

Intern A 組 Case Report

INT：盧威利 王瓊屏 李存恩 羅英睿

指導醫師：林立民醫師、陳玉昆醫師、
王文岑醫師

General Data

- Name : 林XX
- Sex : Male
- Age : 30 y/o
- Marital status : 未婚
- Attending V.S. :
陳俊明 醫師
- First visit : 97.10.24



Chief Complain

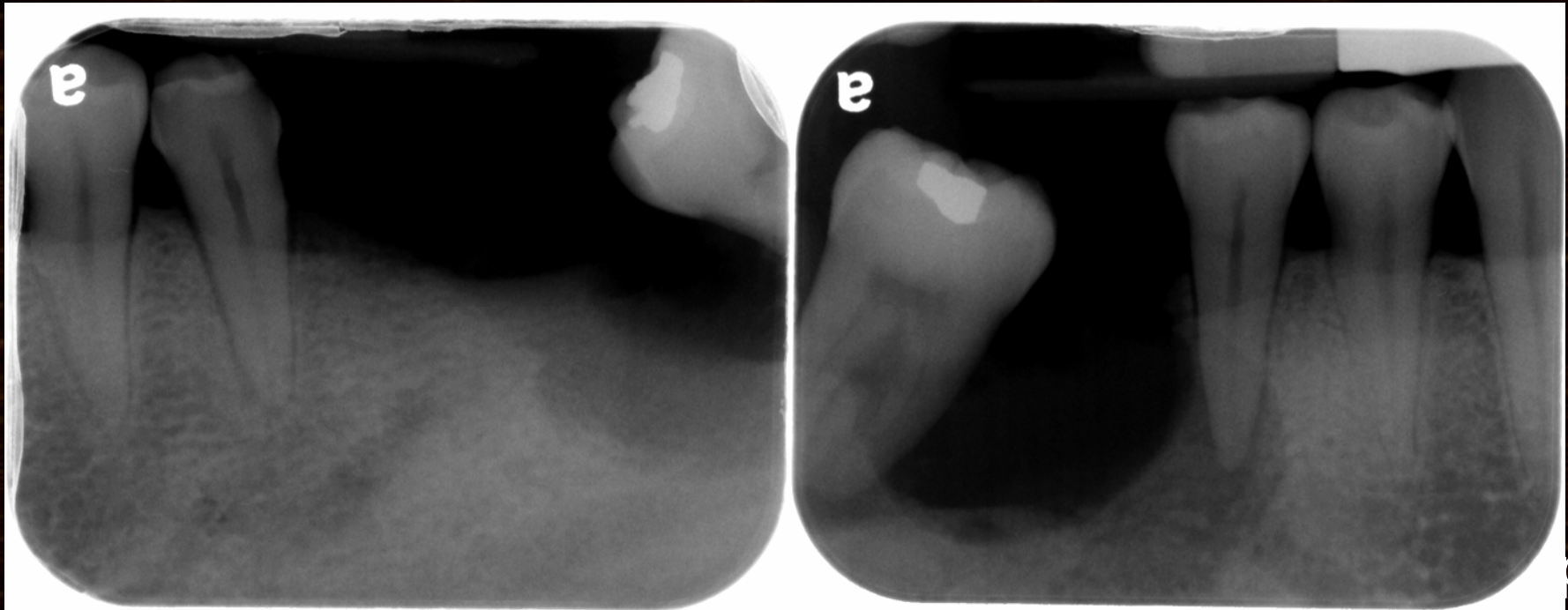
- Unhealing wound over maxilla and mandible about 3~4 months.



Present Illness

- 97.10.13

P't was referred from 博愛LDC to OM because of unhealing wound of 36, 46. Initial Imp: Periodontitis.



in one month . However, he lost for F/U.

Present Illness

- 98.3.20

P't came to OS OPD for severe mobility of 38. Besides, the previous unhealing wound over 46,47,48 region healed. Incisional biopsy was still suggested ,but P't refused.

At the same day, simple extraction of 38 was performed.

- 98.9.14

Bone erosion was noted over 21 palatal area for few months. Besides, bilateral mandibular severe bony destruction were noted. Impression: osteomyelitis R/O Sarcoma over mandible and maxilla. Incisional biopsy over 21, 22 and L't mandibular ramus were performed.

Present Illness

- 98.9.21

H-P report: pyogenic granuloma over anterior palatal and L't mandibular ramus regions.

so we arranged GA routine and operation (excision + bone trimming) was arranged on 981006.

Past History

- Past Medical History
 - Major surgery (-)
 - Hospitalization history (-)
 - Denied any food and drug allergy
 - Denied any systemic disease
- Past Dental History
 - General dental treatment
- Attitude to dental treatment : cooperative

Personal History

- Risk factor related to malignancy
 - Alcohol (+)
 - Betel quid (-)
 - Cigarette (+) 10+ years
- Special oral habits :nil
- Drug abuse :unknown

OMF Examination

- Intraoral (Mandible)
 - Size : L't 3x1 cm
R't 2x1 cm
 - Ulcerative-like
 - Color : white and red
 - Tenderness : (-)
 - Pain : (-)
 - Numbness : (+): left side



98/9/28



98/9/28

OMF Examination

- Intraoral (Maxilla)
 - Size :
Palatal 2x2 cm
R't posterior 1.5x1 cm
 - Bone exposure: (+)
 - Tenderness : (-)
 - Pain : (-)
 - Pus: (+),less

