Case report

指導醫師:陳玉昆醫師暨口腔病理科全體醫師

報告者: Intern E組

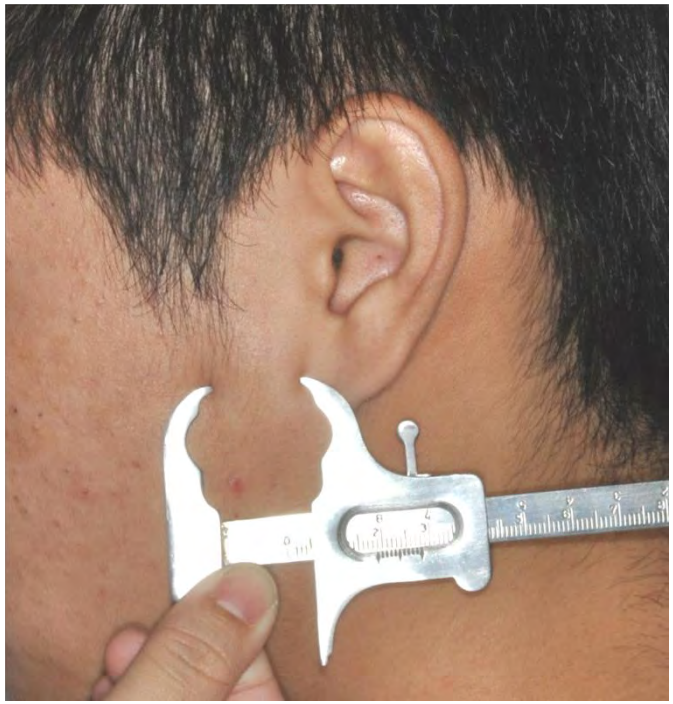
報告日期: 102.12.24

General Data

- Name : OOO
- Sex : Male
- Age : 17 y/o
- Native : 高雄市
- Marital status : Unmarried
- Attending V.S. : OOO醫師
- First visit : 102/10/26

Chief Complaint

- A swelling mass over left TMJ area for 3 months since 102/7



102/11/23

Present Illness

- This 17 y/o male found a swelling mass over left TMJ area for 3 months since 102/7. When he was playing basketball, he was hinted by basketball and then found there is a mass over his left ear side. He has no other symptom or signs and infection. According to his statement, the lesion grew gradually, so he came to our OPD for further treatment.

Past History

- **Past Medical History**
  - Seizure
  - Hospitalization (-)
  - Surgery under GA (-)
  - Denied any drug/food allergies
  - Denied any other systemic problem
- **Past Dental History**
  - General routine dental treatment
- **Attitude to dental treatment:** Co-operative

Personal History

- **Risk factors related to malignancy**
  - Alcohol: (-)
  - Betel quid: (-)
  - Cigarette: (-)
- **Special oral habits**: Denied

OMF Examination

- Mass over left pre-auricular area
- Size: 2 x 2cm
- Skin surface: Smooth
- Tenderness: Mild
- Consistency: rubbery to firm
- Mobility: Movable

102/11/23

Image Finding – Panorex

102/10/26

- No lesion over left TMJ area
- Malposition: Tooth 38, 48
- Restoration: Tooth 16(O),26(O),46(O)

Image findings - Chest PA (102/11/03)

Impression:

- No imaging evidence of active cardiopulmonary disease.

Image findings - CT (102/11/06)

Impression:

- Left parotid nodule (3.31 x 1.85 x 2.20 cm).
  - Nature to be determined.
  - Malignancy cannot be completely excluded.
- Enlarged lymph node (1.65 cm) in the left level IB.
  - DDx: reactive lymphadenopathy, metastasis.
- Non-specific small lymph nodes (<1cm) in the submental, the bilateral submandibular, jugulo-digastric, and the posterior cervical spaces.
- Right frontal, ethmoid, and bilateral maxillary sinusitis.

