

INT. K組 OM CASE REPORT

游雅婷 黃宣銘 郭乃嘉 陳佳伶

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, mesenteric, 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

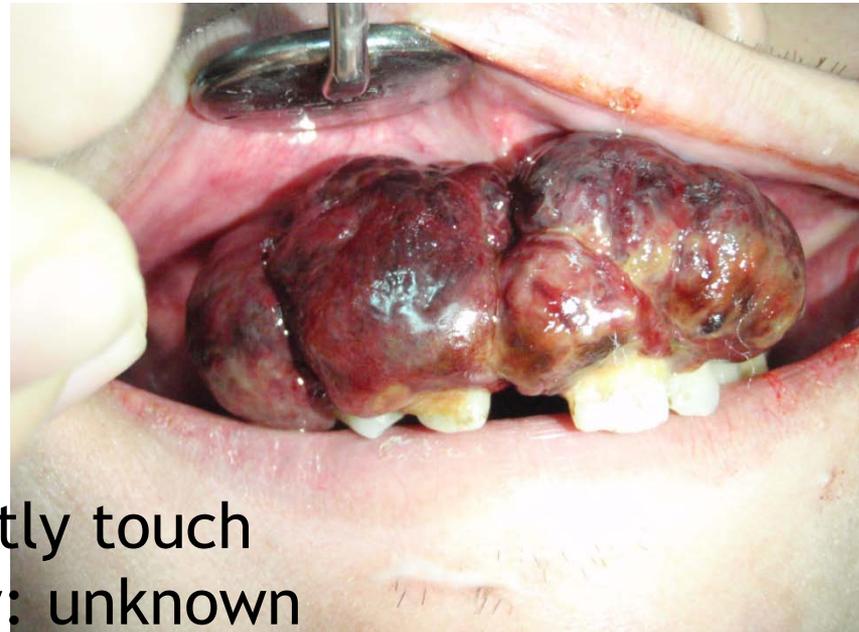


IMAGE FINDING

○ 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

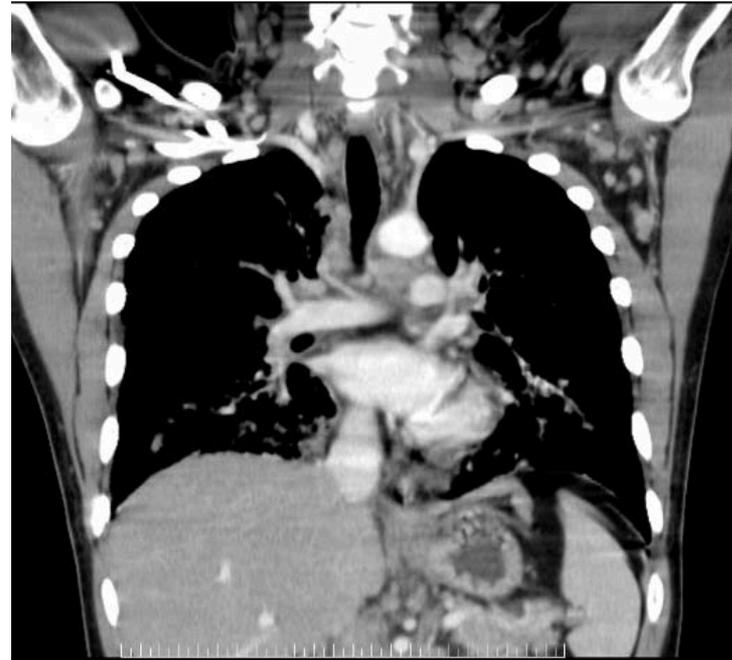
- Nothing particular in heart size, great vessels, hila, mediastinum, thoracic cage.
- Multiple nodules are noted in the both lungs. Suspected metastatic tumors or lymphomas.
- Consider right pleural effusion.



