

Case Report

指導老師:

V.S. : 林立民 陳玉昆醫師 王文岑醫師

Resident : 陳靜怡醫師 謝牧諺醫師

Int H : 吳政榮 洪欣儀 廖建智 黃永舜

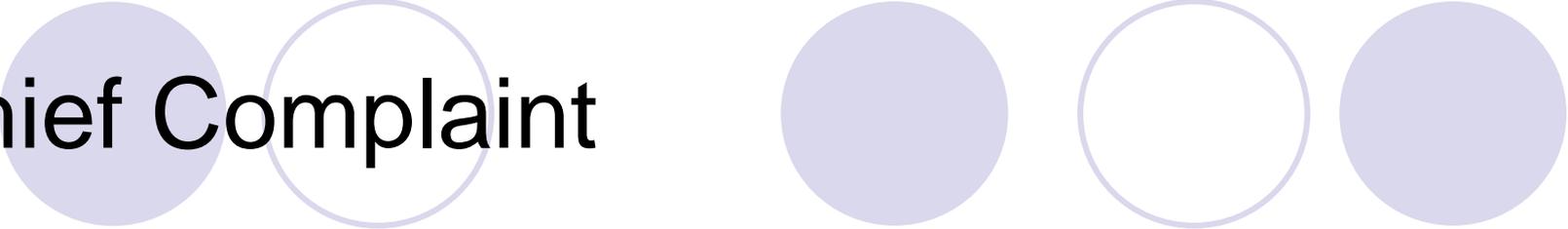
日期: 99.05.24

General Data

- Name : 陳XX
- Gender : Male
- Age : 49
- Occupation : 油漆工人
- Attending V.S. : 謝天渝醫師
- First visit : 99. 5. 10

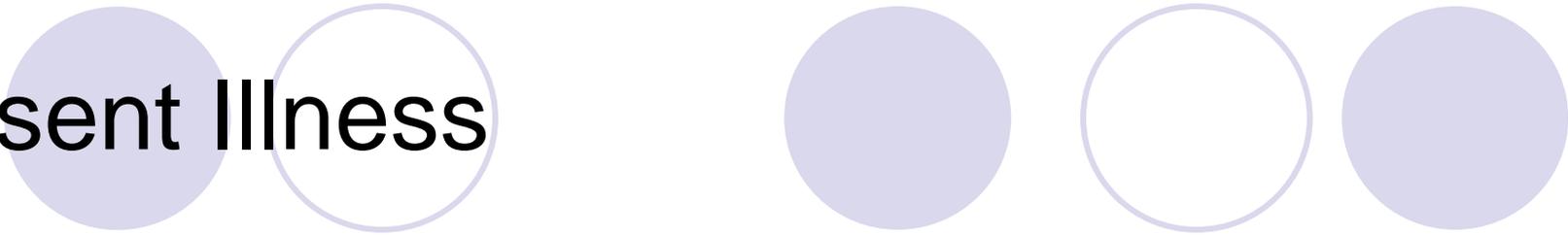


Chief Complaint



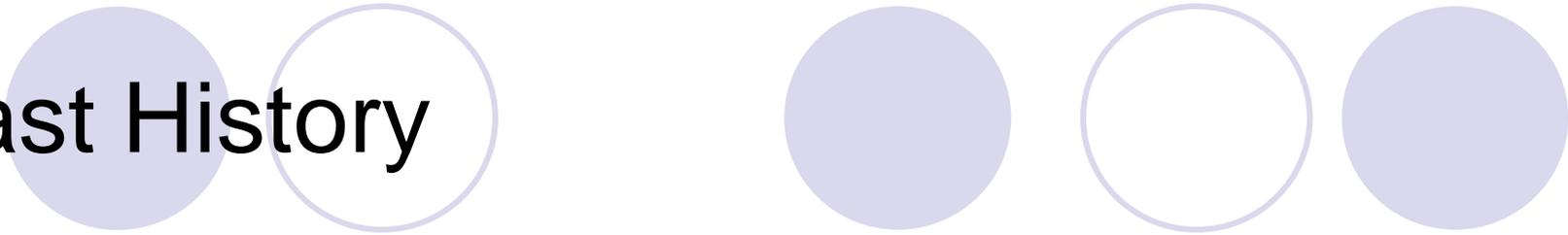
- Feeling pain and swelling on right lower premolar area for 3 months