Image findings - CT (102/11/06)

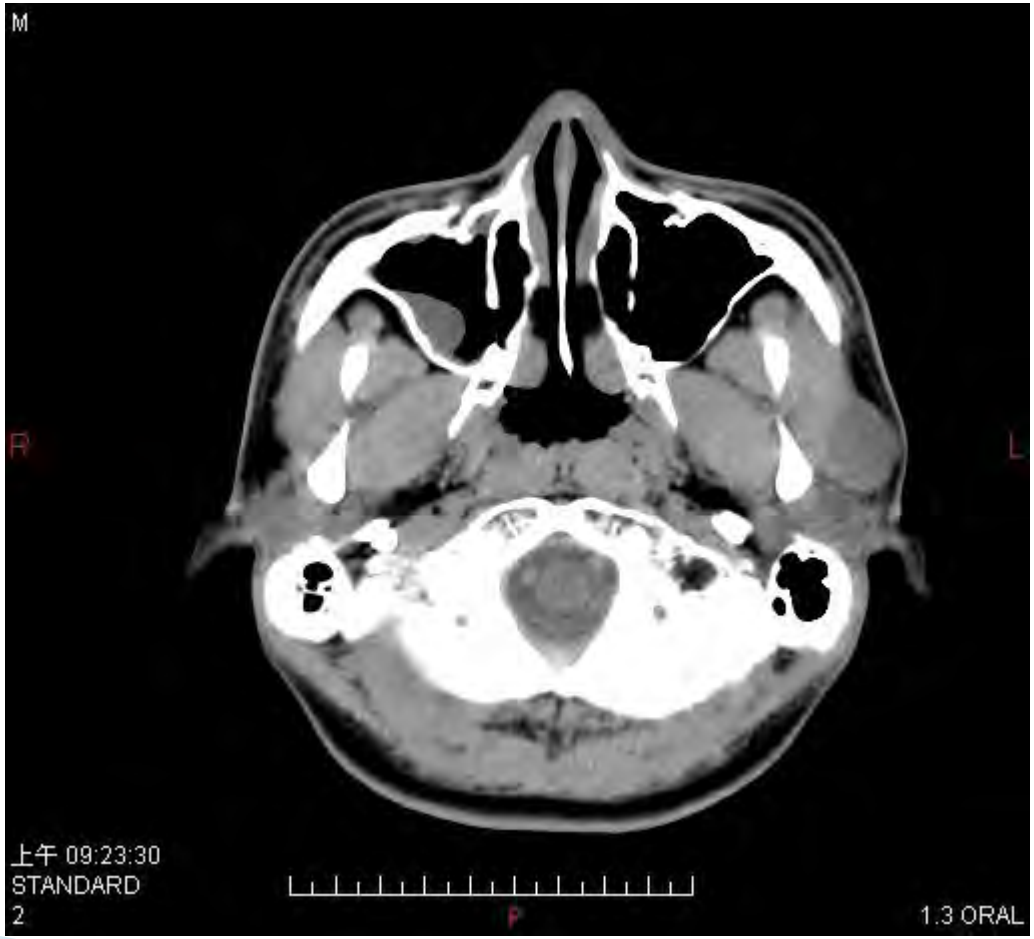


Image findings - CT (102/11/06)

Image findings – EKG (102/11/16)

EKG diagnosis:

- Sinus arrhythmia
- APCs
- LVH
- Others: suspect early repolarization ectopic P waves

Differential Diagnoses

Our case

- Age and gender: 17 years-old, male
- Pain: (-)
- Tenderness: Mild
- Swelling: (+)
- Mobility: Movable
- Consistency: Rubbery to firm
- Destruction of bone structures: (-)
- Development: Progressive

Differential diagnosis

	Our case	Inflammation	Cyst	Neoplasm
Fever/local heat	-	+	-	-
Duration	3 months	Days to months	Years	Months to years
Pain	-	+	-/+	-/+
Consistency	Rubbery/firm	Rubbery/firm	Soft	Variable
Sclerotic margin	-	-	+	-

