

INT. K組 OM CASE REPORT

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指導醫師: 口腔病理科全體醫師
報告日期: 2010.06.28

PERSONAL DATA

- ◎ Name : 鄭X廷
- ◎ Gender : male
- ◎ Age : 26
- ◎ First visit : 99.5.5
- ◎ 職業 : 學生

CHIEF COMPLAINT

- ◉ Progressive generalized swollen masses over bilateral axilla, both sides for neck for 3 weeks.

PRESENT ILLNESS

- This 26-year old man suffered from **generalized swollen lymph nodes** for the past 3 weeks.
- According to the patient, he first noticed swollen lymph nodes over left groin area(鼠蹊部) which was **not painful** and he did not suffer from fever, leg pain nor swelling or ulcer or wound.
- After that, he **noticed generalized swollen lymph** nodes over both axilla, neck glands associated swollen gingiva within the past 2 weeks.

PRESENT ILLNESS

- He visited 義大 hospital on 2010-4-30 and then was admitted and undergone series of investigations and chest and abdomen CT scan were also done and showed **diffuse lymphadenopathies(淋巴結病)** over bilateral submandibular, posterior triangle of neck, submental, axillary, left supraclavicular, pretracheal mediastinal(氣管前縱隔), celiac(腹腔) axis, hepatic hilum(肝門), paraaortic, mesentary(腸繫膜), pelvic(骨盆) wall and bilateral inguinal regions, consistent with **lymphoma**, **multiple alveolar(肺泡) nodular densities** over bilateral lung fields, cannot rule out metastasis.

PRESENT ILLNESS

- He was also diagnosed as **pulmonary edema** and was given treatment there for 4 days. Since the condition did not improve and he noticed **subconjunctival(結膜下) swelling over left eye** last 2 days, he requested discharge and then came to our hema OPD today.

PRESENT ILLNESS

- He denied chest pain, palpitations(心悸), fever, chills, recent weight loss, passage of tarry stool(黑便), easy bruising(瘀血) or hemorrhage, joint swelling in these days but he complained of easily **fatiguable** and **breathlessness on exertion**(用力), **paroxysmal**(陣發性) **nocturnal**(夜間性) **cough** without abdominal pain, burning sensation of chest.
- With the tentative(暫時性) diagnosis of **malignant lymphoma**, he was admitted for further investigations and management.

PAST HISTORY

- ◎ Medical history : 鼻中隔手術
- ◎ Drug allergy : denied
- ◎ Food allergy : denied
- ◎ Dental history : unknown
- ◎ Travel history : 目前在大陸讀書

FAMILY HISTORY

- ◉ Hepatic carcinoma
- ◉ Patient Cared by 在大陸的親戚朋友

PERSONAL HABITS

- ◉ Alcohol : 偶爾喝
- ◉ Smoking : 1天抽20~24支, 抽了2年
- ◉ Betel nuts : nil



PHYSICAL EXAMINATION

- Body height: 165.6 cm
- Body weight: 69.5 kg (no recent weight loss)
- Temperature: 37.4°C
- Pressure: 99/68 mmHg
- Heart rate: 75 bpm
- Respiratory rate: 18 次/分

PHYSICAL EXAMINATION

- ⦿ **Diffuse lymphadenopathies** over bilateral submandibular, posterior triangle of neck, submental, axillary, left supraclavicular, pretracheal mediastinal, celiac axis, hepatic hilum, paraaortic, mesentary, pelvic wall and bilateral inguinal regions
- ⦿ Iatrogenic **ecchymosis** over right forearm
- ⦿ **Reddish thread-like nodule** over left conjunctiva

EXTRAORAL EXAMINATION

- ◉ No facial deformity

INTRAORAL EXAMINATION

- Size: 6*3cm (main lesion)
- Surface: smooth
- Base: sessile
- Shape: dome
- Color: reddish, purple, brownish
- Consistency: unknown
- Fluctuation: unknown
- Mobility: fixed
- Pain: (-)
- Tenderness: unknown
- Induration: unknown
- Lymphadenopathy : (+)
- Loss of 11
- Gingival enlargement
- Bleeding easily when lightly touch
- Associated teeth mobility: unknown