Present Illness



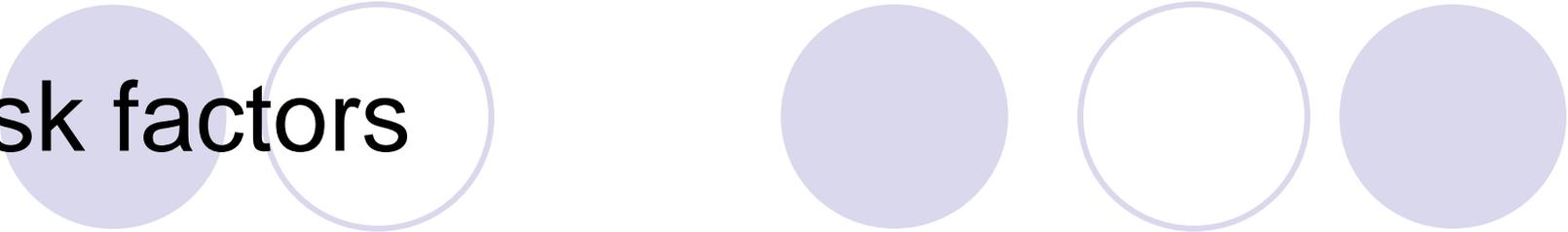
- This 49 years old male patient suffered from the swelling and mild pain on the right lower premolar area for about 3 months. He went to LDC for periodontal treatment but in vain. So, the dentist suggested him come to our OPD for further examination and treatment.

Past History



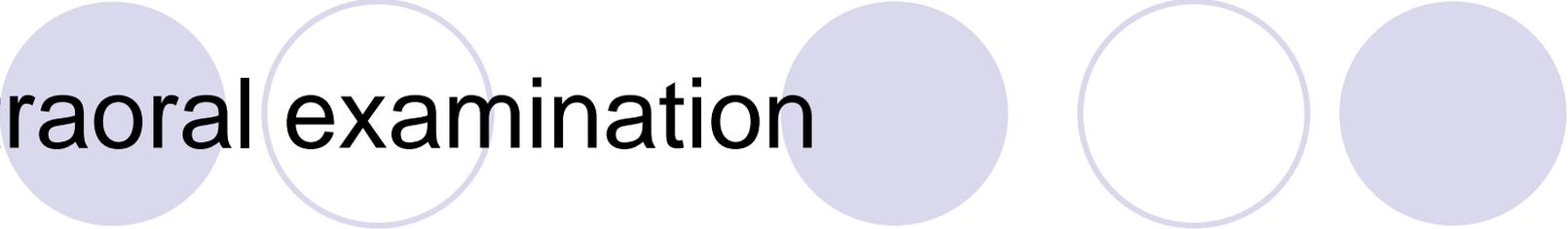
- Past medical history
 - ❑ Drug allergy: denied
 - ❑ Systemic disease: H/T
 - ❑ Hospitalization: Acute pancreatitis
- Past dental history
 - ❑ Extraction
 - ❑ Periapical treatment