→ Neoplasm

Differential diagnosis

	Our case	Benign	Malignant
Progressive	Slow	Slow	Variable
Swelling with intact epithelium	+	+	-
Pain	-	+/-	+/-
Mobility	Movable	Movable	Fixed
Sclerotic margin	-	-	+

→benign

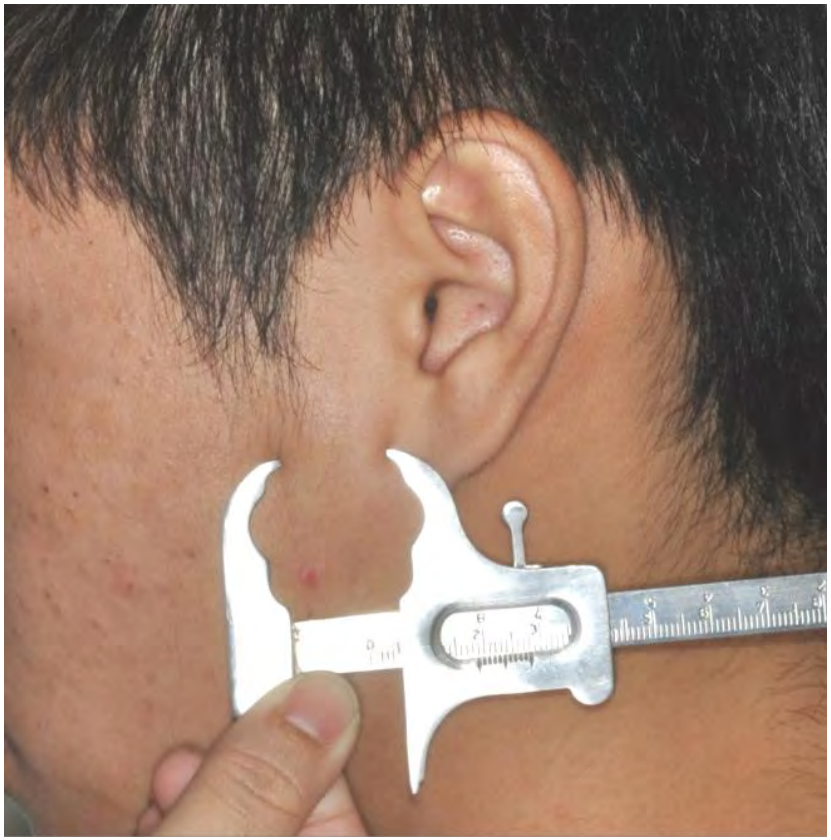
Working diagnosis

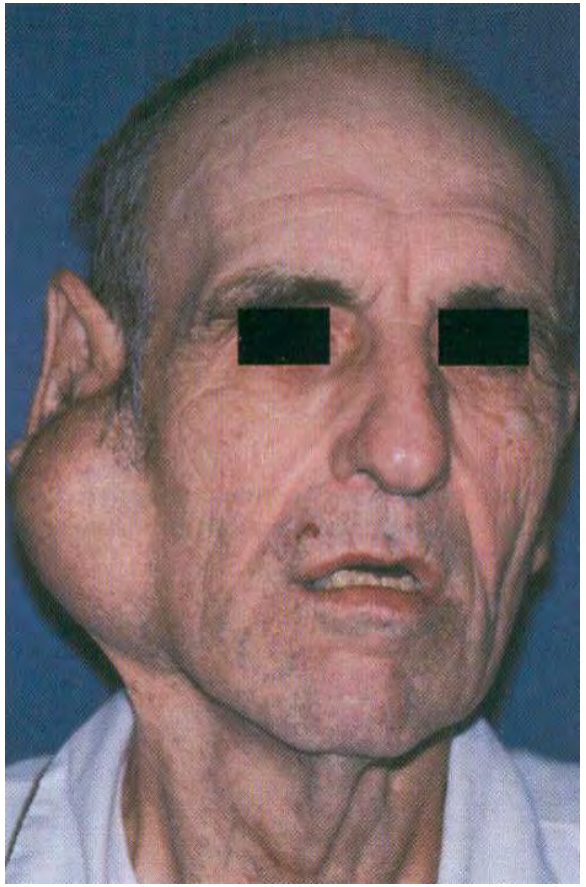
- Pleomorphic adenoma
- Warthin’s tumor
- Basal cell adenoma
- Mucoepidermoid carcinoma