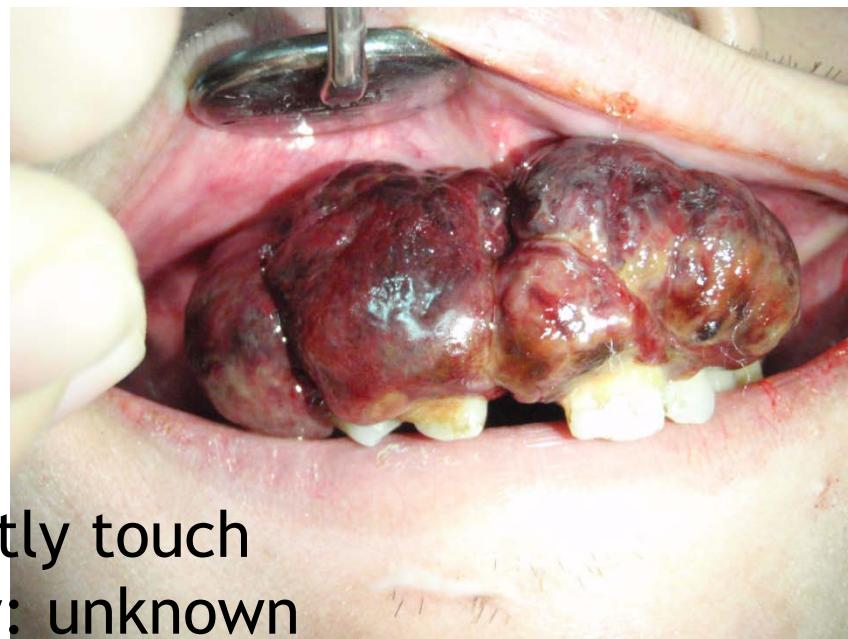


IMAGE FINDING

○ Chest, PA & LA

- Nothing particular in heart size, great vessels, hila, mediastinum, thoracic cage.
- Multiple nodules are noted in the both lungs. Suspected metastatic tumors or lymphomas.
- Consider right pleural effusion.



IMAGE FINDING

○ Chest, PA & LA

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IMAGE FINDING

- chest CT scan

- Infiltration along the bronchovascular bundles, small nodules and patches in both lungs become more prominent.
- Enlarged lymph nodes in the submental, bilateral mandibular, posterior cervical, supraclavicular, hilar mediastinal regions, mediastinum



- Fluid accumulation in the right pleural space is recognized.
- The heart and great vessels are unremarkable.
- No focal osteolytic lesion is noted.



IMAGE FINDING

○ Chest, AP

- Nothing particular in heart size, great vessels, hila, mediastinum, thoracic cage.
- Multiple nodules are noted in the both lungs.
Suspected metastatic tumors or lymphomas.
- Consider right pleural effusion.
- Consolidation is noted in both lungs. Suspected superimposed infection



IMAGE FINDING

- ◉ Oral, Pano
- ◉ Right sinus is enlarged.
- ◉ Missing teeth: 11 38
- ◉ Impaction teeth: 48
- ◉ Periodontal condition:
 - angular bony defect of 43 44

IMAGE FINDING

- Oral, Pano (cont.)
- Missing teeth: 11 38
- Impaction teeth: 48
- Periodontal condition:
 - angular bony defect of 43 44



LAB DATA

- RBC:**3.67** *10⁶ uL (<4.5~5.9)
- HGB:**10.2** g/dL (<14~17.5)
- HCT:29.6 %
- MCV:80.6 fl
- MCH:27.9 Pg
- MCHC:34.6 %
- RDW: 14.7 %

