

口腔病理及影像診斷科 Case Report

報告組別：Intern D組

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General data

- Name: XXX
- Sex: Female
- Age: 55 Y/O
- Marital status: 已婚
- Attending V.S: XXX 醫師
- First visit: 101.10.XX

Chief Complaint

- Ask for oral mass over L't upper buccal mucosa evaluation

Present Illness

- This 55 Y/O female suffered from pain over L't buccal mucosa for several days. She went LDC for help, the dentist there suggested her to come to our OS OPD for further examination and treatment.

Intraoral findings

- Site: L't buccal mucosa
- Dimension: 1.0 x 1.0 cm
- Shape: Dome
- Color: Normal mucosa
- Surface: Smooth
- Base: Sessile
- Consistency: Firm
- Ulceration (-)
- Fluctuation (-)
- Mobility: Fixed
- Pain (+)
- Tenderness (+)
- Lymphadenopathy:(-)
- No obvious bony lesions on left side of posterior maxilla



Past medical History

- Hospitalization (-)
- Systemic diseases: Denied
- Drug or food allergy: Denied

Past Dental History

- General routine dental treatment
- Attitude to dental treatment: Co-operation

Personal History

- Risk factors related to malignancy
 - > Alcohol: (-)
 - > Betel quid: (-)
 - > Cigarette: (-)
- Other specific oral habits : Denied
- Bite irritation : Denied

Dental examination

- ◉ Missing: Tooth 28 37 38 48
- ◉ Caries: Tooth 12 23
- ◉ C&B: Tooth 14 15 16 24 25 26 35 36 44 45
46

Radiographic examination

- Panorex taking



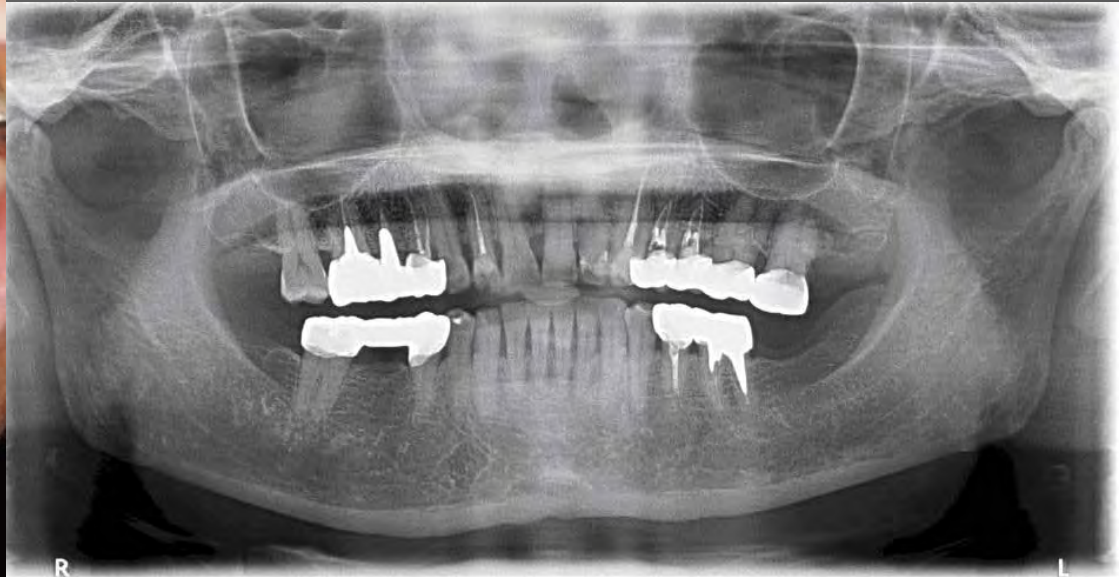
Differential Diagnosis

Peripheral or intrabony ?

- ◉ Left posterior buccal mucosa near buccal vestibule opposed to tooth 27
- ◉ 1x1 cm, firm consistency, smooth surface, sessile base, dome shape, pink color, fixed
- ◉ Pain (+)
- ◉ Tenderness (+)

Peripheral or intrabony ?

- No bony lesion & destruction
→ peripheral lesion



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	+

Due to intraoral examination:
a mass of no local heat, firm consistency
→ neoplasm

Benign or malignance?