Risk factors

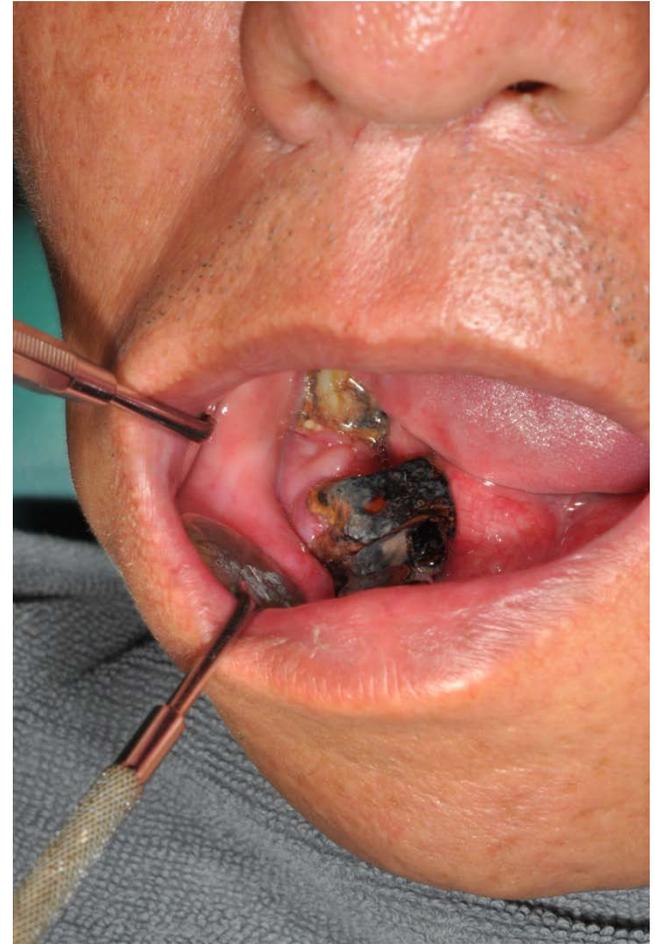
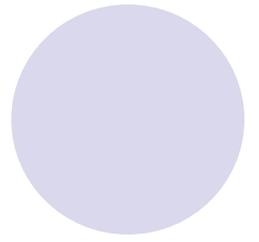
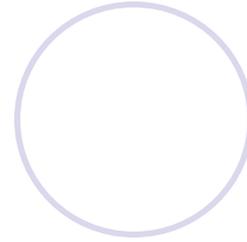
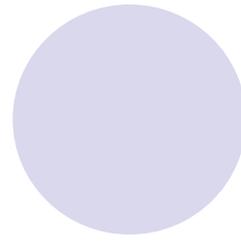
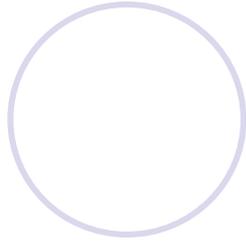
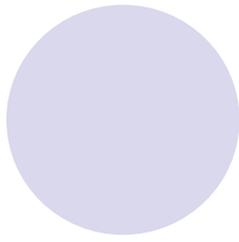


- Alcohol: (+),
30 yrs, 1 caps/day, quit for 2 weeks
- Betel nut: (+),
30 yrs, 2 packs/day, quit for 2 weeks
- Cigarette: (+)
30 yrs, 3 packs/day, persist

Intraoral examination



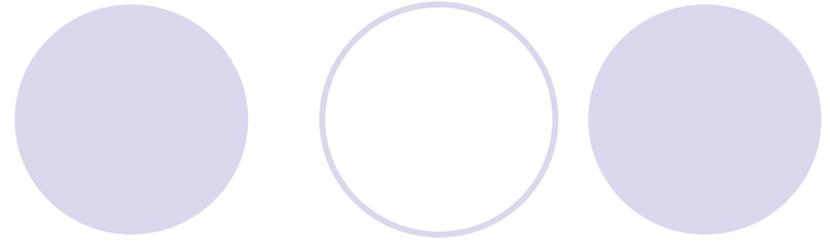
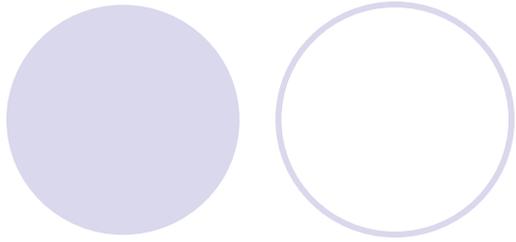
- There was a 2cm x1cm with smooth surface , dome shape in red color and firm consistency swelling on right lower premolar vestibule area. He felt pain and an induration on the lesion area. Also, there is a lymphadenopathy on the right lower jaw angle.
- Missing tooth:35, 36, 37,47



Radiographic examination



- There is an ill-defined radiolucent lesion without a corticated margin over right mandibular body extending from distal aspect of tooth 42 to mesial aspect of tooth 47, and from inferior mandibular border up to alveolar crest of 43 to 47, measuring approximately 12 X 4 cm in diameter. Floating tooth on 44, 45.
- Missing: tooth 35, 36, 37, 47
- Sinus: clear
- TMJ: Unremarkable