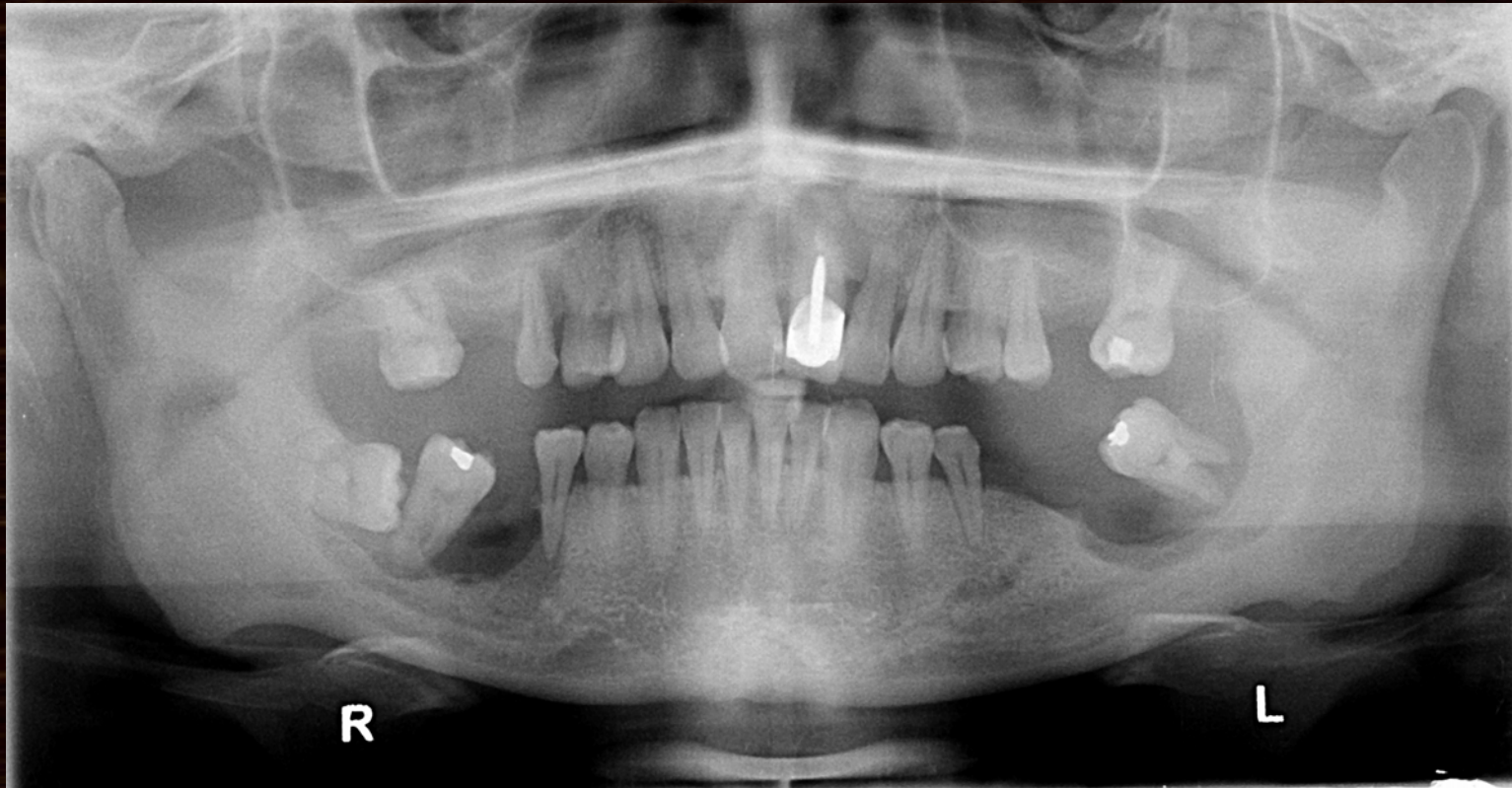


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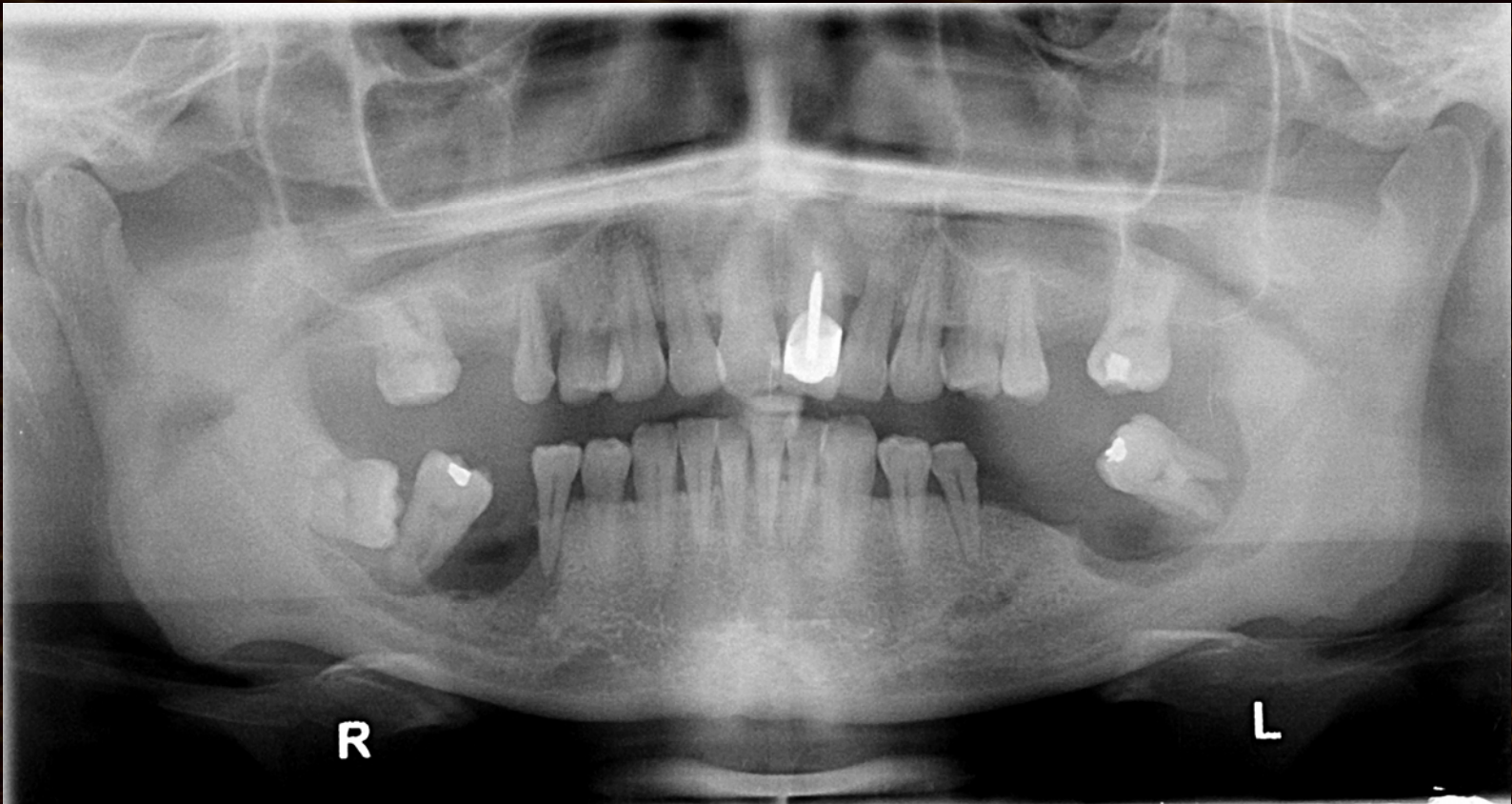
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2008.10.24