	Our case	<benign>	Malignance
progressive	Unknown	Slow	Fast
Swelling with intact epithelium	+	+	-
Pain	+	-	+
Induration	-	-	+
lymphadenopathy	-	-	+

Benign tumor or low-grade malignancy

Working Diagnosis

- Pleomorphic adenoma
- Warthin tumor
- Mucoepidermoid carcinoma, low grade
- Polymorphous low grade adenocarcinoma
- Acinic cell adenocarcinoma
- Fibroma

Pleomorphic adenoma

	Our case	Pleomorphic adenoma
Gender	female	female
Age	40	30~60
Site	Buccal mucosa	Palate (54%), upper lip (18%), buccal mucosa (11%)
pain	+	-
swelling	+	+
drainage	-	-
Shape	Smooth, dome shape	Firm single nodular
Duration	Unknown	Slow

Warthin tumor

	Our case	Warthin tumor
Gender	Female	Male
Age	40	60~70
Site	Buccal mucosa	The tail of the parotid gland near the angle of the mandible
Pain	+	-
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Firm or fluctuant, bilateral but may not metachronous
Duration	Unknown	Slow

Mucoepidermoid carcinoma

	Our case	Mucoepidermoid carcinoma
Gender	female	Slight male
Age	40	20~70
Site	Buccal mucosa	Lower lip, floor of mouth, tongue, retromolar pad area
Pain	+	Early stage: -
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Firm or hard
Duration	Unknown	Slow

Polymorphous low grade adenocarcinoma

	Our case	Polymorphous low grade adenocarcinoma
Gender	Female	Female
Age	40	60~70
Site	Buccal mucosa	Palate
Pain	+	-
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Firm, indolent
Duration	Unknown	Slow

Acinic cell carcinoma

	Our case	Acinic cell carcinoma
Gender	Male	Equal
Age	40	40
Site	Buccal mucosa	Parotid gland
Pain	+	-, sometimes + or tenderness
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Smooth surface
Duration	Unknown	Slow

Fibroma

	Our case	Fibroma
Gender	Male	Equal
Age	40	40~60
Site	Buccal mucosa	Buccal mucosa
Pain	+	-
Swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Pedunculated, round shape
Duration	Unknown	Slow

Clinical Impression

- Pleomorphic adenoma over left posterior buccal mucosa

Treatment Course

101-10-17

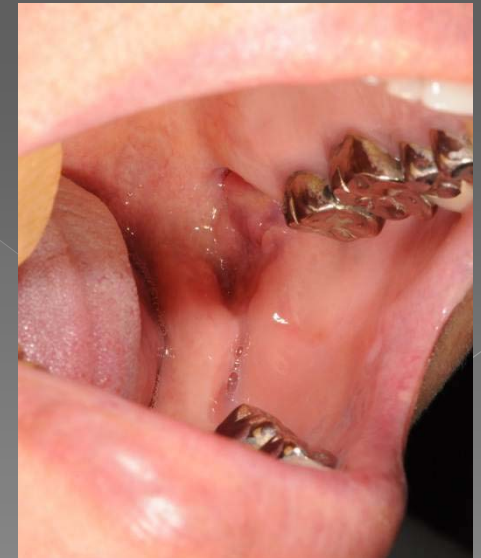
Painful mass on left posterior buccal mucosa near maxillary buccal vestibule opposed to tooth 27.

Firm, smooth surface, tender (+), 1X1 cm

L't submandibular LN: < 1cm

✓ Tx plan:

Incisional biopsy, H-P exam



101-10-24

H-P report

✓ Pathologic Dx:

Oral cavity, buccal mucosa, left, incision,
Mucoepidermoid carcinoma, low grade

✓ Dx: Mucoepidermoid carcinoma on left
posterior buccal mucosa, cT1N0M0, stage
I

✓ Tx plan:

Arrange MRI, Bone scan

101-10-26

Appointment for H-P reoport

✓ Pathologic imp:

Oral cavity, buccal mucosa, left, incision,
Mucoepidermoid carcinoma, low grade

✓ Dx: Mucoepidermoid carcinoma on left
posterior buccal mucosa, cT1N0Mo, stage
I

✓ Tx plan:

Arrange MRI, Bone scan

◎ 101-10-26

TC-99 whole body bone scan

- ✓ Warm spots in maxilla and mandible, which may be due to certain dental problem rather than metastatic bone disease
- ✓ Impression:
Low probability of bone metastasis from buccal cancer