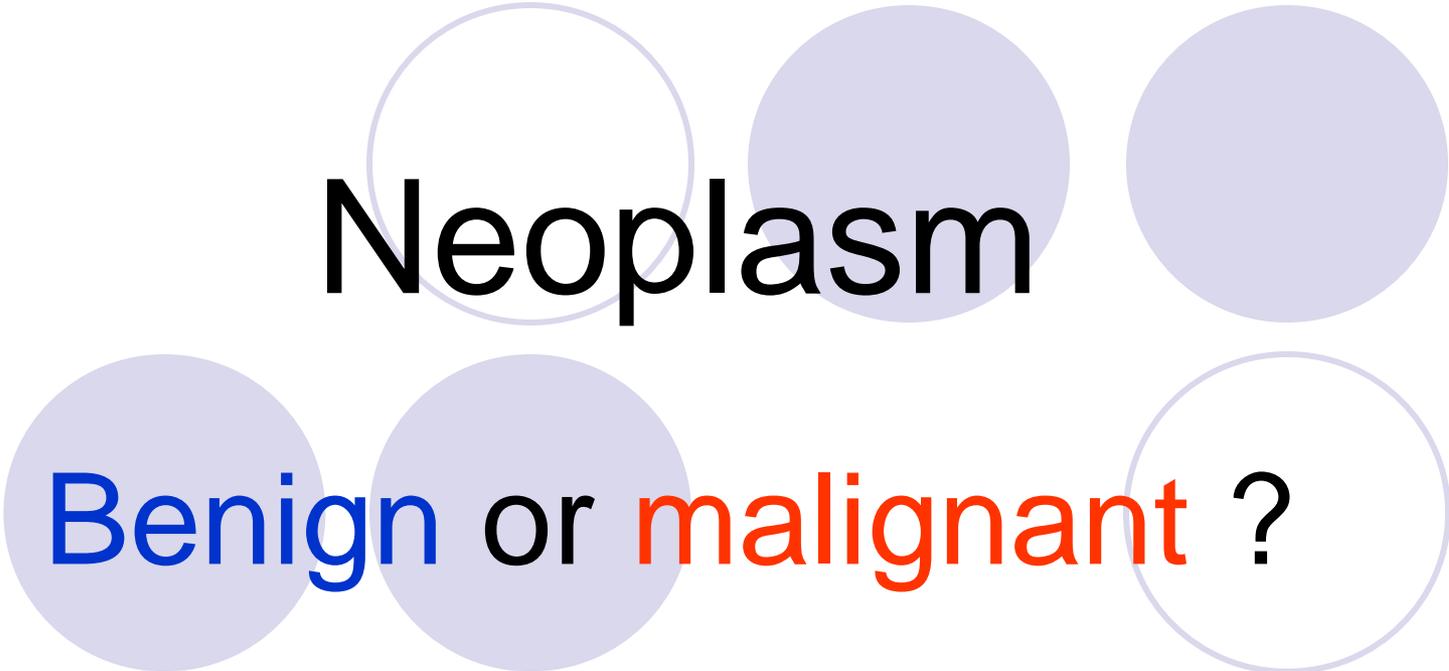


**Inflammation ? Cyst ? Neoplasm ?
Infection ?**

Inflammation ? Infection ?

Cyst ? Neoplasm ?

- ❑ Fever or local heat (-)
 - ❑ Swelling (+)
 - ❑ Color: reddish
 - ❑ Pain (+)
 - ❑ No purulent drainage was present
 - ❑ Mixed RL/RO
 - ❑ Well-defined corticated margin(-)
 - ❑ Moth-eaten border
 - ❑ LAP(+)
- R/O **infection cyst**
- **inflammation & Neoplasm**

The slide features five light purple circles arranged in two rows. The top row has three circles, and the bottom row has three circles. The word 'Neoplasm' is centered over the top row, and the phrase 'Benign or malignant?' is centered over the bottom row. The circles in the top row are partially obscured by the text.

Neoplasm

Benign or malignant ?