Pleomorphic adenoma

特徵	Pleomorphic Adenoma	Our case
Age & gender	Most commonly 30-50 y/o, slight female predilection	17 y/o, M
Site	Parotid, submandibular gland regions	Left pre-auricular region
Paresthesia	Pain and nerve involvement are rare	Painless
Swelling	Progressive swelling	Progressive swelling

Pleomorphic adenoma

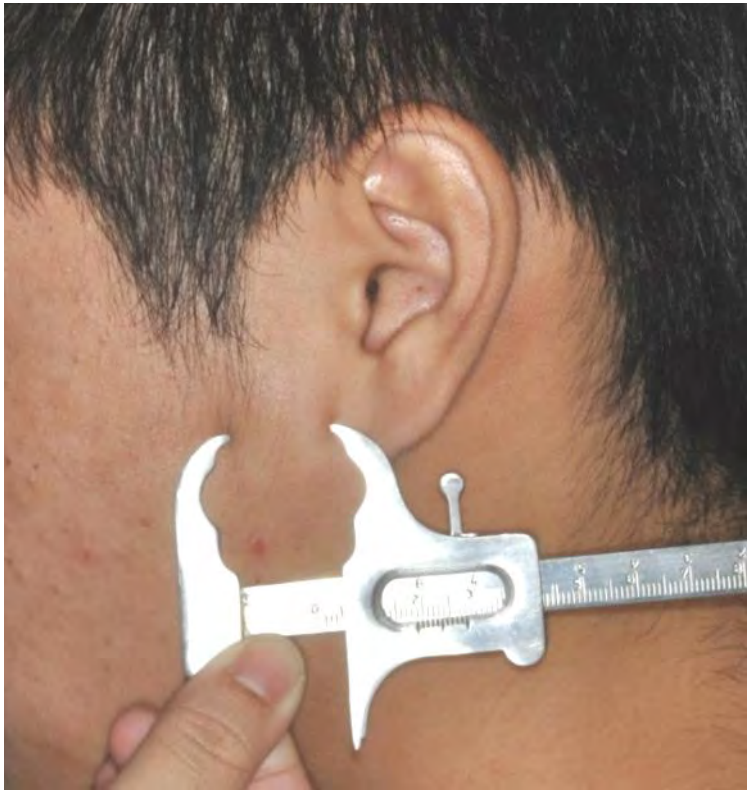


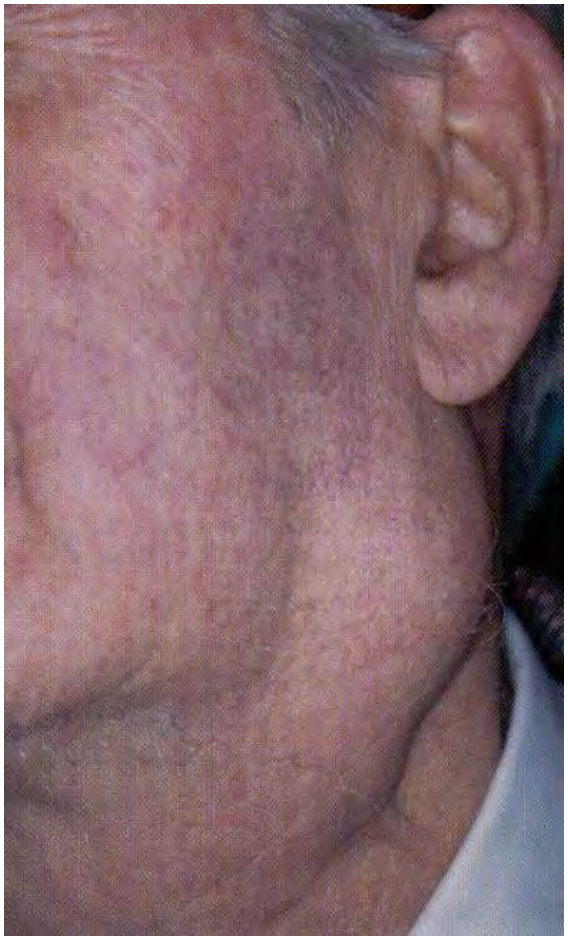


Warthin`s tumor

特徵	Warthin's Tumor	Our case
Age & gender	Older adults 60-70 y/o, male predilection(historically)	17 y/o, M