LAB DATA

- WBC: $7.9 \times 10^3 \mu\text{L}$ (4.4~11.3)
- NEUT: 56%
- EOSIN: 6%
- BASO: 0.4%
- LYMPH: 25.1%
- MONO: **12.5%** ($>1\sim10$)
- Blast: 0 %
- Promyelo: 0 %
- Myelo: 0 %
- Meta: 0 %
- Band: 2 %
- Seg: 61 %
- Eosin: 4 %
- Mono: 6 %
- Lymph: 20 %
- Baso atypical: 3 %
- Normoblast: 0 %

LAB DATA

- PLT: 53*10³/μL (<172~450)
- PT: 11.5
- INR 1.06
- PTT: 28



LAB DATA

- HBs Ag: 132.87 IU/mL reactive
- HBs Ab: 0.22 mIU/mL nonreactive
- HBc IgG: reactive
- HCV IgG: nonreactive



LAB DATA

- Bone marrow cell
 - Consult 血液腫瘤科
 - Aspiration from posterior iliac bone
 - Megakaryocyte: mild hyperplasia
 - Bone marrow blast: normal range 1.6 (0~5)
 - Diagnosis: nearly normal marrow

- Chromosome
 - Done by 細胞遺傳室
 - Diagnosis: no chromosome abnormality





LAB DATA

- Immunophenotypic analysis

- Done by 分子細胞功能實驗室
- Diagnosis: normal distribution of bone marrow cells

- Serum analysis

- Suspected leukemia

- Myeloid marker
 - CD13 : 1.3%
 - CD33 : 2.2%
 - CD15 : 26.5%
- T-lineage marker
 - CD5 : 66.2%
 - CD7 : 69.2%
- B-lineage marker
 - CD19 : 27%
 - CD20 : 26.1%
 - CD10 : 4.7%
- lineage non-specific marker
 - HLA-DR : 52.8%
 - CD34 : 0.6%
 - CD56 : 24%

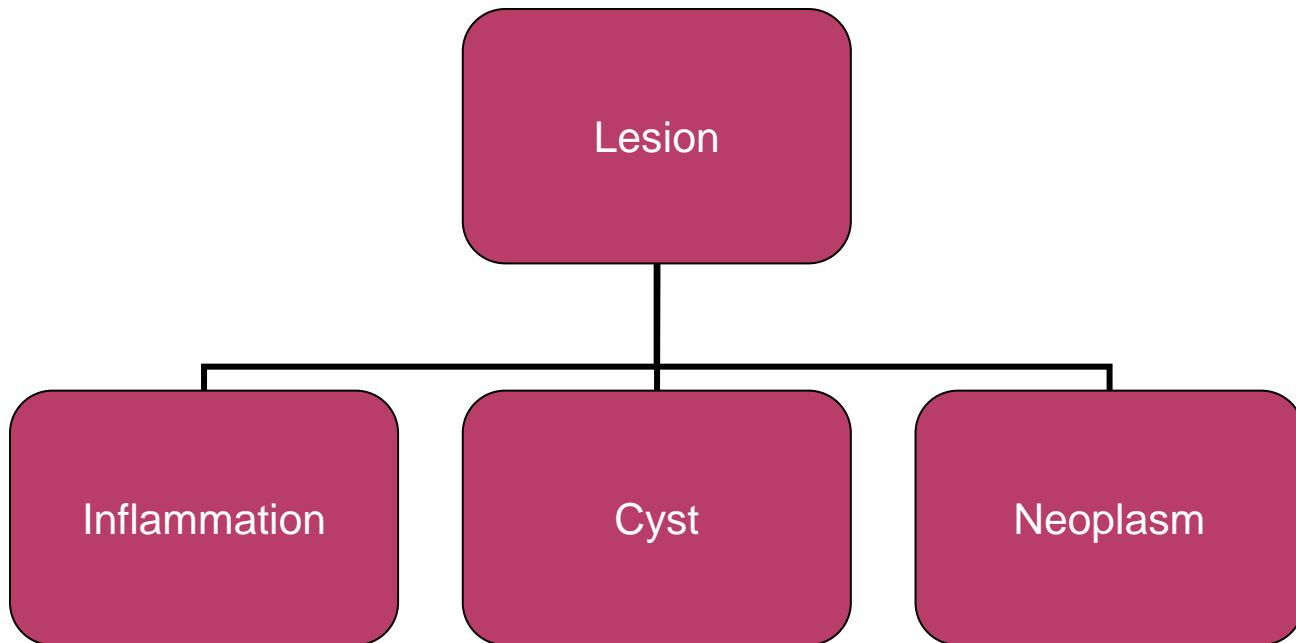
- HLA-DR: 52.8%
- CD10: 4.7%
- CD7: 69.2%
- CD19: 27%
- CD33:2.2%
- CD15: 26.5%
- CD13: 1.3%
- CD34: 0.6%
- CD5: 66.2%
- CD56: 24
- CD20:26..1%