IMAGE FINDING

⊙ chest 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 * 10³ μL (4.4~11.3)
- NEUT:56%
- EOSIN:6%
- BASO:0.4%
- LYMPH:25.1%
- MONO:12.5%(>1~10)
- Blast: 0 %
- Promyelo: 0 %
- Myelo:0 %
- Meta:0 %
- Band:2 %
- Seg:61 %
- Eosin:4 %
- Mono:6 %
- Lymph:20 %
- Baso atypical:3%
- Normobl: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%
- B-lineage marker
 - CD19 : 27%
 - CD20 : 26.1%
 - CD10 : 4.7%
- T-lineage marker
 - CD5 : 66.2%
 - CD7 : 69.2%
- lineage non-specific marker
 - HLA-DR : 52.8%
 - CD34 : 0.6%
 - CD56 : 24%

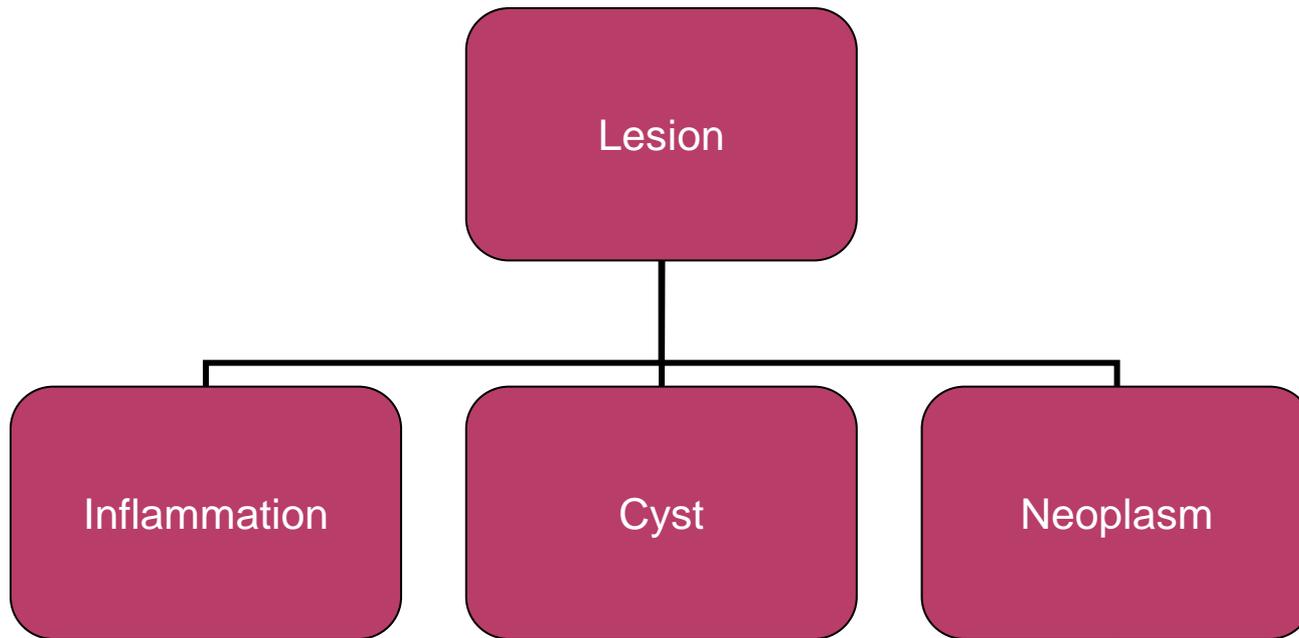
- HLA-DR: 52.8%
- CD10: 4.7%
- CD7: 69.2%
- CD19: 27%
- CD33: 2.2%
- CD15: 26.5%
- CD13: 1.3%
- CD34: 0.6%
- CD5: 66.2%
- CD56: 24
- CD20: 26.1%