Site	Tail of Parotid, near angle of mandible, Sometimes bilaterally, metachronously	Left pre-auricular region
Paresthesia	Painless	Painless
Swelling	Slowly growing and swelling	Progressive swelling

Warthin`s tumor

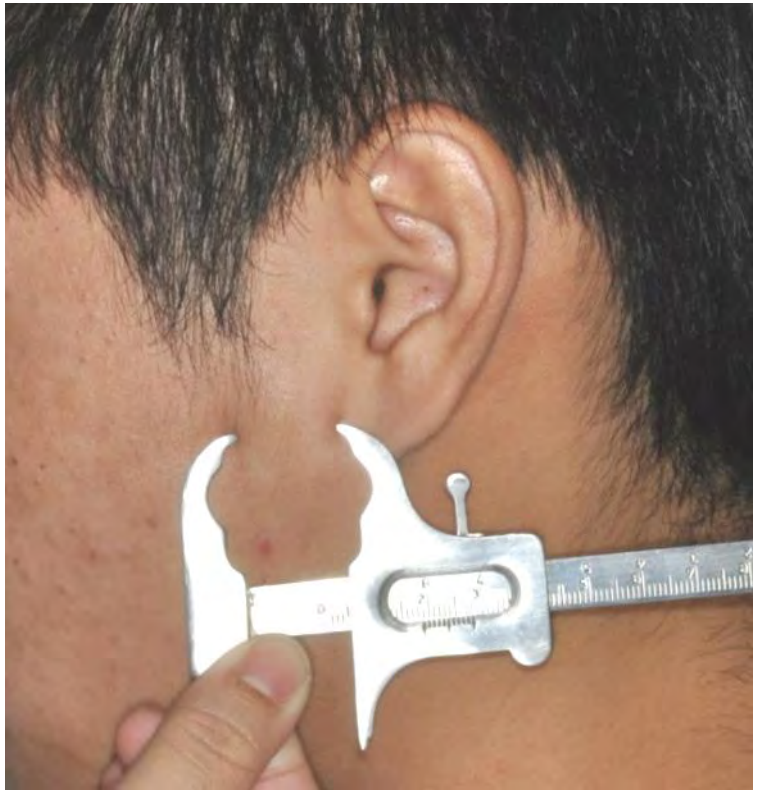




Basal cell adenoma

特徵	Basal cell adenoma	Our case
Age & gender	Any age, commonly 50-70 y/o, female predilection	17 y/o, M
Site	Superficial lobe of parotid gland	Left pre-auricular region
Paresthesia	Painless	Painless
Swelling	Slowly growing and progressive swelling	Progressive swelling