LAB DATA

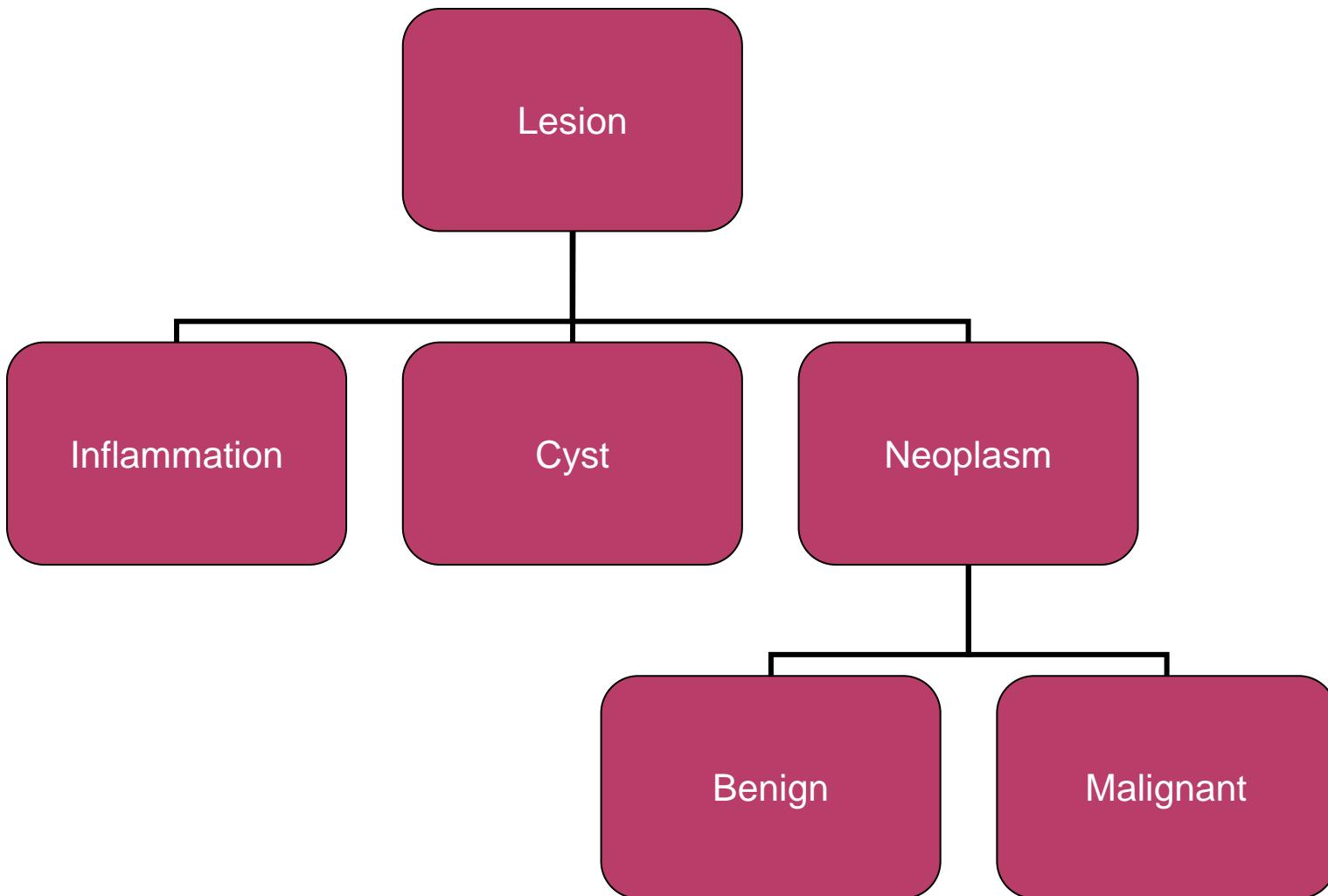
- CD4: 13.7 (<800~1000)
- CD4/CD8: 0.29 (<0.8~3)
- EBV IgM(-) IgG(+)
- CMV IgM(-) IgG(+)
- HIV viral load: <40
- HIV(-)
- 細菌黴菌血清學檢驗、抗酸菌直接鏡檢、寄生蟲檢查、結核桿菌基因檢查、細菌培養:(-)