Benign

1. Movable (except palate)
2. Unattached to skin or mucosa (except palate)
3. **No ulceration of skin or mucosa**
4. Slow growth, Long duration
5. No pain
6. **No facial nerve palsy**
7. No bony invasion Features
8. well-defined radiolucency with corticated margin

Malignant

1. **Induration**
2. **Fixed to overlying skin or mucosa**
3. Ulceration of skin or mucosa
4. Rapid growth; growth spurt, Short duration
5. **Pain, often severe**
6. Facial nerve palsy
7. **Bony invasion**
8. **ill-defined radiolucency without corticated margin**

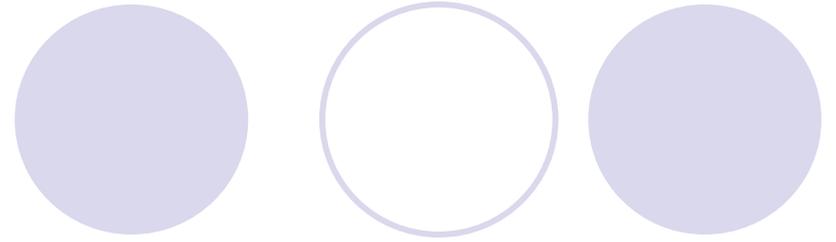
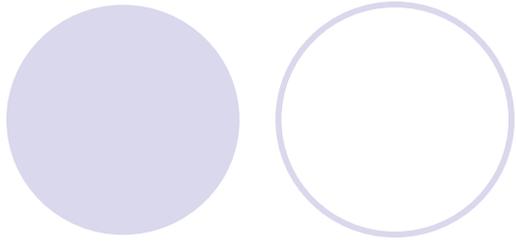
Peripheral or intrabony origin?

- Adjacent mucosa seems normal appearance
- Radiographic bony invasion
- Induration: (+)
- Fluctuation: (-)
- Consistency: firm
- Mobility: fixed

Peripheral



Intrabony



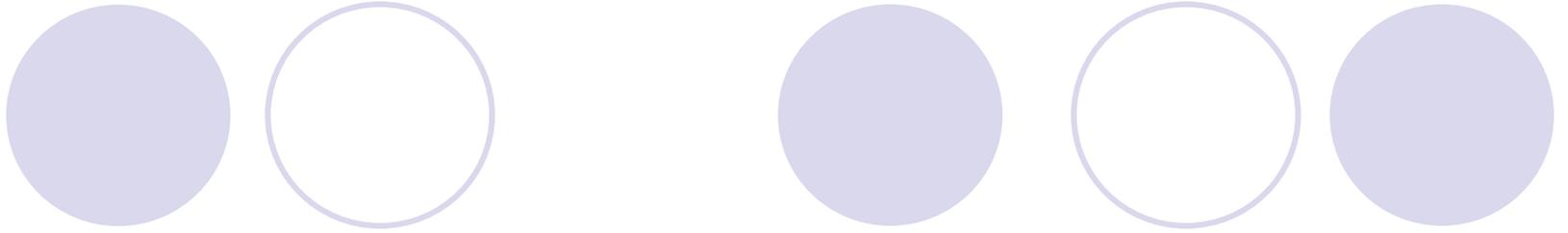
- **Inflammation**

- **Malignant intrabony tumor**

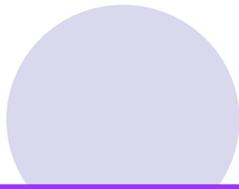


Working differential diagnosis

- Osteomyelitis
- Squamous cell carcinoma
- Intraosseous mucoepidermoid carcinoma
- Massive osteolysis
- Osteosarcoma



Chronic Osteomyelitis



Our case

Chronic Osteomyelitis

gender

Male

75% male

age

49 y/o

All age

site

Mandibular body

Mandible

swelling

(+)

(+)

Our case

Chronic Osteomyelitis

pain

(+)

(+)

LAP

(+)

-

inflammation

(+)

(+)

sinus

(-)

(+)

