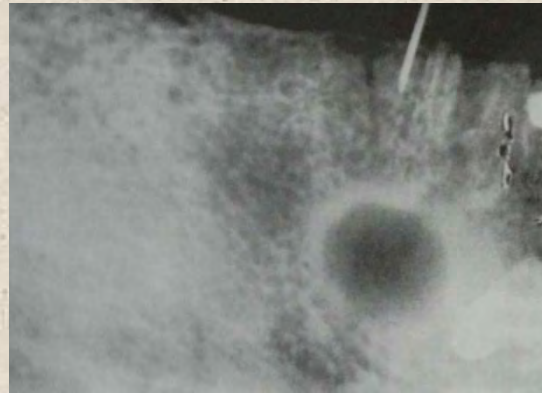


Residual cyst

- Clinical feature
 - Its associated tooth has been lost
 - Occurs in alveolar process or edentulous area of mandibular body , but sometimes it was found in lower ramus
 - >20y/o → higher incidence
 - Male:femal=3:2
 - Maxilla>mandible

Residual cyst

- Radiographic feature
 - Well-defined
 - Corticated border
 - Round to elliptic radiolucency
 - can be large enough to cause jaw expansion and asymmetry



Working diagnosis

	Our case	Residual cyst	Simple bone cyst
Gender	Male	M:F=3:2	Slightly male
Age	46	Any age	10~20, seldom > 35
S/S	Swelling(+)	No symptom unless acute inflammation	1.Painless swelling 2.Usually no s/s
Site	Post. mandible	variety	mandible
Size	2X3 cm	Variable size	1~10 cm
Shape	Round	Usually round	Scallop projection to the root(?)
Radiography	Well-defined unilocular RL	Well-defined unilocular RL	Well-defined unilocular RL
Margin	Corticated	Usually corticated	
Affect to adjacent tooth	Edentulous area	Previously tooth extraction, edentulous area	Vital , show no resorption
Bony expansion	Bony expansion(+ -)	seldom	Bony expansion

Neoplasm Working diagnosis

Benign	Malignant
	Pain
Non-tenderness	
No ulceration	
Smooth surface	
A well-defined, regular RL/RO sclerotic margin	

****Probably benign**

Neoplasm Working diagnosis

- Intrabony benign tumor
 - 1. Unicystic Ameloblastoma
 - 2. Keratocystic Odontogenic tumor (KCOT)
 - 3. Focal cemento-osseous dysplasia

1. Unicystic Ameloblastoma

- No sex predilection
- Age predilection:
average:23 y/o
- No racial predilection
- Site predilection: posterior mandibular
- No symptom and sign
- Circumscribed unilocular RL
- Combine impacted tooth
- Most commom



KCOT

- Sex predilection:
male \geq female
- Age predilection: 10~40
y/o
- No racial predilection
- Site predilection:
posterior mandibular
- Well-defined with
sclerotic margin
unilocular RL
- No adjacent tooth root
resorption



Focal cemento-osseous dysplasia

- Sex predilection:
female
- Age predilection:
20~60y/o, average:
38
- Site predilection:
posterior mandible
- No racial
predilection
- Size:<1.5cm
- No symptom

Clinical impression

- Ameloblastoma over left mandibular body

Pathological Report

- KCOT, left mandibular body, incision, 101/02/10

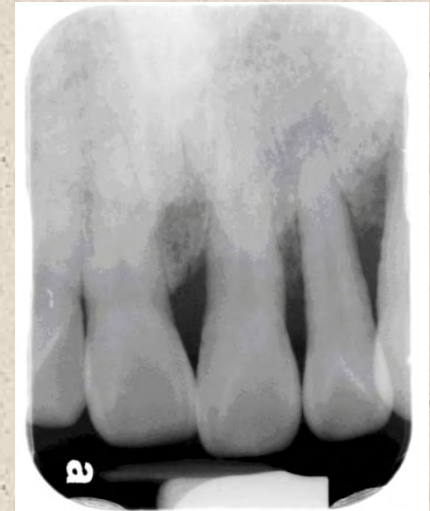


Treatment Procedure

- 101/02/07
 - ✓ Red and swelling over L't mandibular area, pain was also noted, X-ray presented with R/L lesion
 - impression : residual cyst, odontogenic tumor ,over Left mandible
 - medication (Amoxicillin,Strocain,Panadol) for 3 days

101/02/10

- ✓ Red and swelling over L't mandibular area, pain was also noted, X-ray presented with R/L lesion
- ✓ Check tooth 11 x-ray shows : periodontitis
 - block anesthesia biopsy performed
 - specimen sent to HP examination
 - medication(Amoxicillin,Strocain,Panadol) for 3 days



Treatment Procedure

- 101/02/13
 - ✓ Decompression button over left lower posterior buccal side (noted that decompression-button dislodged)
 - ✓ Pus(-), fluid(+), mixed with a lot of debris , some blood , brown color
 - intra-oral irrigation with normal saline for 3 cups
 - GI application
- 101/02/17
 - HP report : keratocystic odontogenic tumor
 - suture remove and oral irrigation
 - home care education
- 101/02/24
 - oral irrigation , home care OK

Treatment Procedure

- 101/03/30
 - ✓ Wound OK, no swelling
 - oral irrigation, home care OK
 - local treatment , next visit for panorex
- 101/05/04
 - ✓ Wound OK , no swelling
 - ✓ Check panorex : bone regeneration
 - oral irrigation, home care OK
 - local treatment, next visit for panorex
- 101/06/29
 - ✓ Wound OK, no swelling
 - oral irrigation, home care OK
 - local treatment, next visit(8月初)for panorex



Treatment Procedure

- 101/08/03
- ✓ Wound OK, no swelling , home care OK
- ✓ Check panorex : bone healing OK
- ✓ Tooth 47 periodontitis



Thanks for your attention