

口腔病理學 病歷報告暨醫學倫理討論

組別: Intern K

組員: 羅允隆 雲婉芬 李國煒 紀秉皓

指導醫師: 陳玉昆醫師暨口病科全體醫師

報告日期: 102.6.25

General Data

Name: ○ ○ ○

Gender: Female

Age: 36 y/o

Native: 台灣高雄

Marital status: 已婚

Attending V.S.: ○ ○ ○ 醫師

First visit: 2013/ ○ / ○ /

Chief Complaint

Referred from 小港hospital 牙科 for further evaluation of an exophytic mass over the left palate



Present Illness

This 36 y/o female found there was an exophytic mass over the Lt palate for about 3 years, and one month ago, she went to 小港hospital 牙科 for examination, receiving incisional biopsy & MRI. The histopathological report was pleomorphic adenoma, so she was referred to our OS OPD for further operation treatment.

Intraoral Examination

Location: Left hard palate corresponding to the palatal side of tooth 25, 26 and near the midline

Max. dimension: 2×2cm

Color: Pinkish

Consistency: Rubbery

Pain: (-)

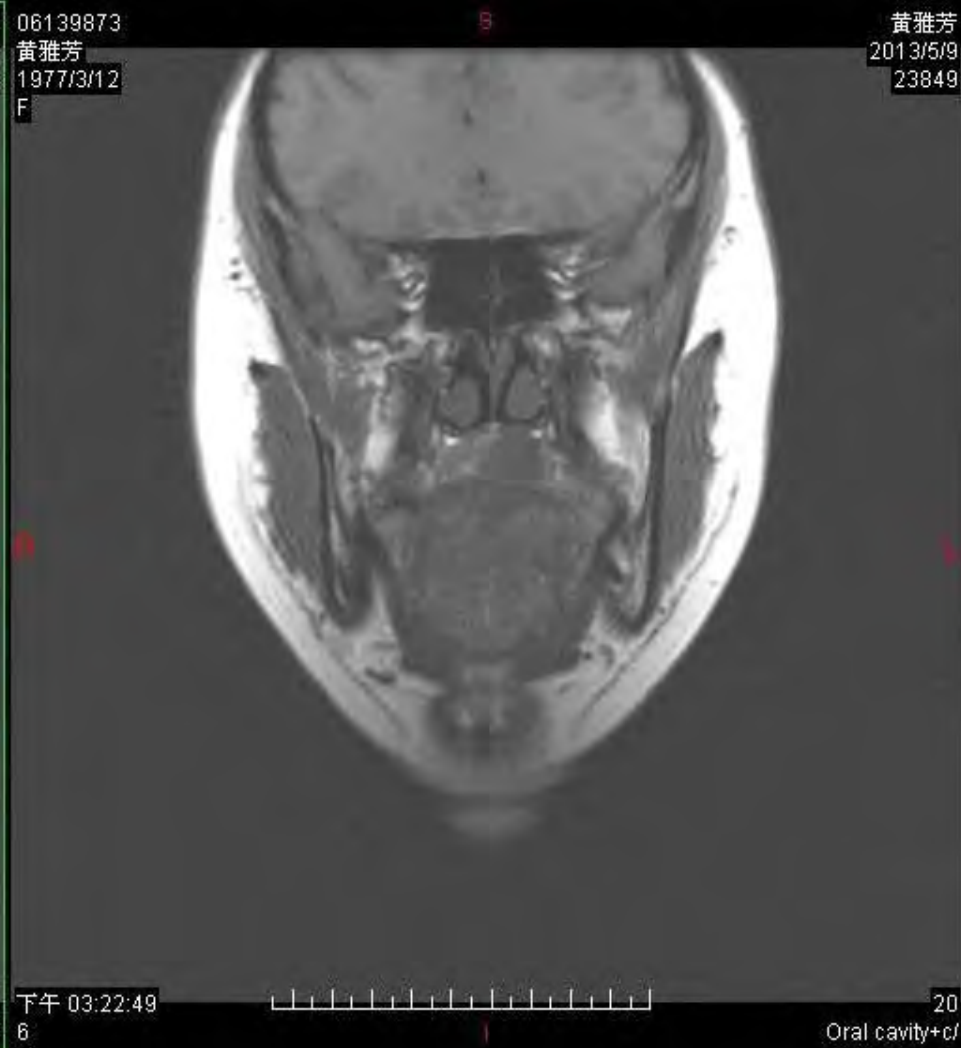
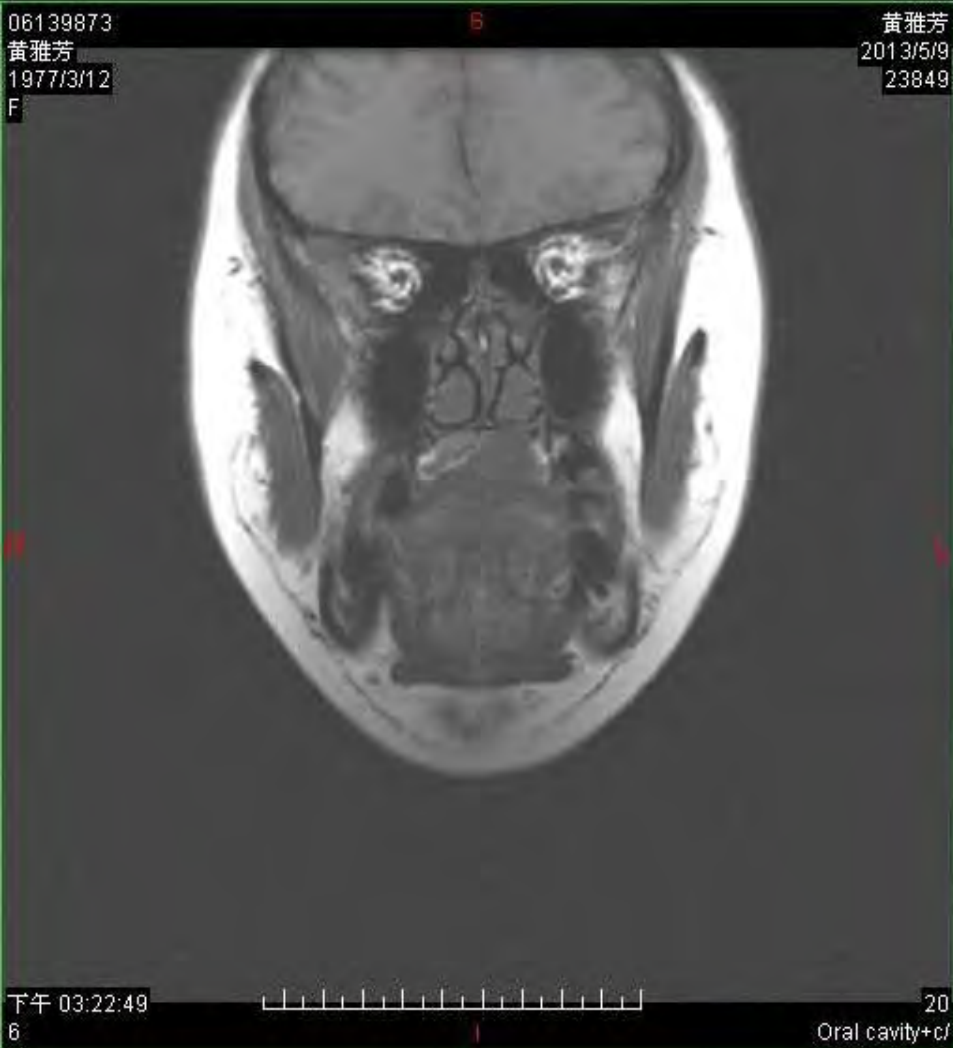
Tenderness: (-)