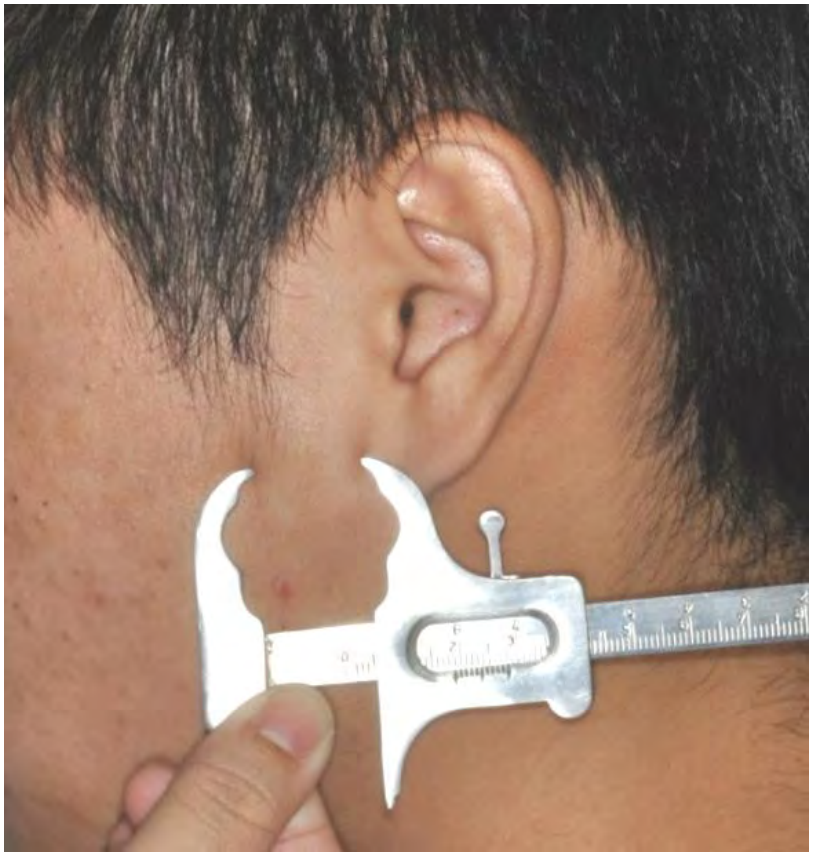
Basal cell adenoma



Mucoepidermoid carcinoma

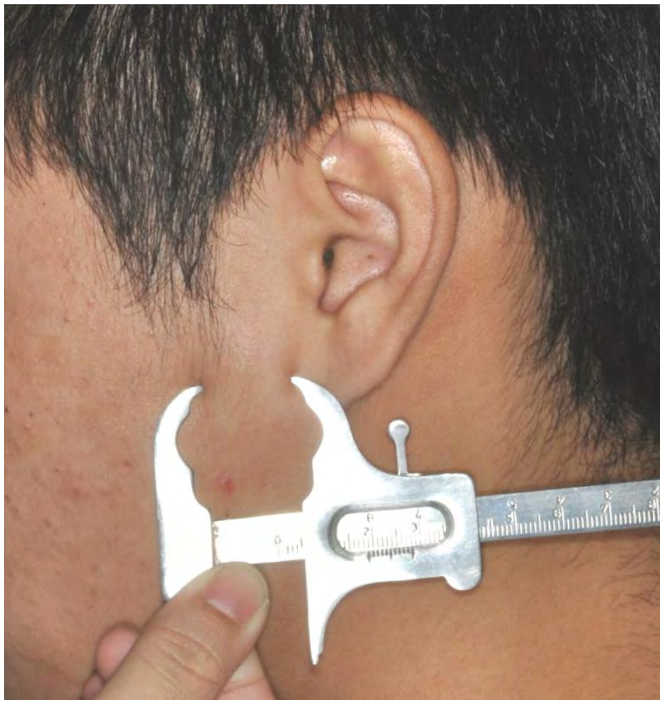
特徴	Mucoepidermoid Carcinoma	Our case
Age & gender	20-70 y/o, slight female predilection	17 y/o, male
Site	Parotid gland, minor glands(palate)	Left pre-auricular region
Paresthesia	Painless, however pain and facial palsy may develop	Painless
Swelling	Progressive swelling	Progressive swelling

Mucoepidermoid carcinoma



Diagnosis

- Pleomorphic Adenoma



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Treatment Plan

- Pre-auricular incision with temporal extension
- Submandibular approach for lymphadectomy