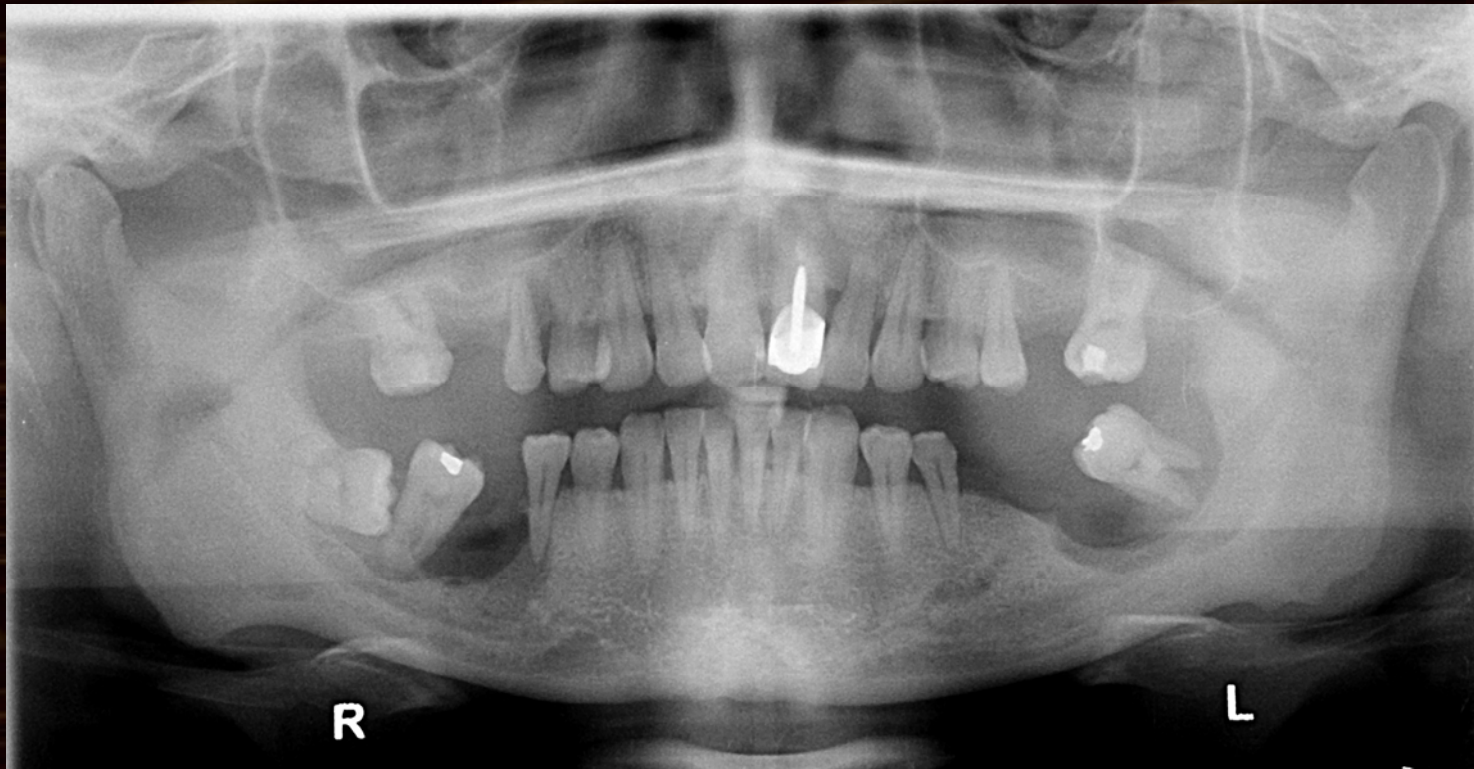
There existed a 2X3 cm radiolucency lesion around tooth 38 which invaded from surface, formed poorly demarcated borders and a hypodense band on mesial side, compressed mandibular canal on tooth 38 apical region and distal side might be destroyed.

2008.10.24



Another 2X3 cm radiolucency existed on lower right molar side (tooth 46 47 48) showed more amorphous shape than left side, wave liked border has noted, bigger hypodense triangular area involved tooth 45, and mandibular canal compressed on tooth 47 apical region.