Surface: smooth, non-ulcerated

Dome shaped

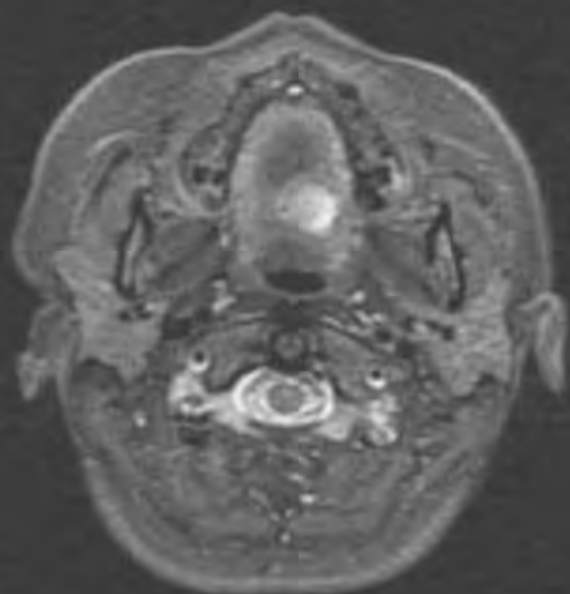


Coronal view



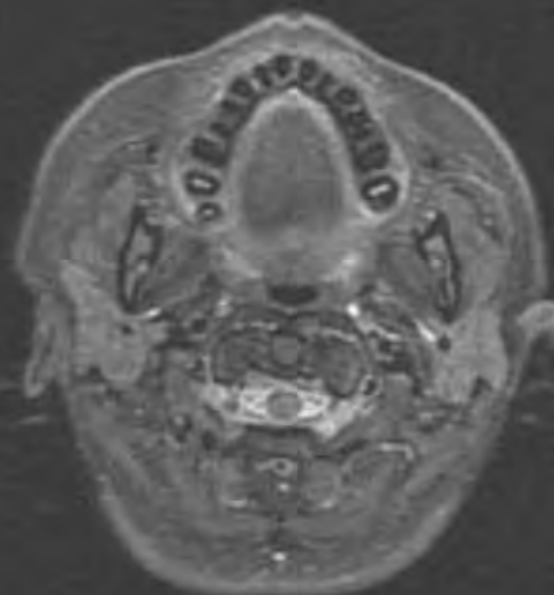
Axial view

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黄雅芳
2013/5/9
1977/3/12
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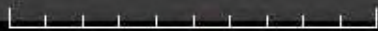
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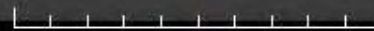
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Oral cavity+c/