X-ray finding

Our case

Chronic Osteomyelitis

Border

Ill-defined
moth-eaten

Ill-defined
moth-eaten

Radiodensity

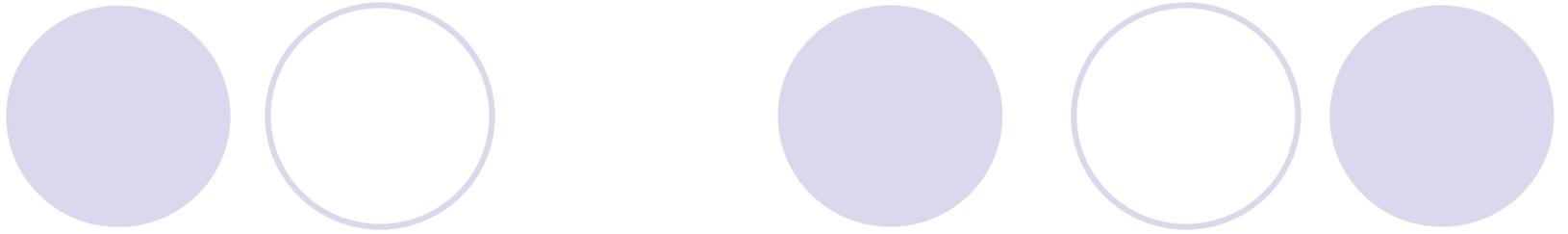
Mixed RO/RL

RL/RO

Effect on
surrounding
structures/adjacent
teeth

Floating tooth

Tooth loose
Pathologic fracture
Sequestrum formation



Squamous cell carcinoma

	Our case	SCC
gender	Male	Male
age	49 y/o	> 65 y/o
site	Mandibular body	Intraoral, especially tongue
swelling	(+)	(+) Irregularly exophytic lesion
ABC	(+)	(+)

Our case

SCC

consistency

Firm

-

pain

(+)

Gingiva/alveolar site (-)

tenderness

(+)

(+)

induration

(+)

(+)

LAP

(+)

(+)

X-ray finding

Our case

SCC

Border

Ill-defined moth-eaten
boundary

Moth-eaten RL with
ragged margin

Radiodensity

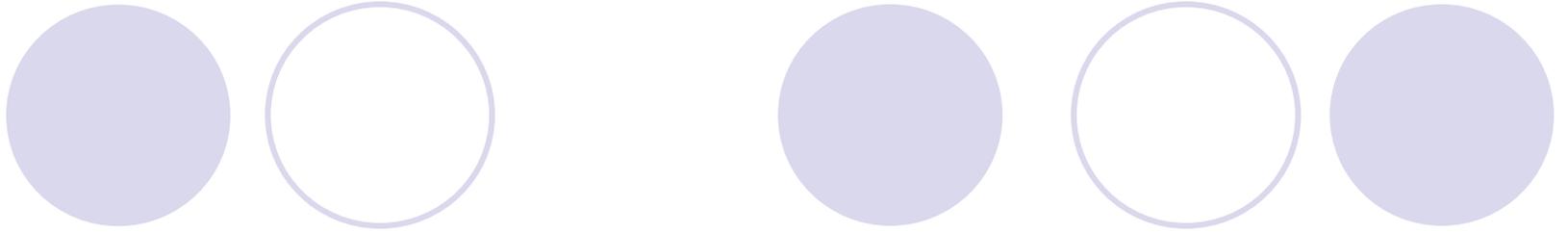
Mixed RO/RL

RL

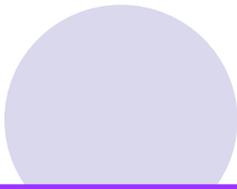
Effect on
surrounding
structures/adjacent
teeth

Floating tooth

Bony destruction
Tooth mobility



Intraosseous mucoepidermoid carcinoma



Our case

IMC

gender

Male

Female

age

49 y/o

Mid age

site

Mandibular body

Mandible

pain

(+)

Less frequency

swelling

(+)

(+)

X-ray finding

Our case

IMC

Border

Ill-defined moth-eaten
boundary

Well-defined

Radiodensity

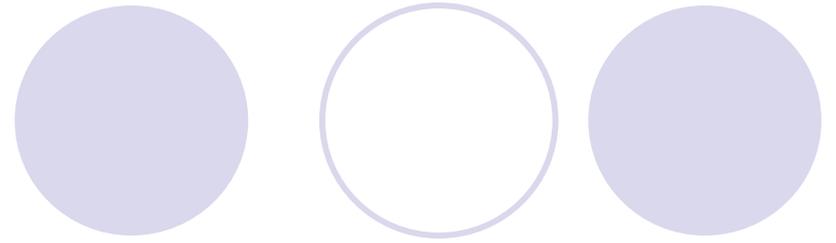
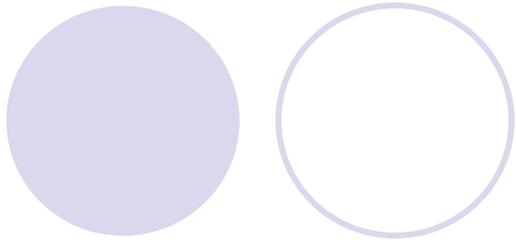
Mixed RO/RL