2008.10.24



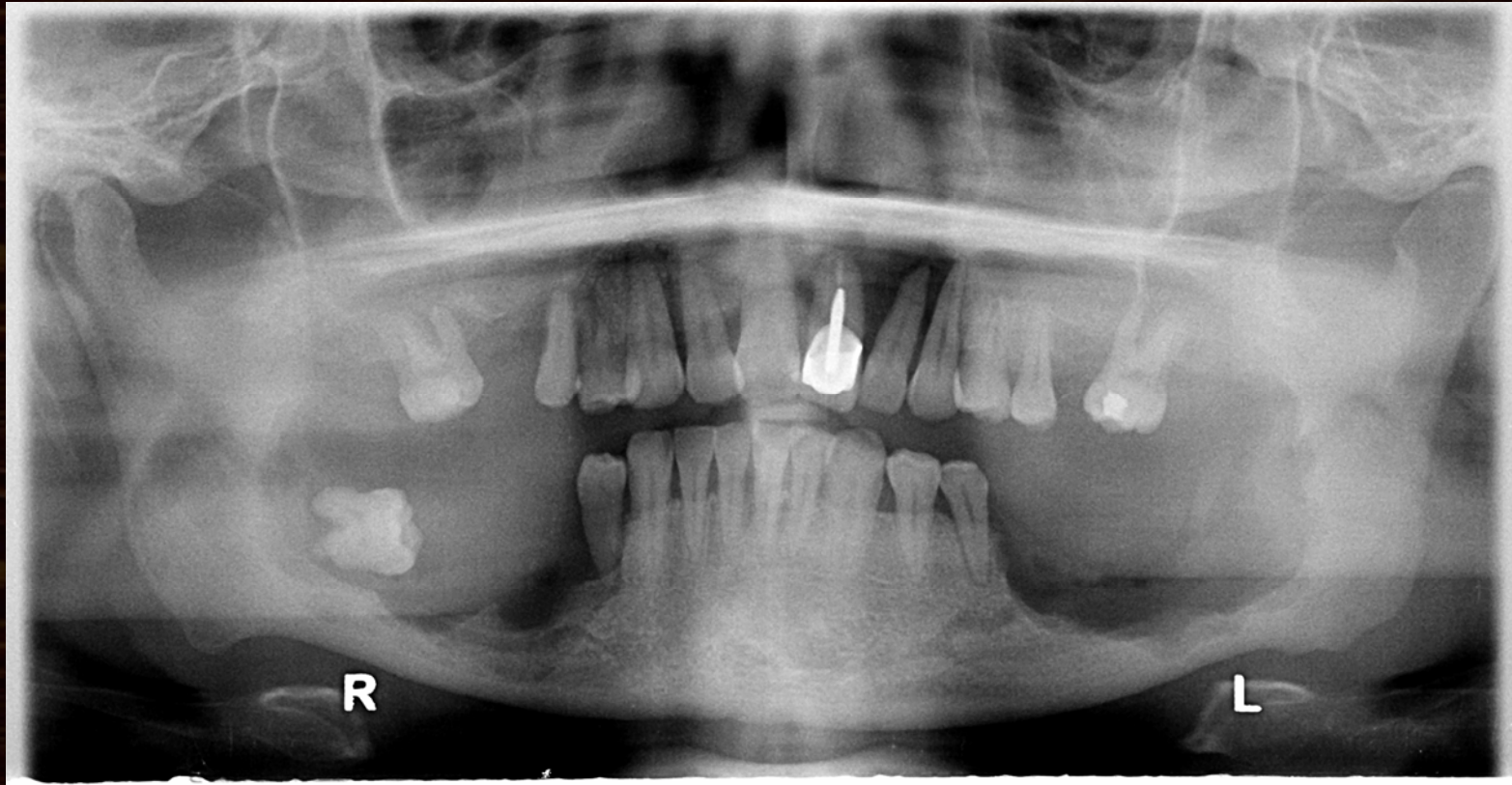
The apical third of tooth 48 root couldn't be identified, might be a pathological change or distortion of Panorex film.

Midline didn't be on and mandible shifted to right side

2008.10.24

- Dental finding:
 - 1) Tooth loss: 18 16 26 28 36 37 46
 - 2) Periapical radiolucency: 13 23
 - 3) External root resorption: 11 21 22 34 33 37 47
 - 4) Widening of lamina dura: 12(mesial side) 11 21
22(combined uncommon root morphology) 24 27
35 45 (mesial side, and loss supported bone on
distal side)
 - 5) Prosthesis fabrication: 21 crown and post & core
 - 6) Undefined pulp chamber and hyperdense
feature: tooth 17 27 38 47 48

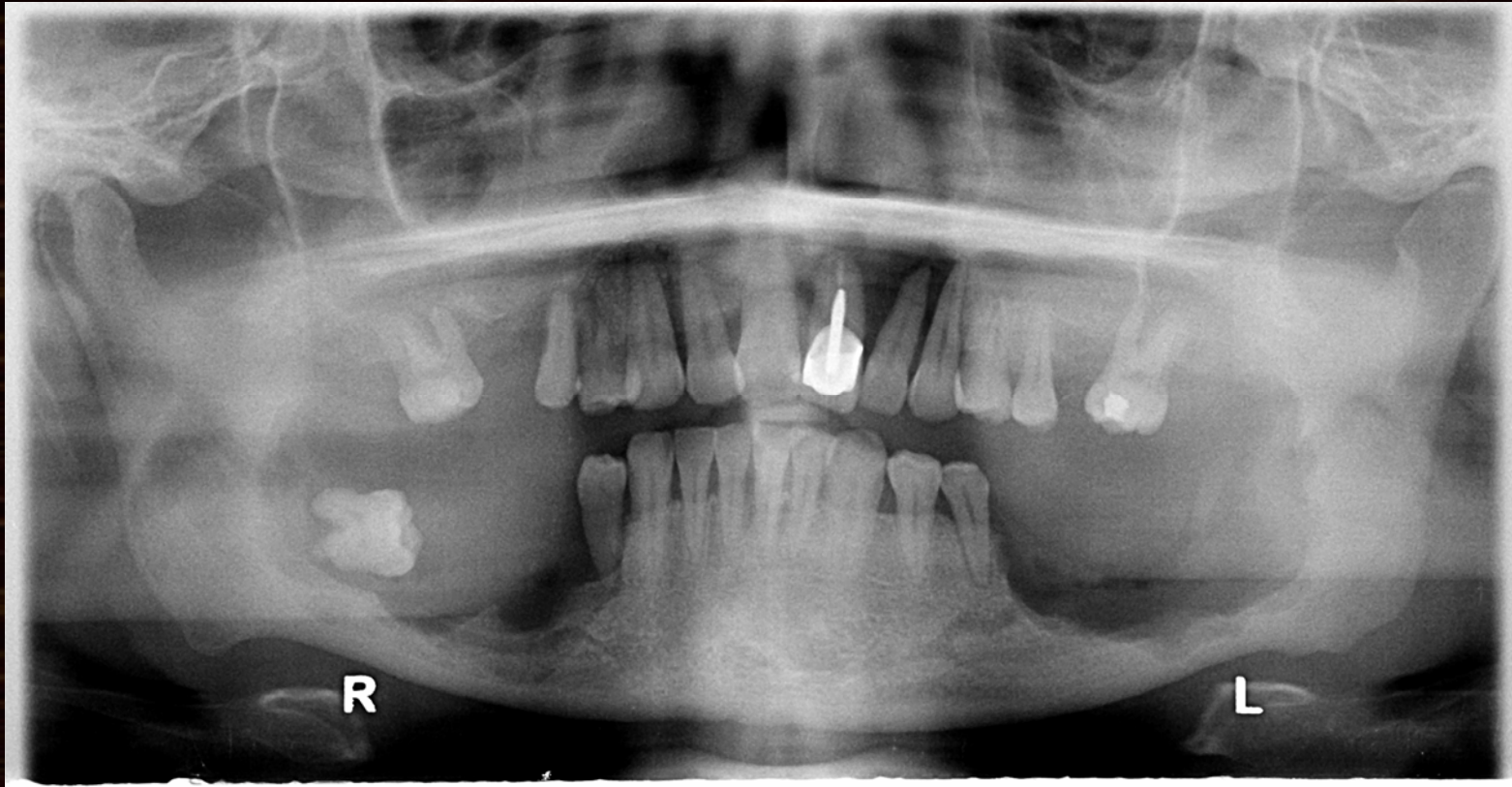
2009.09.14



A 2.5X5 cm uneven border radiolucency lesion on lower left molar region which invaded anterior border of ascending ramus had noted