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Oral cavity+c/

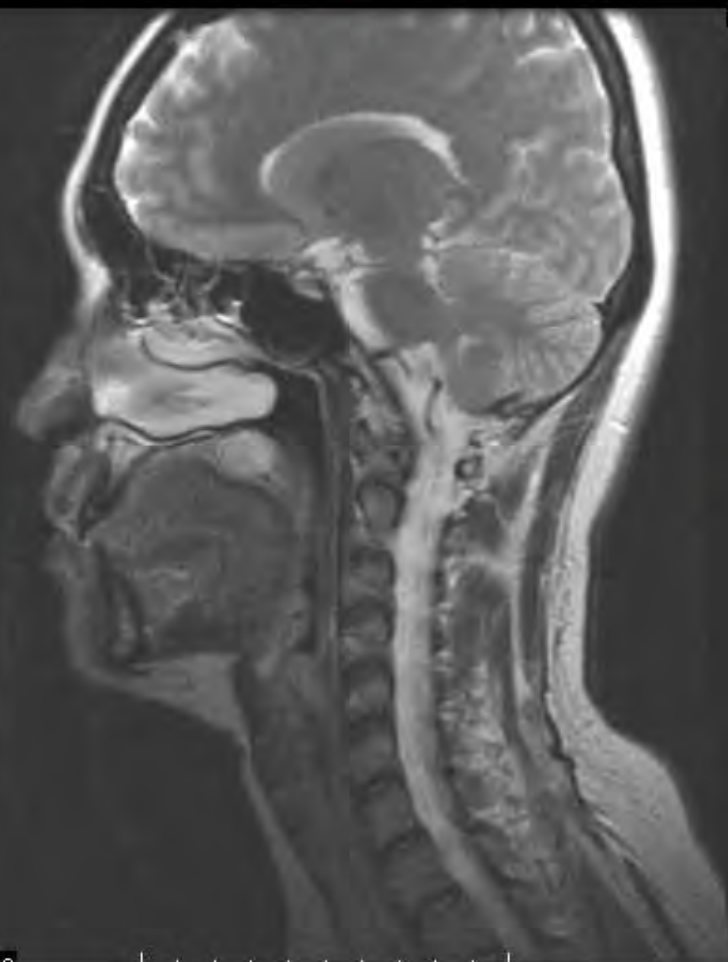
Sagittal view

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2013/5/9
1977/3/12
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黄雅芳
2013/5/9
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1977/3/12
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黄雅芳
2013/5/9
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Oral cavity+c/9

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Oral cavity+c/9

MRI 05/09/2013

A hyperintense nodule on T2WI, 1.5x1.2x1.1cm, in the junction of the hard palate and soft palate. (Se/Im: 5/12 and 7/15) Suggest clinical correlation and follow up.

Personal Habits

Risk factors related to malignancy

Alcohol : (-)

Betel quid: (-)

Cigarette: (-)

Special oral habits : Denied

Bite irritation : Denied

Past Medical History

Underlying disease: (-)

Hospitalization: (+), CS

Surgery under GA: (+), CS

Food or drug allergies : Denied

Past Dental History

General routine dental treatment

Attitude to dental treatment: co-operative

Panorex

1977/3/12

F



R

L

05/28/2013

R

L

Dental finding

Missing: Tooth 36, 38, 46, 48

Impaction: Tooth 28

Rotation: Tooth 23

Mesial tilting: Tooth 37,47

Caries: Tooth 33

Generalized horizontal bony defect

Differential Diagnosis

Classification of the lesion

- 1) Intrabony or Peripheral?
- 2) Inflammation, Neoplasm or Cyst?
- 3) Benign or Malignant?

Peripheral or intrabony?

	Our case	peripheral	Intrabony
Mucosal lesion	+	+	-
Bony expansion	-	-	+ / -
Cortical bone destruction	-	-	+ / -



Peripheral

Inflammation ? Neoplasm ? Cyst ?

	Our case	Inflammation	Neoplasm	Cyst
Color	Pinkish	Red	Variable	Yellow or white
Fever or local heat	(-)	(+)	(-)	(-)
Consistency	Firm	Rubbery	Variable	Rubbery
Ulceration	(-)	(-)	(-)/(+)	(-)
Duration	2-3 years	Days to Months	Months to years	Years
Mobility	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)
Pain	(-)	(+)	(-)/(+)	(-)



Neoplasm

Benign or Malignancy ?

	Our case	Benign	Malignancy
Surface	Smooth	Smooth	Rough
progressive	Slow-progressing	Slow	Variable
Pain	-	+/-	+/-
mobility (in palate)	Fixed	Fixed	Fixed



Benign

Working Diagnosis

- 1) Pleomorphic adenoma
- 2) Myoepithelioma
- 3) Fibroma
- 4) Warthin's tumor

1) Pleomorphic Adenoma

	Our case	Pleomorphic adenoma
Gender	Female	Female
Age	36	30~60
Site	Palate	最常見於parotid gland，若發生在minor gland 則好發於palate。
pain	-	-
swelling	+	+
drainage	-	-
Shape	Smooth, dome shape	Firm single nodular
Duration	2-3 years	Slow

2) Myoepithelioma

	Our case	myoepithelioma
Gender	Female	Female
Age	36 years	Mostly occurs in the 5th and 6th decade of life.
Site	Palate	Parotids(40 %) Palatal minor glands (21%)
pain	-	-
swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	
Duration	2-3 years	Slow growing

3) Fibroma

	Our case	Fibroma
Gender	Female	Equal
Age	36	40~60
Site	Palate	Buccal mucosa
pain	-	-
swelling	+	+
Drainage	-	-
Shape	Smooth, dome shape	Pedunculated, round shape
Duration	2-3 years	Slow

4) Adenolymphoma (Warthin's tumor)

	Our case	Warthin tumor
Gender	Female	Male
Age	36	60~70
Site	Palate	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	2-3 years	slow

Clinical impression

- Pleomorphic adenoma over the left palate.