Working diagnosis



Neoplasm

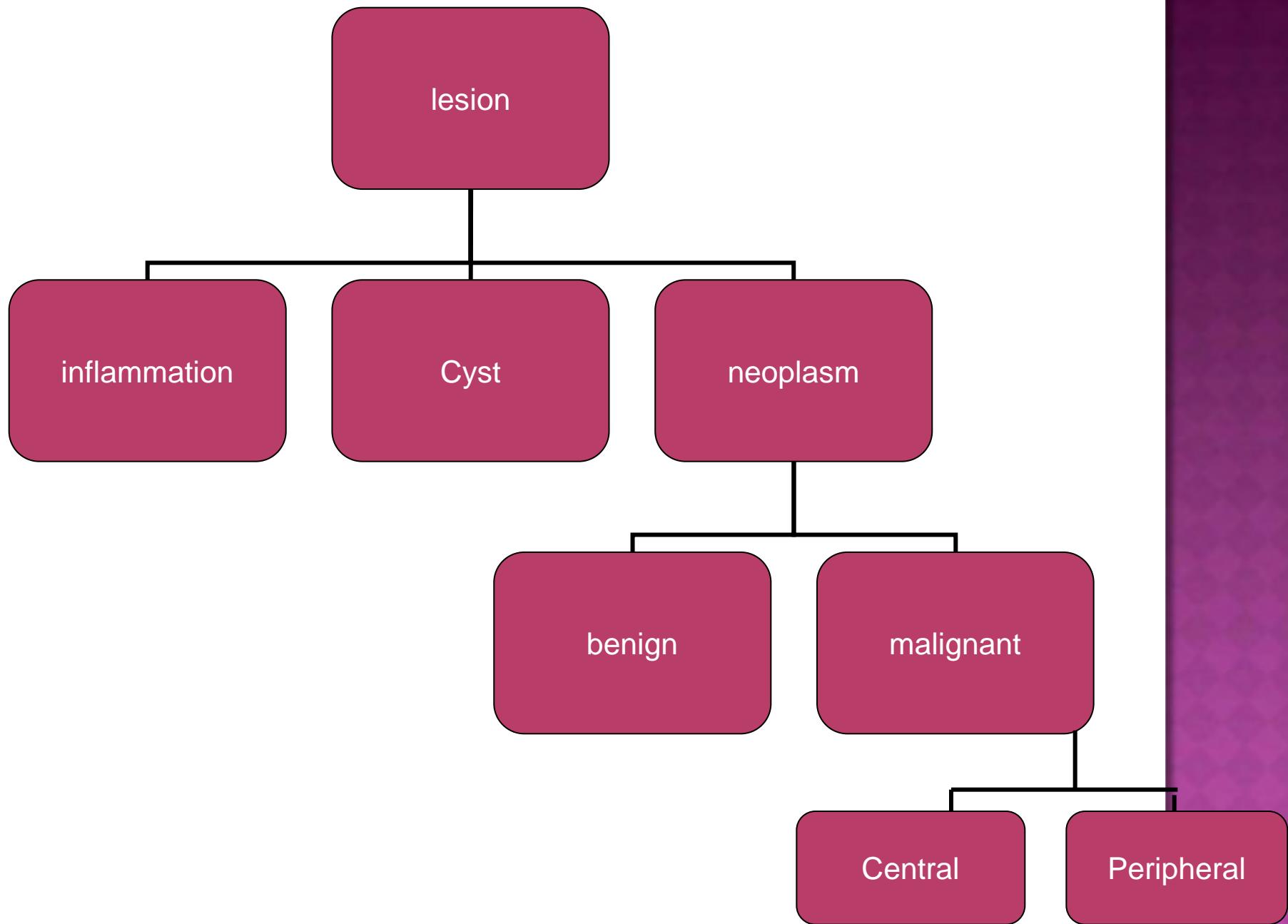
	Our case	Inflammation	Cyst	Neoplasm
Color	Red, purple, brown	Red	Normal	Variable
Fever	-	+	-	-
Consistency	Unknown	Rubbery	Soft	Firm
Discharge	-	+	-	+/-
Pain	-	+	-	+
Ulceration	+	-	-	+
Mobility	Fixed	fixed	Fixed	Fixed
Duration	3 weeks	Days	Years	Months