Treatment course

102/10/26

- First visit to our OPD
- Arranged Parotid Gland CT scan

102/11/07

- Advise P’t to undergo tumor excision

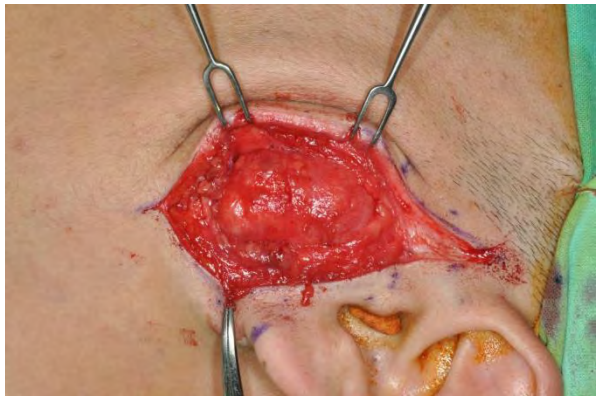
102/11/14

- found mass growing rapidly
- Arranged MRI
- Arranged GA routine examination
- Arranged OP on 102/11/27

Treatment course

Operation 102/11/27

- Routine GA procedures
- Excision of mass on pre-auricular area



Treatment course

- Histology report(102/12/4)
- Pathologic diagnosis: Pleomorophic adenoma (Left pre-auricular area, parotid gland region)

Discussion

Clinicopathologic analysis of 493 cases of salivary gland tumors

Southern Brazilian population Vol. 114 No. 2 August 2012

(Oral Surg Oral Med Oral Pathol Oral Radiol 2012;114:230-239)

Introduction

- Salivary gland tumor(SGT)
  - Heterogeneous lesions with complex clinicopathologic characteristics and distinct biological behavior
  - 3% to 10% of the neoplasms of the head and neck region
  - WHO
    - 0.4 to 13.5 cases per 100 000 inhabitants
    - Geographic variation

Introduction

- Numerous epidemiologic studies of SGTs
  - Origin of the study (medical or dental centers)
  - Divergences in the histologic classification
  - Restriction to a specific population
  - Anatomical location
  - Tumor type
  - Our study: distribution and clinicopathologic features

Objective

- Determine the distribution and demographic features of salivary gland tumors (SGTs) in a large Brazilian population
- Review the characteristics of 493 SGTs from a general pathology laboratory and an oral pathology service
- Evaluate the clinicopathological differences between these two samples

Material and method

- 493 cases
  - Private general pathology service in Cascavel, Paraná State
  - Department of Oral Pathology of the Piracicaba Dental School
- 11-year period
  - Medical 2001-2009
  - Dental 2002-2011
- Data concerning
  - Age, gender, tumor location

Result

	Benign	Malignant
Case number(2.9:1)	369	124
Mean age 48.2 *range 8~88*	46.3	54
Male: Female (0.8:1)	0.7:1	1.1:1
Location *parotid gland 42.3%* *palate 19.2%* *lip 7.7%* *submandibular gland6.8%*	Parotid gland>palate>lip	Palate>parotid gland >cheek>submandibular gland
Most common	Pleomorphic adenoma(PA) 63.6% Warthin's tumor 7.3%	Mucoepidermoid carcinoma(MEC)31.4% Adenocarcinoma26.6% Adenoid cystic carcinomas17.7%

Major v.s. minor salivary gland

- Major: minor= 1.5:1

	Benign: malignant
Major	6.1 : 1 (higher)
minor	1.6 : 1 (lower)

	Benign	Malignant
Major	Pleomorphic adenoma Warthin's tumor	Adenocarcinoma, NOS Adenoid cystic carcinoma
Minor	PA Canalicular adenoma	MEC PLGA

Medical hospital sample

- 332 salivary gland tumors
  - Benign 84.6%
  - Malignant 15.3%
- Mean age 47.7
- M:F=0.8:1
- Location(major salivary gland 72.5%)
  - Parotid gland 62.6%> submandibular gland10.5% > palate2.7%
    - Benign: Pleomorphic adenoma(PA)72.5%>Warthin's tumor10.8%
    - Malignant: Adenocarcinoma 8.1%> Adenoid cystic carcinoma(ACC)3%