LAB DATA

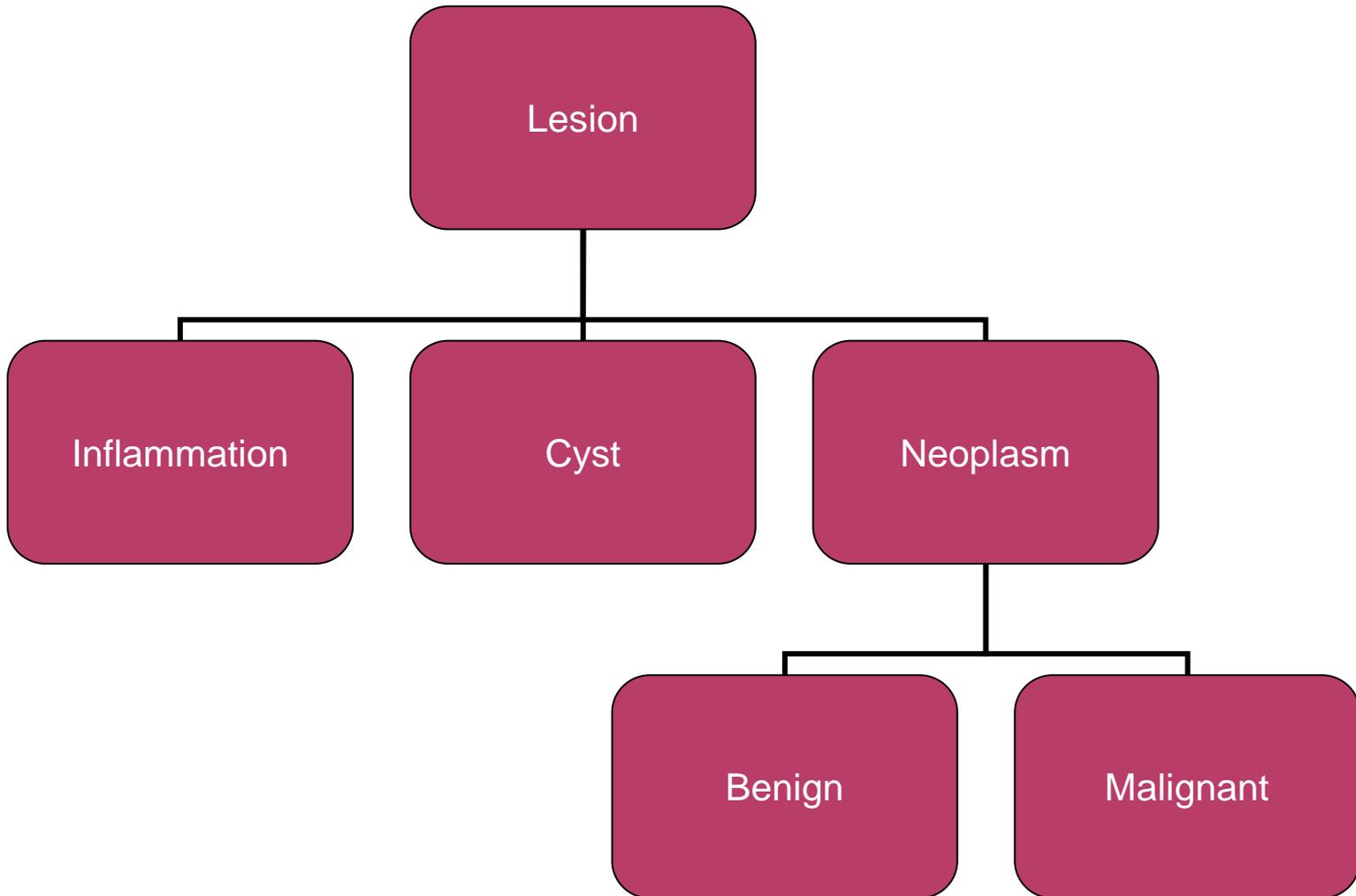
- **CD4: 13.7** (<800~1000)
- **CD4/CD8: 0.29** (<0.8~3)
- EBV IgM(-) IgG(+)
- CMV IgM(-) IgG(+)
- HIV viral load: <40
- HIV(-)
- 細菌黴菌血清學檢驗、抗酸菌直接鏡檢、寄生蟲檢查、結核桿菌基因檢查、細菌培養:(-)