Another 3X6 cm uneven border radiolucency lesion on lower right molar region involved tooth 48

2009.09.14



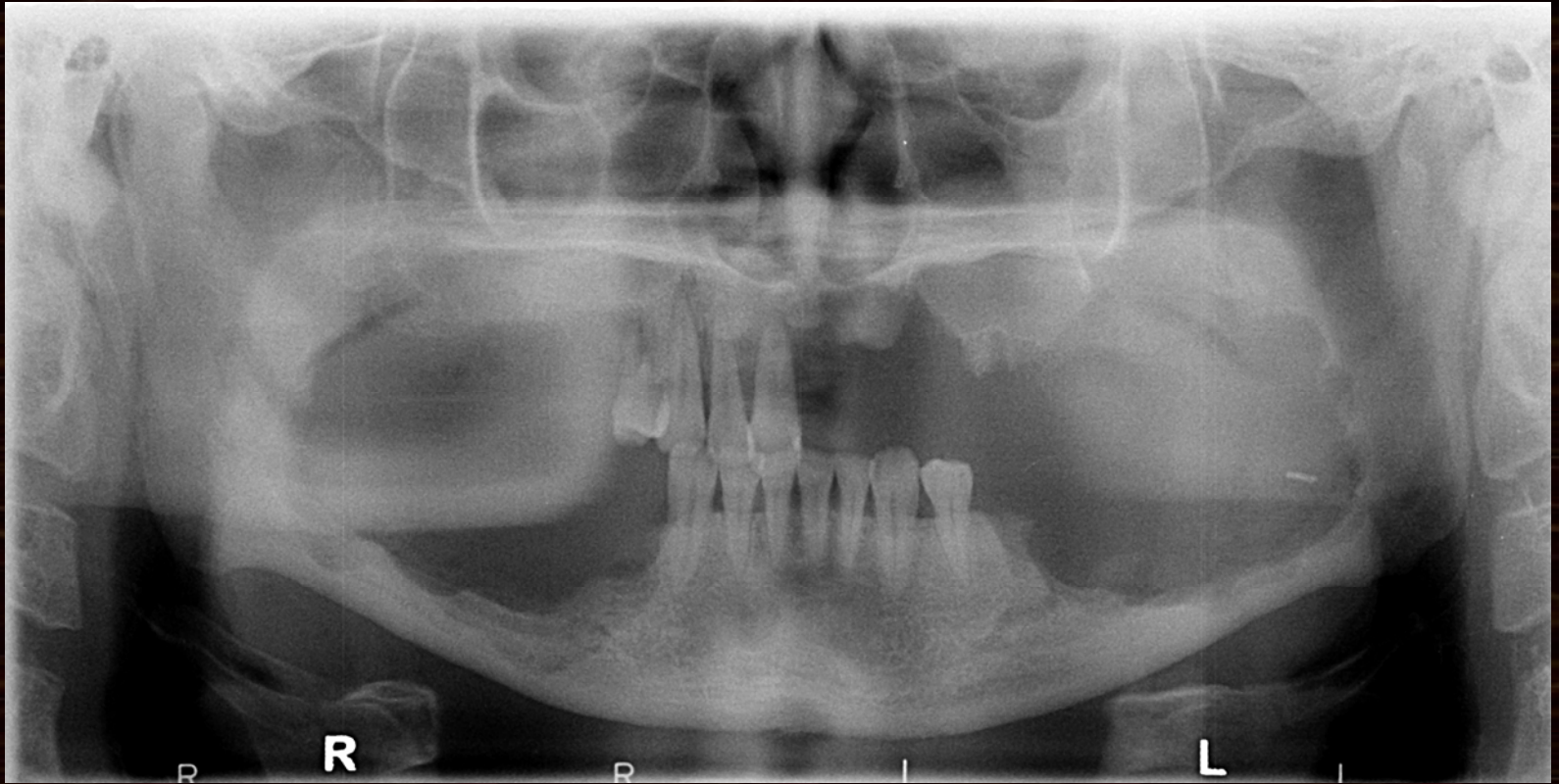
- Both right and left ascending ramus has radiolucency lesion, 1X1.5 cm round shape on left side and 0.5X1 cm lunar shape on right side.
- Radiolucency lesion on tooth 22 was larger than 081024
- Tooth 38 loss

2009.10.05



Both lesion on right and left ascending ramus had became larger, the right side lesion expanded backward to posterior area of ascending ramus and band liked lesion on left side got wider.