23920881 BODY [Reformatted Series] 10/26/2012

張素靜
1957/6/17

F

90

0



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885K Duration:638sec 256x1024
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WHOLE BODY [Reformatted Series] 10/26/2012

張素靜

2012/10/26

WB Bone

%

60

1



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(B:-1%,T:60%)



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⦿ 101-10-27

✓ Tx plan:

Arrange operation under GA on 101-11-09

→ wide excision + STSG

⦿ 101-10-31

✓ Collect GA routine data

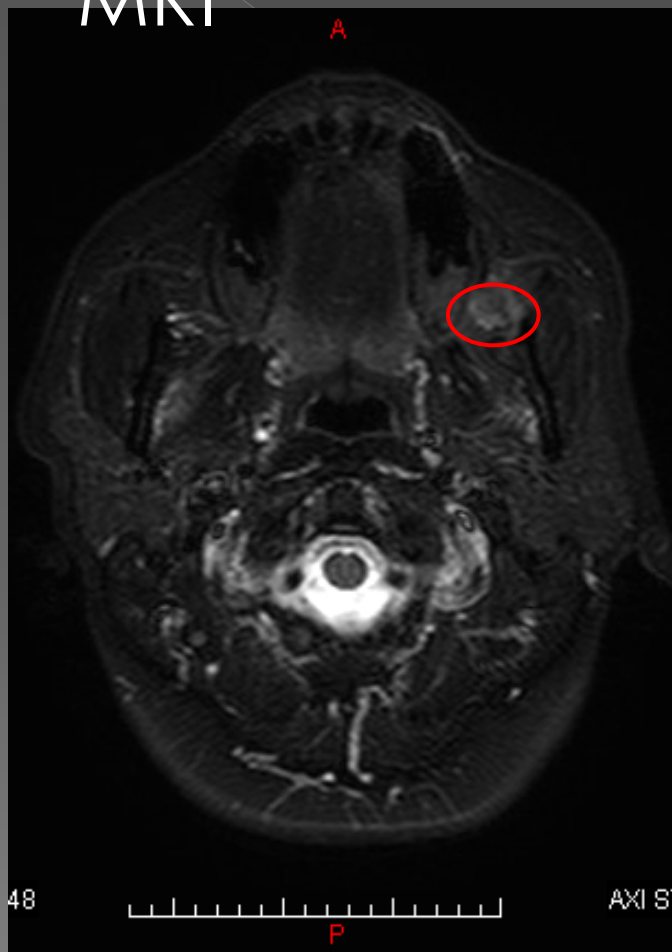
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MRI

- ✓ small nodule (1.5 X 1.31 X 1.03cm), left retromolar trigone
- ✓ Multiple small visible LN (<1cm) are found in the submental, submandibular, and posterior cervical
- ✓ Impression:
TNM stages: T1N1MB (Stage grouping if no distant metastasis M0)

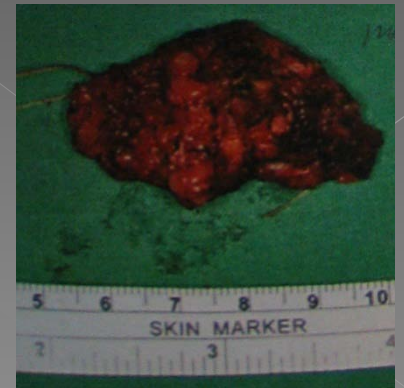
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MRI



101-11-09

- ✓ OP under GA with NETT
- ✓ Wide excision + left lymphadenectomy + buccal fat pad repair



◎ 101-11-12

- ✓ H-P report:
Mucoepidermoid carcinoma, low grade
- ✓ Microscopic invasion :
 - Limited to submucosa (tumor thickness : 1.2cm)
- ✓ Lymph-vascular invasion: not identified
- ✓ Perineural invasion : present
- ✓ Surgical margin : involved

Frozen sections : negative of malignancy

◎ 101-11-19

✓ Discharge

◎ 101-11-24

✓ OPD F/U of operation wound

✓ 向病人解釋於切片病理報告內側上緣仍有腫瘤侵犯。因臨床在內側緣(soft palate)手術前無明顯病灶，已安排口腔癌多專科討論是否再次手術或是接受RT

◎ 101-12-01

✓ Arrange operation under GA on 101-12-21

✓ 預掛ENT for evaluation of laryngeal

① 101-12-08

✓ Collect GA routine data

① 101-12-15

✓ Impression for fabrication of surgical stent.