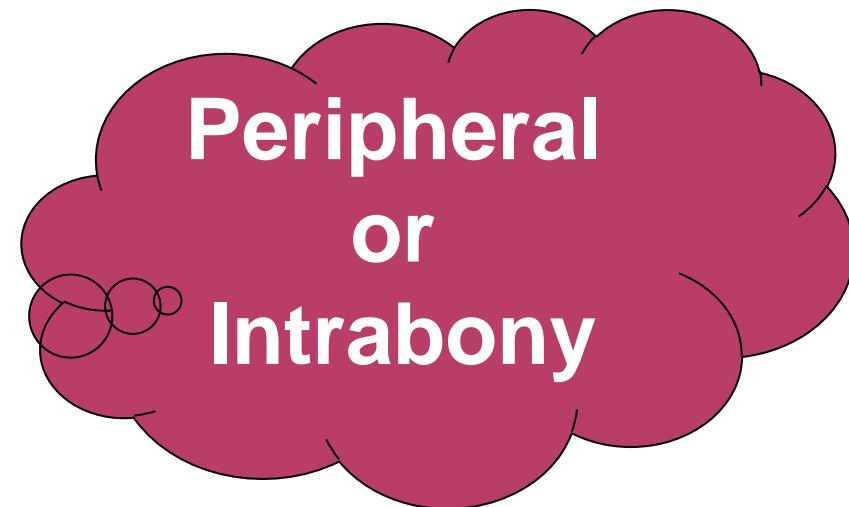
	Our case	Benign	Malignant
Surface	Rough	Smooth	Rough
Ulceration	+	-	+
X-ray margin	unknown	Well-defined	Poor-defined
Mobility	Fixed	Movable	Fixed
LAP	+	-	+
Duration	3 weeks	Years	Months



Malignant



	Our case	Peripheral	Central
Consistency	unknown	Rubbery	Firm
Ulceration	+	+/-	+
Induration	unknown	+	-
X-ray border	unknown	Ill-defined	smooth
Bony expansion or perforation	-	+	-
Mobility	fixed	Fixed	Fixed



DIFFERENTIAL DIAGNOSIS

Epithelial

SCC

Lymphatic

Non-Hodgkin's
lymphoma

Hodgkin's
lymphoma

Hematologic

Leukemia
Angiosarcoma

Kaposi's
Sarcoma

Bone

Metastatic tumor
to jaw

Differential Diagnosis

	Our case	SCC
Gender	Male	Male
Age	26	Older male
Site	Upper ant. labial gingiva	B.M. and tongue
Size	6CM*3 CM	variable
Base	sessile	sessile
Shape	Dome	variable
Color	Reddish, purple, brownish	White, red
Surface	Rough, ulceration	Ulcerative
Consistency		
Pain/tenderness		
Mobility		
Induration		
LAP		

