Case report

報告者: Intern F組
指導醫師：口腔病理科全體醫師
報告日期：2007.09.24
General Data

- Name: 謝xx
- Sex: 男
- Age: 51 y/o
- Native: 台灣
- Marital status: 已婚
- Attending Dr.: 陳靜怡 醫師
- First visit: 96/08/04
Chief Complaint

A swelling mass over R't hard palate for 2 weeks
The 51 y/o male suffered from above episode two weeks ago. At the same time, he was on the course of 風濕免疫 therapy in KMU. He asked his KMU physician about this problem. Then, his physician referred him to our OPD for further evaluation.
Past Medical History

- Drug allergy: penicillin
- Rheumatoid Arthritis: Hospitalization(+) under medication therapy now
- L’t salivary glands tumor which had been treated and tumor had been removed in an unknown Hospital
- Hepatitis B.C
- DM

Past Dental History

- Prostho
- OD extraction
Personal History

- Oral habits related to malignancy
  - Alcohol : (-)
  - Betel quid : (-)
  - Cigarette : (-)
Intraoral Examination on 8/4

- A dome-shaped swelling mass with smooth surface, measured approximately 0.6 x 0.6 cm in diameter located between the midline of hard palate and 1.5 cm palatal to tooth 17; posterior to the junction between hard palate and soft palate
- Sessile base, bluish surface color with soft consistency
- Long-span prosthesis from 21 to 17, 23 to 27
- Gingival inflammation and swelling of tooth 17
Oral & maxillofacial Examination

- Pain (-)
- Tenderness (-)
- Swelling (+)
- Fixed (+)
- Bleeding tendency (-)
- Induration (?)
- Fever or local heat (-)
- Lymphadenopathy (-)
Radiographic Examination-periapical film

ill-fitting long span crown and bridge with distal abutment 17 PDL space widening and suspected incomplete endodontic treatment

14 to 16 endentulous area with normal alveolar bone resorption
unhealed 14 extraction socket
Inflammation or cyst or neoplasm

- Redness (-)
- Swelling (+)
- Fever (-)
- Pain (-)
- Tendernessness (-)
- Flucturation (-)
- Fixed (+)
- Bluish (+)

- Found the lesion for 2 weeks

Neoplasm
Benign or malignant

- Smooth surface
- soft
- Pain (-)
- Tenderness (-)
- Induration (-)
- Fixed (+)
- LAP (+)

Benign
- Intrabony or peripheral
  - No evidence of bony destruction
  - Main lesion is a submucosa lesion
1. Pleomorphic adenoma
2. Warthin`s tumor

1. Mucoepidermoid carcinoma (low-grade)
2. PLGA
1. Pleomorphic adenoma
2. Mucoepidermoid carcinoma (low-grade)
### Pleomorphic adenoma v.s. Our case

<table>
<thead>
<tr>
<th>Pleomorphic adenoma</th>
<th>Our case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female (slight predilection)</td>
</tr>
<tr>
<td>Age</td>
<td>Any age (30-50y/o)</td>
</tr>
<tr>
<td>Size</td>
<td>variable</td>
</tr>
<tr>
<td>Site</td>
<td>Posterior lateral aspect of palate</td>
</tr>
<tr>
<td>Shape</td>
<td>Dome-shaped</td>
</tr>
<tr>
<td>Margin</td>
<td>Well-defined</td>
</tr>
</tbody>
</table>

Ps: parotid gland (53-77%)

- submandibular gland (44-68%)
- minor salivary gland (38-43%)
- palate (60%), upper lip (20%), buccal mucosa (10%)
## Pleomorphic adenoma v.s. Our case

<table>
<thead>
<tr>
<th></th>
<th>Pleomorphic adenoma</th>
<th>Our case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency</td>
<td>firm</td>
<td>Soft</td>
</tr>
<tr>
<td>Color</td>
<td>normal</td>
<td>Blue to reddish</td>
</tr>
<tr>
<td>Fever or local heat</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Fluctuation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ulcer</td>
<td>+/- (trauma)</td>
<td>-</td>
</tr>
<tr>
<td>Pain</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Induration</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tenderness</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mobility</td>
<td>fixed</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Pleomorphic adenoma</td>
<td>Our case</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td><strong>Surface</strong></td>
<td>smooth</td>
<td>Smooth</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Many month or years, slowly growing</td>
<td>found lesion 2 weeks ago</td>
</tr>
</tbody>
</table>
### mucoepidermoid carcinoma v.s. Our case

<table>
<thead>
<tr>
<th></th>
<th>Mucoepidermoid carcinoma</th>
<th>Our case</th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Slight female predilection</td>
<td>male</td>
</tr>
<tr>
<td>Age</td>
<td>2nd to 7th decade</td>
<td>51 y/o</td>
</tr>
<tr>
<td>Size</td>
<td>variable</td>
<td>0.6*0.6 cm</td>
</tr>
<tr>
<td>Site</td>
<td>Most in parotid gland, 2nd in minor salivary gland (hard palate)</td>
<td>R’t hard palate</td>
</tr>
<tr>
<td>Shape</td>
<td>Dome-shaped</td>
<td>Dome-shaped</td>
</tr>
<tr>
<td>Margin</td>
<td>Well-defined</td>
<td>Well-defined</td>
</tr>
<tr>
<td>Consistency</td>
<td>Soft to firm</td>
<td>Soft</td>
</tr>
<tr>
<td>Color</td>
<td>Blue or red color</td>
<td>Blue to reddish</td>
</tr>
</tbody>
</table>

Our case
mucoepidermoid carcinoma v.s.

Our case

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<th>Our case</th>
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<tbody>
<tr>
<td>Fever or local heat</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Fluctuation</td>
<td>Sometimes</td>
<td>-</td>
</tr>
<tr>
<td>Ulcer</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pain</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Induration</td>
<td>-</td>
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<tr>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mobility</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Surface</td>
<td>Smooth</td>
<td>Smooth</td>
</tr>
<tr>
<td>Duration</td>
<td>Aware for the lesion for 1 yr or less</td>
<td>found lesion 2 weeks ago</td>
</tr>
</tbody>
</table>
Clinical impression

Pleomorphic adenoma
over right hard palate
Treatment plan

- 96/08/06:
  - Imp: mucocele by OS doctor
  - Incisional biopsy
- 96/08/17
  - Arrange CT scan
This coronal CT image showing R't maxillary sinus is filled with aovoid-shaped radiopacity substance with central calcification, measuring about 4x4cm in diameter. No bony destruction through inferior wall of the maxillary sinus.
The axial CT image shows that there is a polypoid-shaped radiopaque within right maxillary sinus.
This axial CT image shows that there are several lymph nodes over bilateral submandibular and submental area, measuring about 1 cm in diameter.
Treatment plan - cont.

- 96/08/20
  - HP report: mucoepidermoid carcinoma, hard palate, R’t
- 96/08/27
  - GA general routine
In this film, nothing particular and no bony destruction relative to the lesion found in hard palate. Radiographic burnout is noticed in both side of maxillary area, lower boarder of R't maxillary sinus drop down than L't side.

Other dental findings

C&B: 21111213xxx17, 2324xx27, 33x35x, 44xx47

RR: 11, 12, 24  suspected fracture: 24  caries: 42.43
Treatment plan - cont.

- 96/09/02
  - Operation:
    Hemimaxillectomy, R’t
Thanks for your attention