Discussion

Mucoepidermoid carcinoma

- One of the most common salivary gland malignancies.
- Major clinical features
 - Wide age range (2nd-7th decades)
 - Parotid gland
 - Major and minor salivary gland
(Major: 1-2 to 10 %, Minor: 9% to 15-23%)
 - Asymptomatic swelling

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

1. Amount of cyst formation
2. Degree of cytologic atypia
3. Relative number of mucous, epidermoid, and intermediate cell

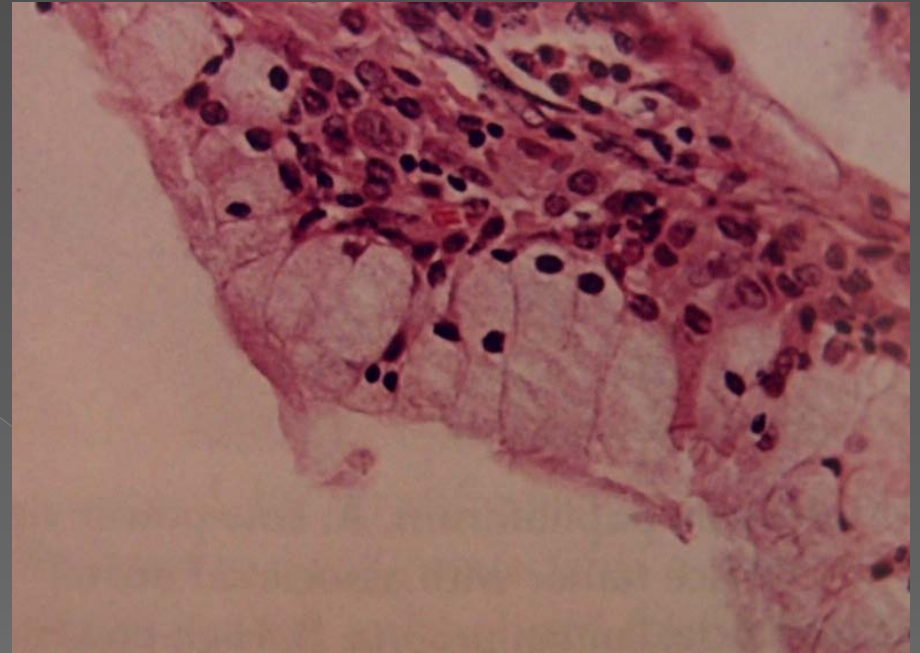
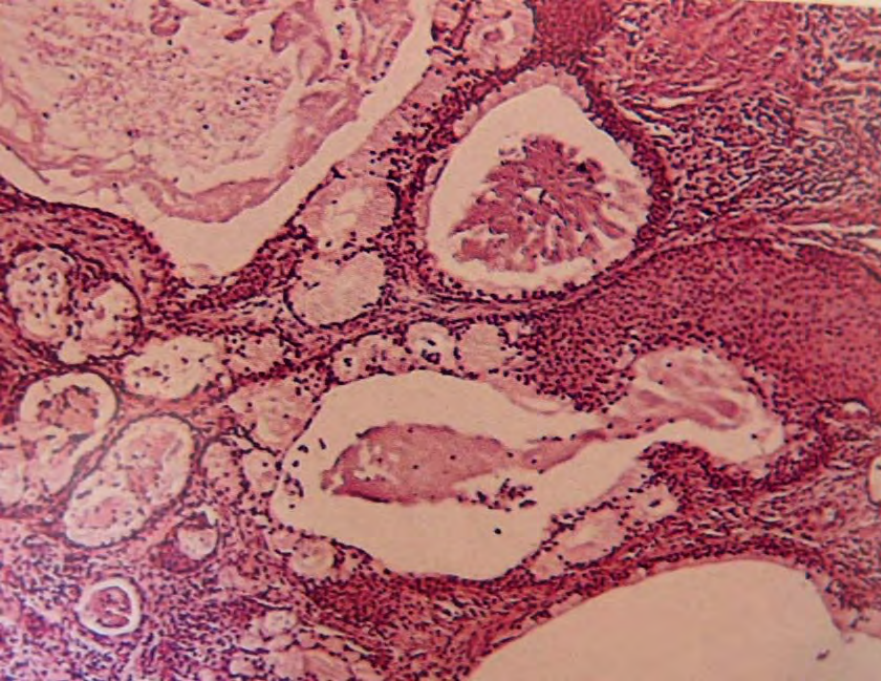
Low grade:

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

Mucoepidermoid carcinoma



Mucoepidermoid carcinoma



Treatment and prognosis

- Location
- Histopathologic grade
- Clinical stage: subtotal or total parotidectomy?
- Prognosis depends.
 - Low grade: 90-98%
 - High grade: 30-54%
- Submandibular gland with poor outlooks ☹️
- Tongue and mouth floor ☹️

醫學倫理與全人照護

全人照護

- ◎ 全人照護 (Holistic Health Care) : 不僅強調生病後提供以病人為中心之醫療照護，也要在生病前提供正確有效的預防方法。
- ◎ 而「全人健康照護體系」指提供全人 (包括生理、心理、社會及心靈層面)、全民 (每一個人都可以得到) 基本保健醫療 (包括預防保健、疾病診治、長期照護及安寧照護) 的照護系統 (從基層至二、三級醫療的整合)。需持以「病人為中心」之整合性預防、保健、醫療為導向，提供以個人為中心，家庭為單位，社區為範疇之整合性、協調性、持續性的預防保健及醫療照護，暨以良好互動之醫病關係，進而達到落實執行『全人健康照護』的理念。

醫學倫理

- 倫理？
- Ethics，源自希臘字ethike 和 ethos，原意為道德、習慣、習性和行為；所要探討的是有關人類行為「善」與「惡」的性質，是一種統御個人行為的價值體系

醫學倫理

- 醫學倫理是運用倫理學的理論及研究架構，來探討醫學領域中所有的倫理問題；以解除醫學科技與人性需求的衝突，作為人類深思內省的依據。
- 臨床醫學倫理係指運用醫療適應症、病人喜好、生命品質、外在的道德原則等道德指標加以權衡實際個案，以判斷倫理原則應用在臨床醫療照護時，何者孰輕孰重？以使醫療人員能做出對病人最有利也最能符合道德倫理規範的醫療決策。

醫學倫理原則

Beauchamp & Childress (1979)

- ◉ Autonomy 自主
- ◉ Non-maleficence 不傷害
- ◉ Beneficence 行善
- ◉ Justice 公義

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，有權決定自己的行為，包括決定及選擇醫療專業人員和治療方式
- 臨床意義
 - (1) 病人之自主行為不應遭受他人之操控或干預
 - (2) 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一抉擇

自主原則(Autonomy)

- 完全自主
- 代理決定(surrogate decision making)
 - 民法第七十六條:「無行為能力的人由法定代理人代為意思表示，並代受意思表示。」
 - 民法第七十七條:「限制行為能力人為意思表示及受意思表示，應得法定代理人的允許，但純獲法律上之利益或依其年齡及身分日常生活所必須者，不在此限。」

不傷害原則(Non-maleficence)

希波克拉底誓約--

to benefit, or at least do no harm

- ◎ 行善是做對病人有益，不做對病人有害的事；在照護過程中，為避免傷害應處處以病人的利益著想，以病人的福祉為優先考慮。
- ◎ 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

行善原則(Beneficence)

- 原則：行善原則包括不傷害原則的反面義務(不應該做的事)和確有助益的正面義務(應該做的事)，包括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
 - (1) 勿施傷害：不得故意對他人施予傷害或惡行
 - (2) 預防傷害：應該預防傷害或惡行
 - (3) 移除傷害：應該移除傷害或惡行
 - (4) 維持善行：應該致力於行事或維持善行

公義原則(Justice)

- 原則：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
 - (1) 公平地分配不足的資源
 - (2) 尊重病人的基本權利
 - (3) 尊重道德允許的法律,法律之前人人平等
 - (4) 先來先服務與急重症優先

公義原則(Justice)

醫學界採用的公平原則

- 平等 → 大眾的權益
- 先來先服務 (first come, first helped)
- 急症與重症優先

Reference

- ◎ www.ilanh.ym.edu.tw
- ◎ www.kmuh.org.tw/www/clireser/5.htm
- ◎ Oral and maxillofacial pathology, 3rd edition, Neville

THANKS FOR YOUR ATTENTION!