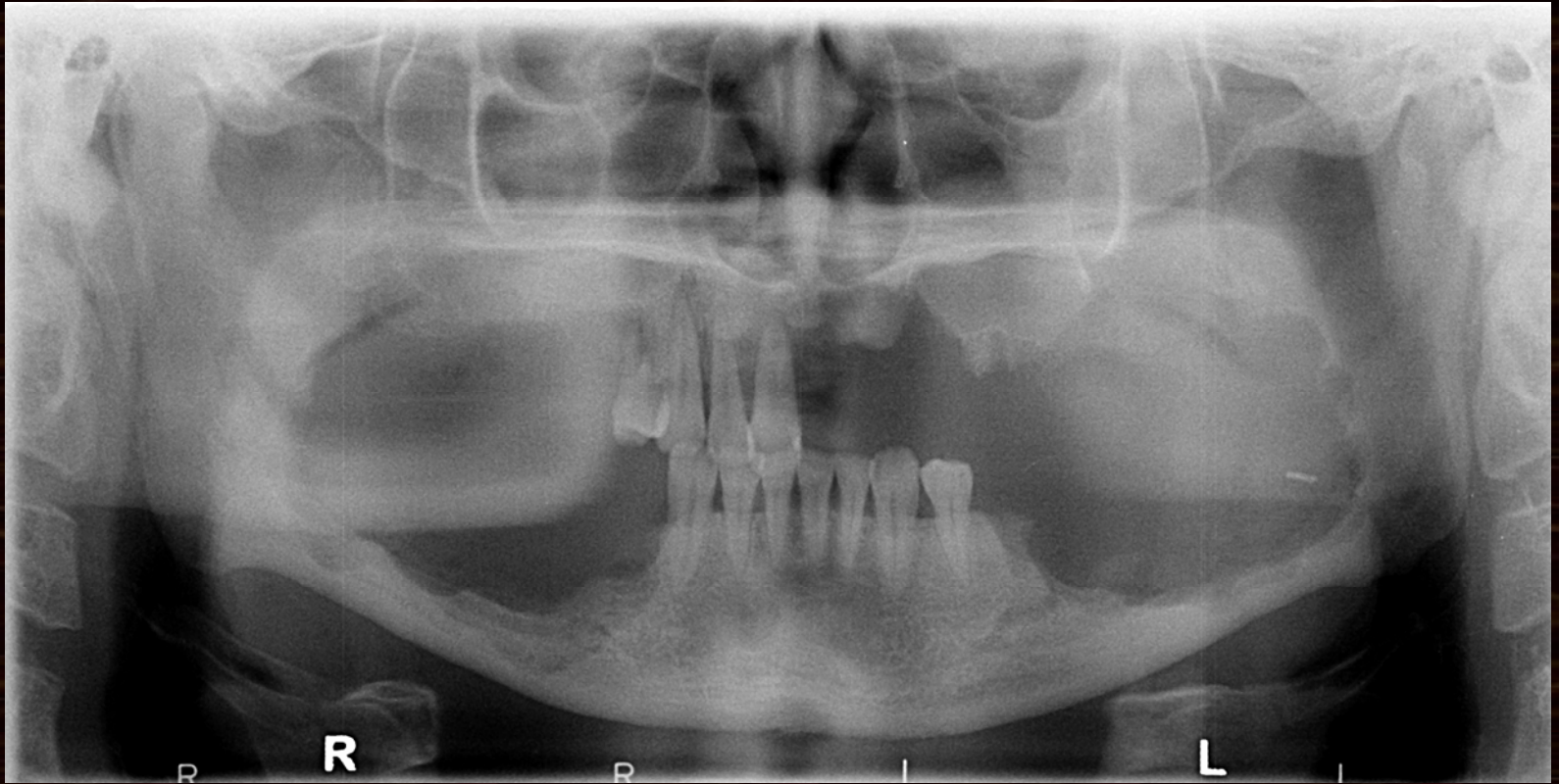
2009.10.07



Region from conial angle to conoroid process and condyle on left side, the whole left ascending ramus showed hypodense homogeneously.

The lower right region became hypodense homogeneously, but seems more dense than left side.

2009.10.07



A 1.5x3 cm amorphous, ground glass like, multilocular radiolucency on region from tooth 42 to tooth 33.

Tooth loss: 17 21 22 23 24 25 27 35 48

CT findings

Imaging findings (980914)

CT of Oral Cavity

Impression :

1) Mild soft tissue with extensive osteolytic lesions in the bilateral mandibular bodies.

Suspect gingival cancer with bony destruction.

Disease entities other than malignancy to be surveyed.

Please correlate with clinical presentation.

2) Suspect metastatic lymphadenopathies in the level IA, the bilateral IB and IIA.

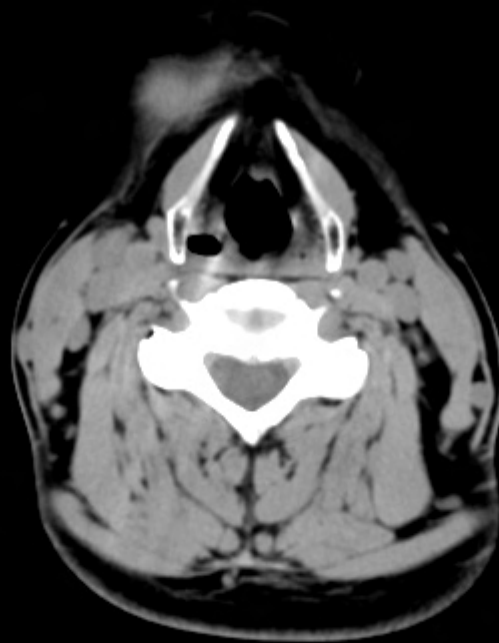
3) Small visible lymph nodes in the bilateral posterior cervical spaces.

4) Bilateral maxillary sinusitis.