Treatment

Treatment procedure

- 102.04.27

Referred from 小港醫院 牙科

- 102.05.18

1. Collect GA routine data, panorex
2. Impression of stent fabrication
3. Operation has arranged on 102.05.30

Treatment Plan

- 術式(102.05.30):

Excision + stent fixation + terudermis repair



Operation under GA



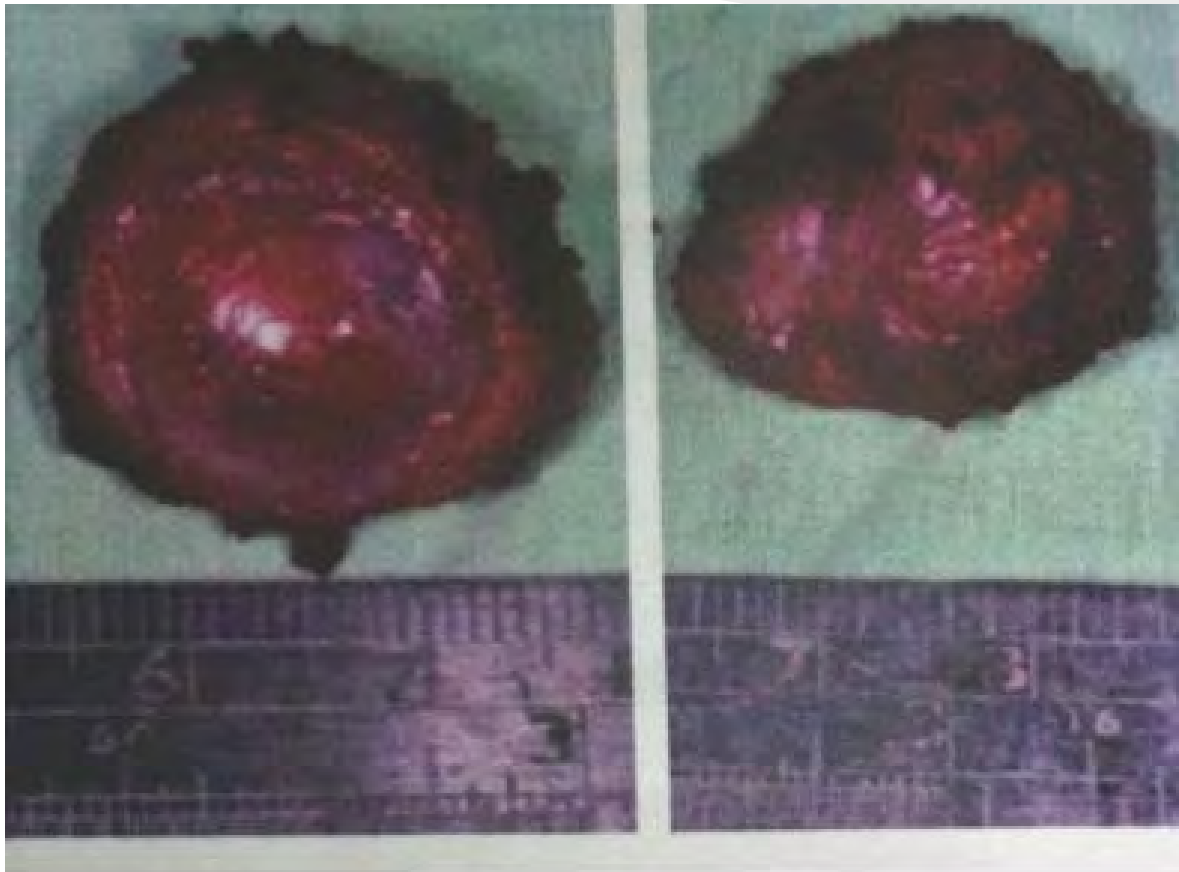
About 1 mm nasal floor perforation was noted during operation (102.05.30)