Differential Diagnosis

	Our case	Kaposi's sarcoma
Gender	Male	Male
Age	26	Late adult
Site	Upper ant. labial gingiva	Extraoral lesion >>hard palate
Size	6CM*3 CM	Variable
Base	Sessile	Sessile
Shape	Dome	Variable
Color	Reddish, purple, brownish	Red, purple, brown, or black
Surface	rough	Smooth
Consistency	Firm	Firm to hard
Pain/tenderness	-	
Mobility	-	
Induration	+	
LAP	+	

Differential Diagnosis

	Our case	Kaposi's sarcoma
Symptom/sign	Persistent generalized lymphadenopathy	Persistent generalized lymphadenopathy, Kaposi's Sarcoma, Non-Hodgkin's lymphoma, Klebsiella pneumoniae, Pneumocystic carinii pneumonia, Cryptococcus neoformans Oral and esophageal Candidiasis
CD4	13.7	<200/ml
CD4/CD8	0.29	<0.59

Differential Diagnosis

	Our case	Non-Hodgkin's lymphoma
Age	26	Adult
Site	Upper ant. labial gingiva	Buccal vestibule, post. hard palate, gingiva, jaw
Base	Sessile	Sessile
Shape	Dome	Dome
Color	Reddish, purple, brownish	Red, purple
Surface	Rough + ulceration	rough / ulceration
Consistency	Firm	Solid
Pain	-	+
LAP	+	+



Differential Diagnosis

	Our case	Non-Hodgkin's lymphoma
Symptom/sign	LAP	LAP soft → firm Bone expansion
Gene arrangement	Normal	Abnormal
Immunologic cell surface marker	normal	Abnormal

Differential Diagnosis

	Our case	Hodgkin's lymphoma
Age	26	15-40 and over 55
Site	Upper ant. labial gingiva	Any lymph node group
Base	Sessile	Sessile
Shape	Dome	Dome
Color	Reddish, purple, brownish	
Surface	Rough + ulceration	smooth
Consistency	Firm	firm
Pain	-	+
LAP	+	+



Differential Diagnosis

	Our case	Non-Hodgkin's Lymphoma
Symptom/sign	LAP	Itching, weight loss, fever, night sweat
Gene arrangement	Normal	Abnormal
Immunologic cell surface marker	normal	Abnormal

Differential Diagnosis

	Our case	Leukemia
Gender	Male	Male
Age	26	AML 20~30
Site	Upper ant. labial gingiva	Gingiva
Base	Sessile	Sessile
Color	Reddish, purple, brownish	Dark red
Surface	Rough + ulceration	Rough + ulceration



Differential Diagnosis

	Our case	Leukemia
Symptom/sign	Fatigue PGL HBV infection	Fatigue, dyspnea, Perirectal infection, Hepatic infection, Oral Candidiasis
Spleen/liver size	Normal	enlarged
LAP	+	+
Blood examination	RBC ↓ , PLT ↓	1.WBC ↓ , RBC ↓ , PLT ↓
Easy bleeding	+	+
Immunophenotypic analysis	Peripheral 異常 Bone marrow 正常	Large porportion in peripheral blood and bone marrow
Bone marrow biopsy	Most normal, Hyperplasia of megakaryocyte	>20% abnormal 血球母細胞

Differential Diagnosis

	Our case	Angiosarcoma
Gender	Male	No sex predilection
Age	26	Elder
Site	Upper ant. labial Gingiva	Mandible
Size	6*3 cm	Variable
Base	Sessile	
Shape	Dome	Nodular
Color	Reddish, purple, brownish	
Surface	Rough + ulceration	Ulcerative