Working diagnosis



Neoplas m

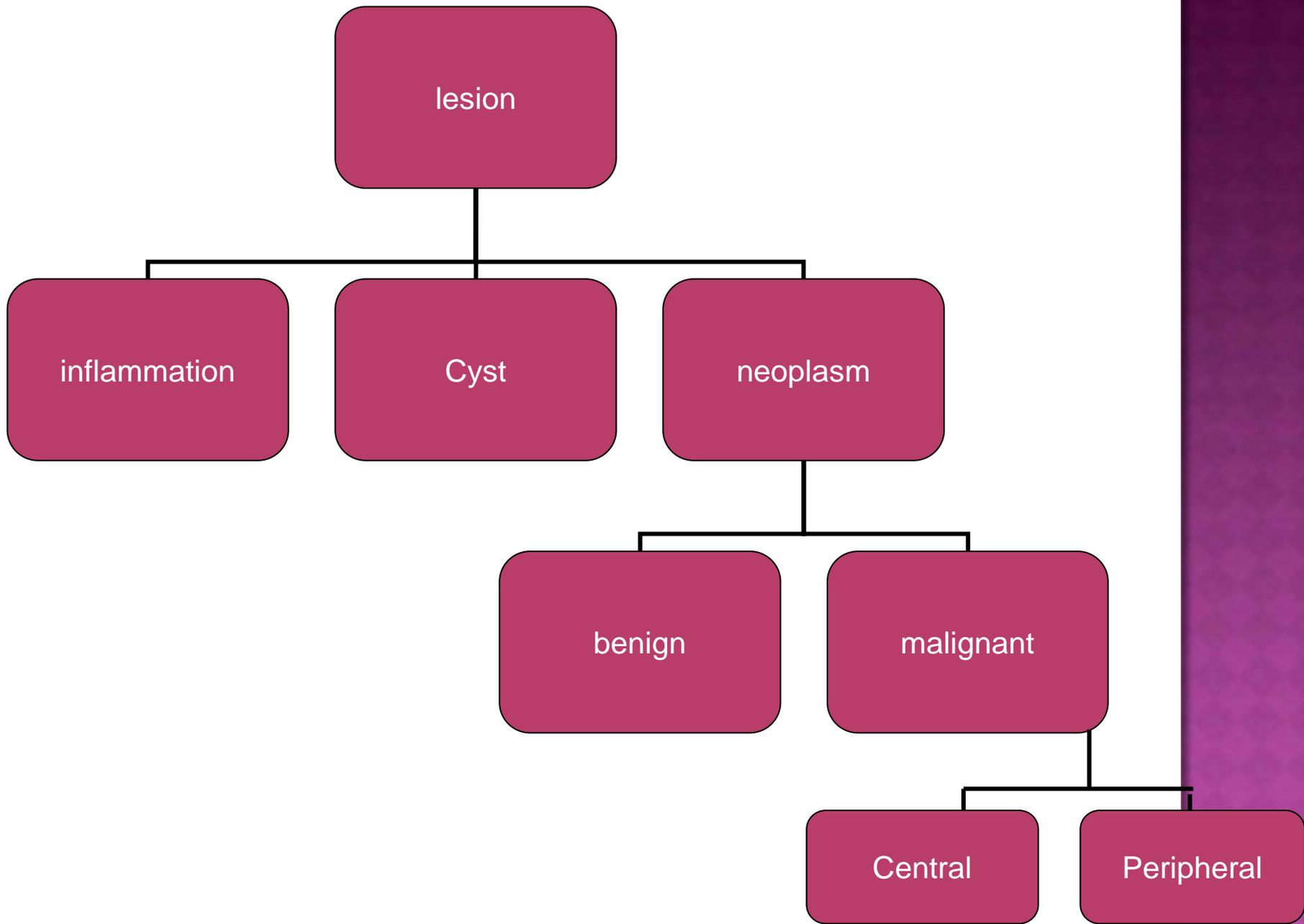
	Our case	Inflammation	Cyst	Neoplasm
Color	Red, purple, brown	Red	Normal	Variable
Fever	-	+	-	-
Consistency	Unknown	Rubbery	Soft	Firm
Discharge	-	+	-	+/-
Pain	-	+	-	+
Ulceration	+	-	-	+
Mobility	Fixed	fixed	Fixed	Fixed
Duration	3 weeks	Days	Years	Months