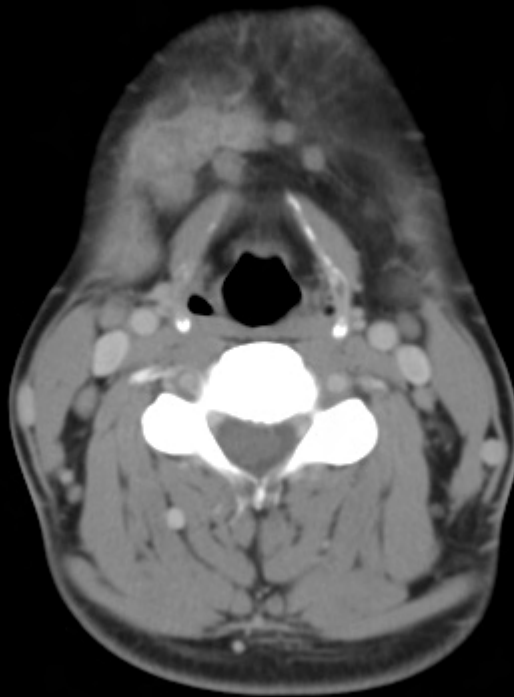
CT images



CT images



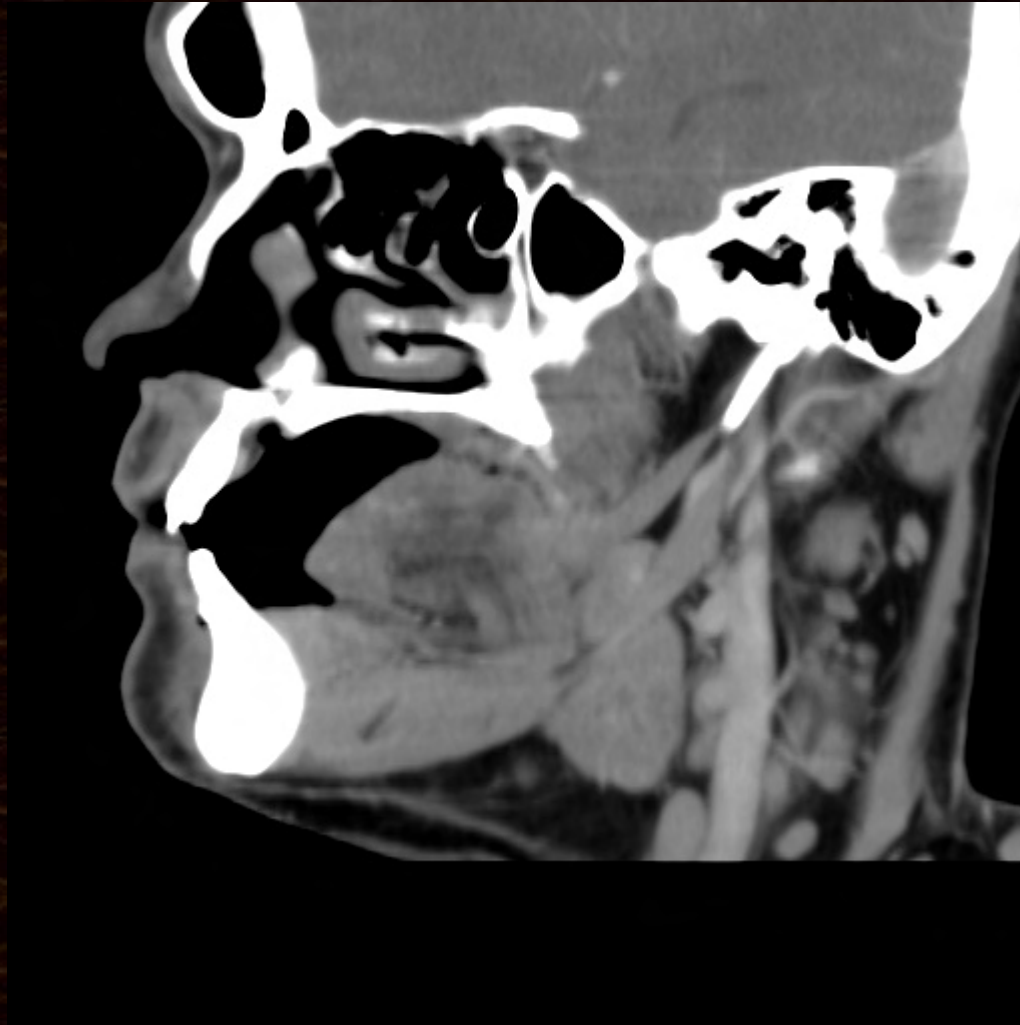
CT images



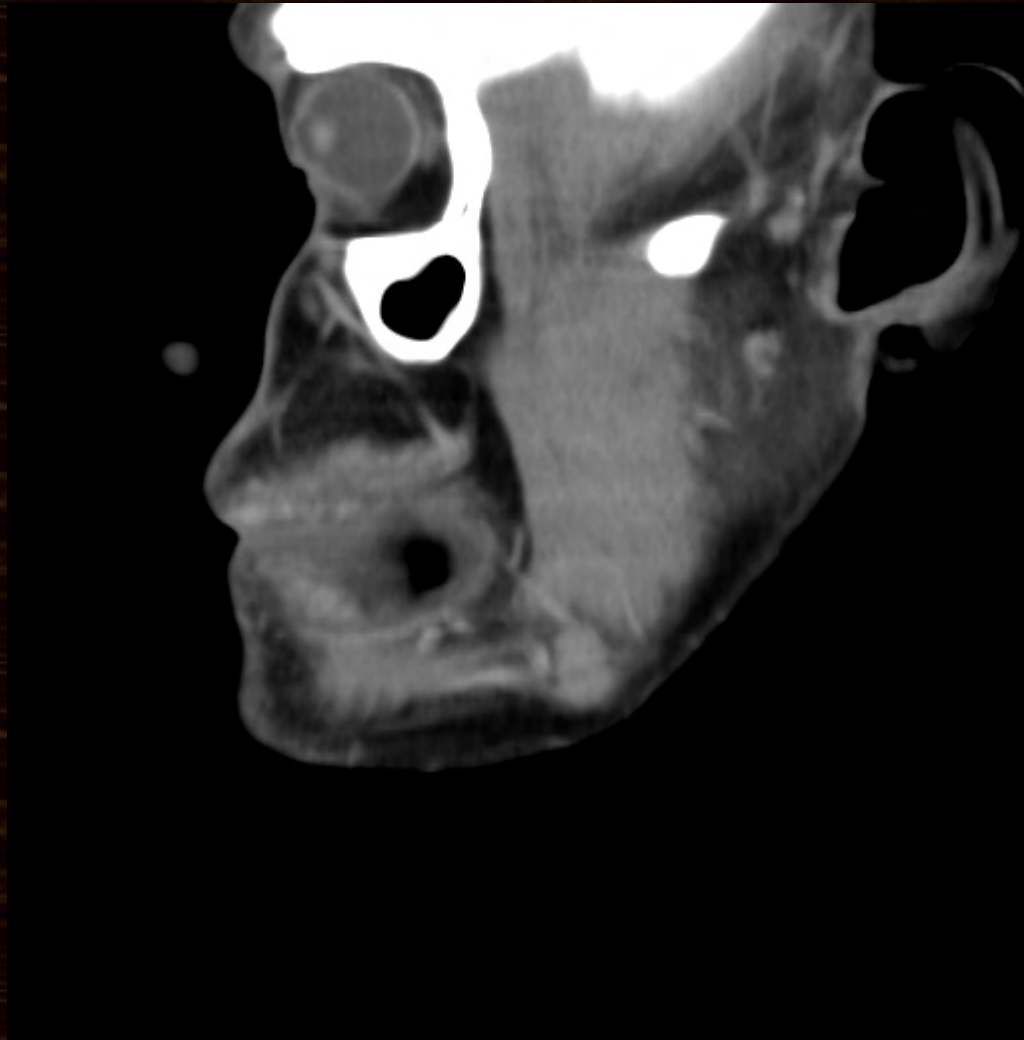
CT images



CT images



CT images



Inflammation or neoplasm ?

- Both maxilla and bilateral mandible
 - Tenderness : (-)
 - Pain : (-)
 - Bone destruction: (+)
 - Numbness : (+): left mandible
 - Pus: (+),less, only on maxilla

=> Neoplasm

Benign or malignant neoplasm?