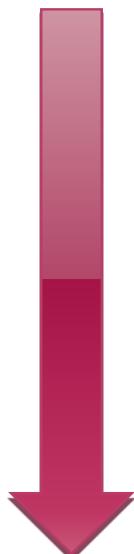
Differential Diagnosis

	Our case	Metastatic tumor to jaw
Gender	Male	
Age	26	Elderly
Site	Upper ant. labial Gingiva	Vertebrae, ribs, skull >>mandible
paresthesia	-	+
Pain/tenderness	-/unknown	+/+
Widening of PDL	-	+

CLINICAL IMPRESSION

Highly compatible

- Angiosarcoma
- Kaposi's sarcoma
- Leukemia
- Hodgkin's lymphoma
- Non-Hodgkin's lymphoma
- SCC
- Metastasis to the jaw



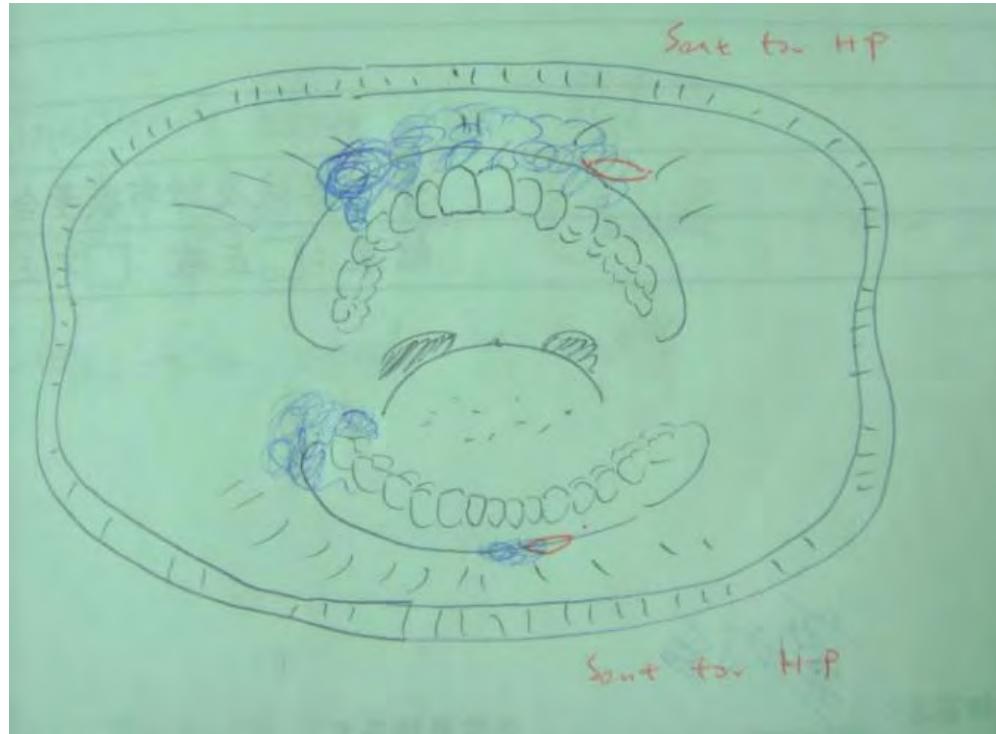
Low compatible

- ◉ Consult OS for biopsy of gingival swelling on 99.5.8
- ◉ According to Dr. 陳裕豐's opinion, upper anterior gingival black and reddish swelling masses were found, the same at right buccal mucosa.
- ◉ But lab data of patient's platelets is quite low(53000/ μ l), suggest incisional biopsy while platelets arise.

INCISIONAL BIOPSY

◎ On 99.5.11

- 術者:陳中和 醫師
- 麻醉方式:局麻



HISTOPATHOLOGY REPORT

◎ 99.5.18

- 組織名稱 : Gingiva, lower
- 臨床診斷 : Secondary and unspecified malignant neoplasm of lymph nodes of head, face, and neck.
- 口腔病理診斷 : Angiosarcoma, compatible with Kaposi's sarcoma

FINAL DIAGNOSIS

- ◉ Kaposi's sarcoma over upper & lower anterior area.

**THANKS FOR YOUR
ATTENTION.**