	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



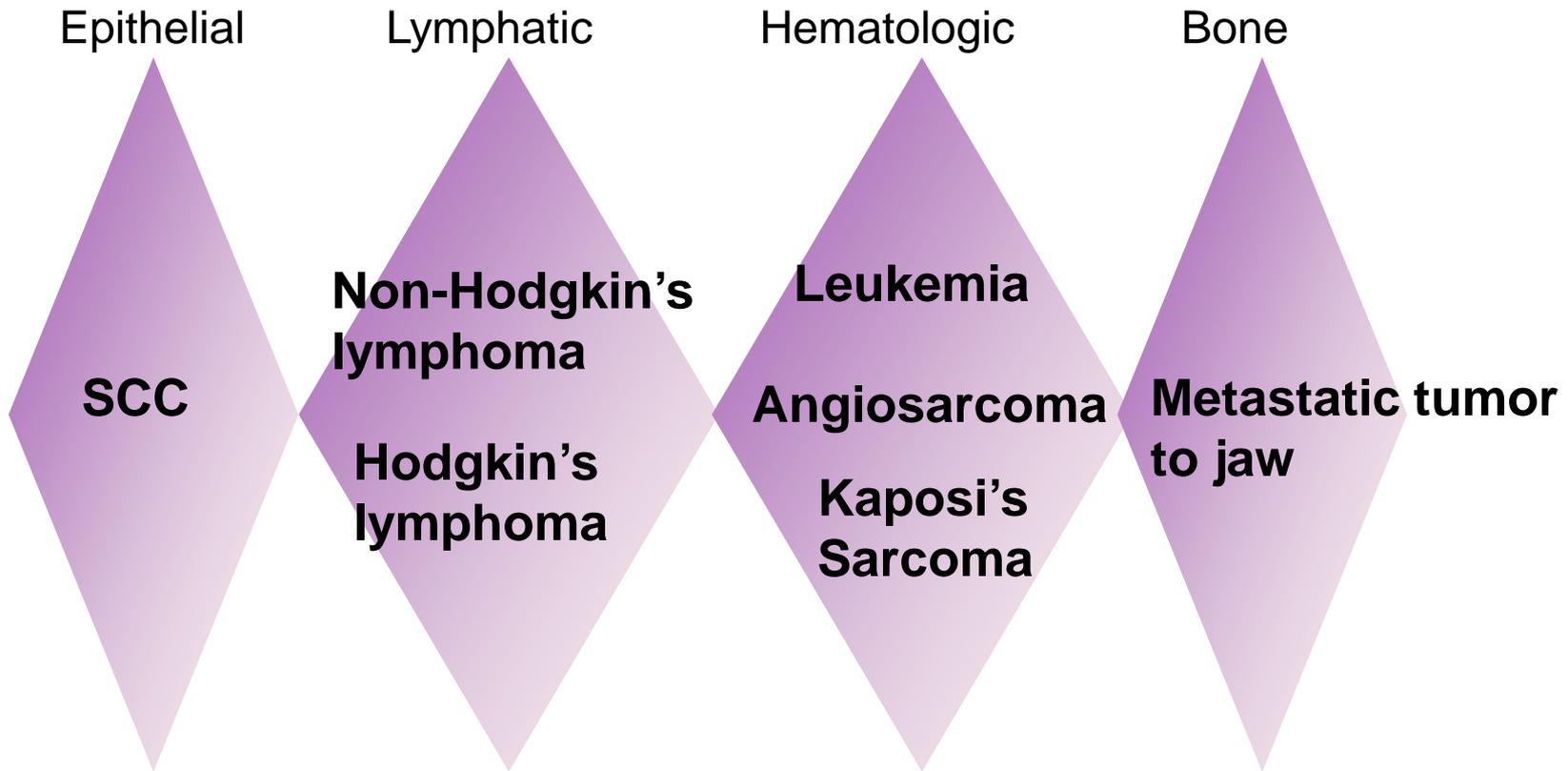
Malignant



	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

**Peripheral
or
Intrabony**

DIFFERENTIAL DIAGNOSIS



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	U	
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, Pneumocystis 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 