Operation under GA



used terudermis 2.5 x 2.5 cm to cover the surgical defect with surgical stent fixation (102.05.30)

Operation under GA



specimen photo record (102.05.30)

OPD follow up

- 102.06.08

1. Wound condition : stable
2. Fixation in place

- 102.06.15

1. Remove palatal stent & circumdental wiring
2. Tiny perforation(1x1 mm)

提醒病人不要用吸管，打噴嚏嘴巴要打開

4. N.V. 回小港醫院追蹤

Discussion

Pleomorphic Adenoma

Introduction

- Pleomorphic adenoma is a mixed benign tumor which is the most common of all salivary gland neoplasms.
- Its most common location is the parotid gland (85%).
- This tumor is mostly diagnosed in the 4th-6th decades of life.

Clinical Features

- Sex predilection: Female > Male
- Slowly growing
- Painless
- Firm mass
- Smooth lobulated appearance
- It tends to be mobile when small but may become fixed with advanced growth.

Etiology & Pathogenesis

- 腫瘤細胞雖有多種型態，也有類似間質細胞樣的間質（**mesenchyme-appearing “stroma”**），來源為管腔上皮細胞與**myoepithelial cell**

Treatment

- Surgical excision is the frequent choice
- Recurrence rate is $< 2\%$
- Facial nerve palsy & the auriculotemporal syndrome may be the common complications (lesion in parotid gland)

醫學倫理討論

醫學倫理與全人照護

- 醫學倫理：一種道德思考、判斷和決策，以倫理學的觀點出發，以期能做出對病人最有利益、最能符合道德倫理規範的醫療決策
- 醫病關係的轉變：醫師中心模式轉變為病人中心模式 (physician-centered model → patient-centered model)

醫學倫理四大原則

- 自主原則(Autonomy)
- 不傷害原則(Non-maleficence)
- 行善原則(Beneficence)
- 公義原則(Justice)

Tom Beauchamp & James Childress在1979提出

1. 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，有權決定自己的行爲，包括決定及選擇醫療專業人員和治療方式

- 臨床意義

(1) 病人之自主行爲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

2.不傷害原則(Non-maleficence)

- 原則：

不殺害病人、不能侵害病人權益和福祉以及平衡利害得失，使痛苦減到最低

- 臨床意義

(1)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

(2)權衡利害原則 → 兩害相權取其輕

(3)保護病人的生命安全

3.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

4.公義原則(Justice)

- 原則：

強調資源合理分配、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及法律之前人人平等
- (4) 先來先服務與急重症優先

全人照護的定義

- **Total patient care :**
a method of organizing care of patients such that one practitioner carries out all care requirements
- 國內有人闡述為：
以推動全人照護醫療為出發點，以病患為治療中心，經詳細診查，訂定符合病患需求的治療計劃，並由一位醫師統合病患的整體治療及執行大部份的牙科治療項目，能使病患能獲得更好的治療效果

臨床案例討論

<p>本案例符合自主原則 (Autonomy)</p>	<p>病人已了解自己的病狀 ,治療方法(f/u ,手術) 復發的可能性,併發症</p>
<p>本案例符合行善原則 (Beneficence)</p>	<p>預防傷害,移除傷害</p>
<p>本案例符合不傷害原則(Non- maleficence)</p>	<p>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</p>

- 最後，整個治療過程不只是關心到病人的身體上的病狀，也包含病人生活上的品質與心理上的照顧，符合全人照顧的考量

Reference

- <http://oralpathol.dlearn.kmu.edu.tw/>
- Oral and maxillofacial pathology, 3rd edition, Neville
- Essentials of Oral Pathology, 3rd Edition

Thanks for your attention!!