- Both maxilla and bilateral mandible
 - Tenderness : (-)
 - Pain : (-)
 - Numbness : (+): left mandible
 - Ill defined RL with ragged, irregular border.
- Image Finding – CT
 - Mild soft tissue with extensive osteolytic lesions in the bilateral mandibular bodies.
 - Small visible lymph nodes in the bilateral posterior cervical spaces

=> Malignant

Peripheral or intrabony origin?

- Unhealing wound over bilateral mandible posterior area.
- Bone erosion was noted over 21 palatal area
- Bilateral mandible severe bony destruction were noted.

➤ Massive lesion

==> Peripheral or intrabony origin

Working Diagnosis

- Langerhan's Cell Disease
- Metastatic carcinoma
- Multiple myeloma
- Multiple brown giant cell Lesion(Central giant cell granuloma)
- Florid cementoosseous dysplasia

Langerhan's Cell Histiocytosis

- Histiocytosis X
 - Langerhan's cell disease
 - Idiopathic histiocytosis
 - Eosinophilic granuloma
 - Langerhan's cell granuloma
-
- Acute disseminated LCD
 - Chronic disseminated LCD
 - Chronic localized LCD

Langerhan's Cell Histiocytosis

	Our case	Langerhan's Cell Histiocytosis
gender	Male	Male predilection in adult
age	30 y/o	1.5~15y/o
frequency		50% younger than 15
symptom	Unhealing wound+ pus discharge	Dull pain and tenderness with bone lesion, loosening of the teeth
site	Multiple area in the mouth(17,21,37,47)	10~20% occur in the jaw , posterior area, alveolar process (chronic L. type)
color	White and red	Red
Shape	Ulceration	Ulceration or dome shaped
size	3*1,2*1.5,2*1cm	-
induration	-	-
Surface	Ulceration	-
tenderness	-	+
LAP	-	+/- in adult

Langerhan's Cell Histocytosis

X-ray finding	Our case	Langerhan's Cell Histocytosis
Border	Well-defined without a corticated margin	Ill-defined or Well-defined with or without a corticated margin
Radiodensity	Multiple RL	Multiple RL
Effect on surrounding structures/adjucent teeth	Floating in air, scooped out appearance	Pouch-out RL, scooped out, floating in air appearance, loosen of teeth
Unilocular/ multilocular	Irregular	Irregular

Metastatic carcinoma

	Our case	Metastatic carcinoma
gender	Male	No sexual predilection, or slight F>M
age	30 y/o	50~80y/o
frequency		1~3% of all metastasis
symptom	Unhealing wound+ pus discharge	Pain(+/-), paralysis, fixed with surrounding t.
site	Multiple area in the mouth(17,21,37,47)	95% in mandible, premolar and molar area
color	White and red	-
Shape	Ulceration	Nodular and smooth
size	3*1, 2*1.5, 2*1cm	-
induration	-	-
Surface	Ulceration	-
tenderness	-	-
LAP	-	+/- in adult

Metastatic carcinoma

X-ray finding	Our case	Meta CA
Border	Well-defined without a corticated margin	Many
Radiodensity	Multiple RL	Many
Effect on surrounding structures/adjacent teeth	Floating in air, scooped out appearance	Pouch-out RL, honeycomb appearance, loosen of teeth
Unilocular/ multilocular	Irregular	Many

Metastatic carcinoma

Male	Female
Lung	Breast
Prostate	Adrenal gland
Kidney	Colorectal area
Bone	Genital organs
Adrenal gland	Thyroid gland

Multiple myeloma

	Our case	Multiple myeloma
gender	Male	Male
age	30 y/o	60~70y/o
frequency		Uncommon(1% in all malignancies)
symptom	Unhealing wound+ pus discharge	Mainly: bone pain Others: fatigue, fever, metastatic calcification
site	Multiple area in the mouth(17,21,37,47)	jaws
color	White and red	?
Shape	Ulceration	?
size	3*1,2*1.5,2*1cm	-
induration	-	-
Surface	Ulceration	-
tenderness	-	+
LAP	-	?

Multiple myeloma

X-ray finding	Our case	Multiple myeloma
Border	Well-defined without a corticated margin	Ill-defined, ragged border
Radiodensity	Multiple RL	Punched-out radiolucency
Effect on surrounding structures/adjacent teeth	Floating in air, scooped out appearance	?
Unilocular/ multilocular	Irregular	Irregular, multiple

Central giant cell granuloma

	Our case	Central giant cell granuloma
gender	Male	Female
age	30 y/o	60% before 30 y/o(2~80y/o)
frequency		-
symptom	Unhealing wound+ pus discharge	Asymptomatic, painless expansion
site	Multiple area in the mouth(17,21,37,47)	Mandible, anterior portion frequently cross the midline
color	White and red	?
Shape	Ulceration	?
size	3*1,2*1.5,2*1cm	5*5~>10 cm
induration	-	-
Surface	Ulceration	-
tenderness	-	+
LAP	-	?

Central giant cell granuloma

X-ray finding	Our case	Central giant cell granuloma
Border	Well-defined without a corticated margin	Well-defined, non-corticated margin
Radiodensity	Multiple RL	RL
Effect on surrounding structures/adjucent teeth	Floating in air, scooped out appearance	?
Unilocular/ multilocular	Irregular	Unilocular/Multilocular

Cemento-osseous dysplasia, florid

	Our case	Cemento-osseous dysplasia, florid type
gender	Male	Female
age	30 y/o	Middle age~the elderly
frequency		Most common fibro-osseous lesion in clinical practice
symptom	Unhealing wound+ pus discharge	Asymptomatic
site	Multiple area in the mouth(17,21,37,47)	Bilateral, extensive in all posterior four quadrants.
color	White and red	?
Shape	Ulceration	?
size	3*1,2*1.5,2*1cm	5*5~>10 cm
induration	-	-
Surface	Ulceration	-
tenderness	-	+
LAP	-	?

Cemento-osseous dysplasia, florid type

X-ray finding	Our case	Cemento-osseous dysplasia, florid type
Border	Well-defined without a corticated margin	Well-defined, non-corticated margin
Radiodensity	Multiple RL	RL to RL/RO to RO
Effect on surrounding structures/adjacent teeth	Floating in air, scooped out appearance	Root resorption
Unilocular/ multilocular	Irregular	Multilocular

Final Diagnosis

- Langerhan's cell disease, hard palate and bilateral mandible.
- Metastatic carcinoma
- Multiple myeloma CC

Thanks for your attention!