porpotion 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



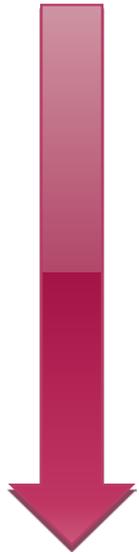
Differential Diagnosis

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

CLINICAL IMPRESSION

Highly compatible

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



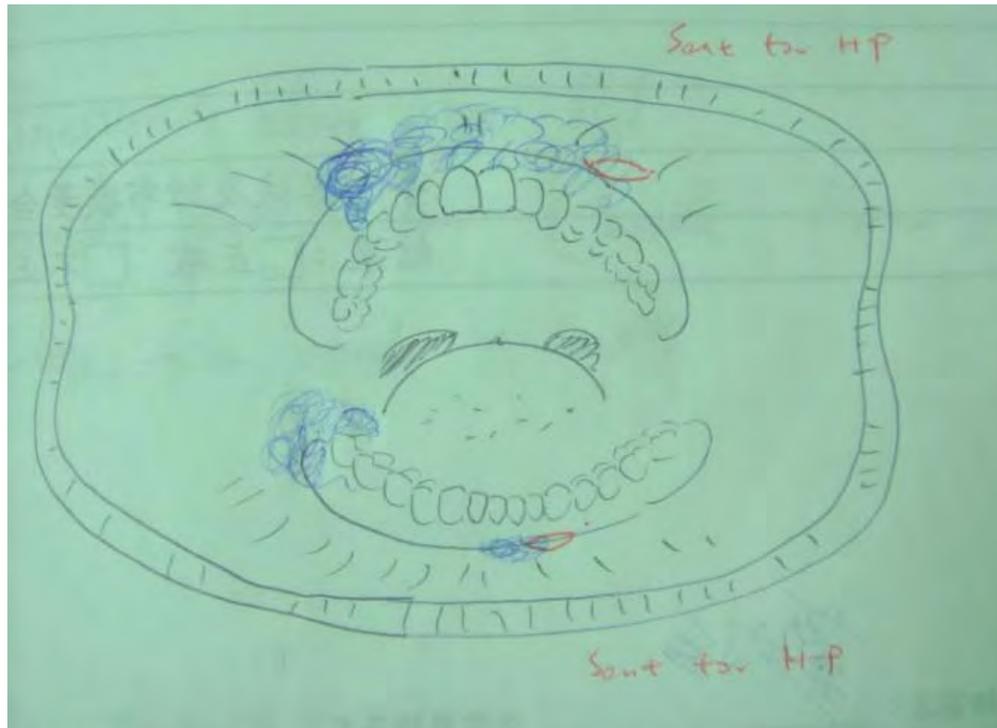
Low compatible

- ⦿ 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.