RL

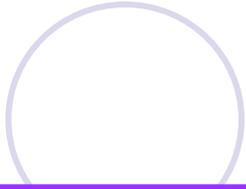
Effect on
surrounding
structures/adjacent
teeth

Floating tooth

Irregular bony
destruction



Massive osteolysis



Our case

MO

gender

male

/

age

49 y/o

70y/o

site

Mandibular body

mandible

pain

(+)

(+)

swelling

(+)

(+)

X-ray finding

Our case

MO

Border

Ill-defined moth-eaten
boundary

Poor-defined

Radiodensity

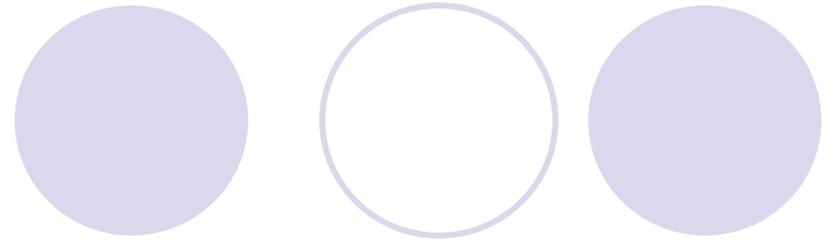
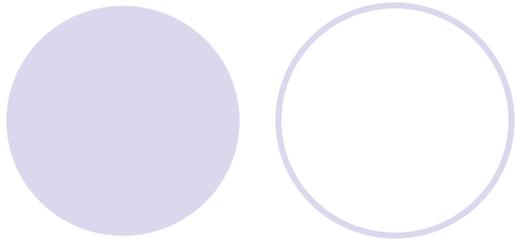
Mixed RO/RL

RL

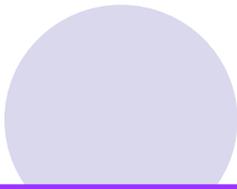
Effect on
surrounding
structures/adjacent
teeth

Floating tooth

Mobile teeth,
Malocclusion,
Bone destruction



Osteosarcoma



Our case

osteosarcoma

age	49 y/o	10-20 y/o
site	Mandibular body	Maxilla=mandible (post. body)
pain	(+)	Pain
swelling	(+)	(+)

X-ray finding

Our case

Osteosarcoma

Border

Ill-defined moth-eaten
boundary

Ill-defined

Radiodensity

Mixed RO/RL

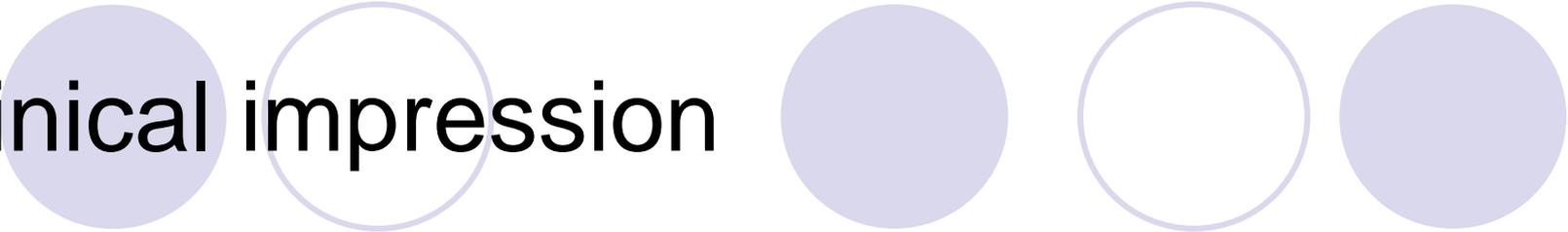
RO

Effect on
surrounding
structures/adjacent
teeth

Floating tooth

Loosen of tooth
PDL widening

Clinical impression



1. Osteomyelitis, right mandibular body
2. Squamous cell carcinoma with intrabony invasion



**Thank you for your
attention!**