Dental hospital sample

- 161 salivary gland tumors
  - Benign 54.1%
  - Malignant 45.9%
- Mean age 48.9
- M:F=0.7:1
- Location(minor salivary gland 86.9%)
  - Palate53.4%>lip20.4%>cheek9.3%
    - Benign: Pleomorphic adenoma(PA)45.3%>canalicular adenoma5.5%
    - Malignant: Mucoepidermoid carcinoma(MEC)21.7%>polymorphous low-grade adenocarcinoma(PLGA)8.6%> adenoid cystic carcinomas 7.4%

Comparison

- Sex (similar)
  - Male: female 0.8:1(♀>♂)
  - Benign tumor 0.7:1(♀>♂)
  - Malignant tumor 1.1:1(♂>♀)
- Age (similar)
  - Mean age 48.2(range 8~88 y/o)
  - Malignant tumors are about 10 years older than benign tumors
- Affected site
  - Parotid gland>palate>lip(similar)
  - Benign 74.8%>malignant 25.1%(similar)
    - Benign tumor: parotid gland (similar)
    - Malignant tumor: Palate>parotid gland(different!)

Comparison

- Benign (similar)
  - Pleomorphic adenoma
    - The most common benign tumor, both in major and minor gland
    - Female patients in the fourth decades
  - Warthin's tumor
    - The second most common benign tumor

Comparison

- Malignant (similar)
  - Mucoepidermoid carcinoma
    - The most common malignant tumor
    - Female in the fifth decades
  - Adenocarcinoma NOS
    - The second most common malignant tumor
    - Parotid gland of male in the sixth and seventh decades
  - Adenoid cystic carcinoma
    - The third most common malignant tumor
    - Submandibular and palatal gland
    - Equal gender distribution in the seventh decades

Comparison

- Main difference between medical and dental samples was related to tumor distribution preferentially affecting major or minor salivary gland
  - Most common site
    - Medical sample: major gland
    - Dental sample: minor salivary gland
  - Most epidemiologic studies suffer this bias
  - PA, canalicular adenoma: most common benign neoplasia
  - MEC, ACC, PLGA: most common malignancy
- Benign/malignant ratio: Medical > dental
- Gender, mean age: no significant difference

Conclusion

- PA and MEC are the most common benign and malignant SGTs
- It is important to consider that differences in tumor types may be influenced by whether a tumor derives from a medical or a dental service

醫學倫理

Tom Beauchamp &James Childress 六大原則- 1979

- 行善原則(Beneficence)：醫師要盡其所能延長病人之生命且減輕病人之痛苦。
- 誠信原則(Veractity)：醫師對其病人有「以誠信相對待」的義務。
- 自主原則(Autonomy)：病患對其己身之診療決定的自主權必須得到醫師的尊重。
- 不傷害原則(Nonmaleficence)：醫師要盡其所能避免病人承受不必要的身心傷害。
- 保密原則(Confidentiality):醫師對病人的病情負有保密的責任。
- 公義原則(Justice):醫師在面對有限的醫療資源時，應以社會公平、正義的考量來協助合理分配此醫療資源給真正最需要它的人。

醫學倫理相關議題討論

- 在本案例中病人尚未成年，在手術同意書簽署方面遇到不同狀況時我們應該怎麼做？不同的作法又和醫學倫理以及法律層面有何相關？

相關案例

- 新北市陳小姐日前罹患濕疹，到永和區一家地區型醫院就診，醫師告知須做雷射手術，但因陳小姐未滿20歲，醫護人員特別囑咐陳女手術當天，須請親友陪同作為手術見證人。 陳小姐投訴，手術當天她請男友陪同前往醫院，兩人遵照醫護人員指示，出示身分證件供核對，不料正要簽同意書時，卻被醫護人員制止，對方告知其男友未滿20歲，即使簽名也不能施作手術，質疑醫護人員惡意刁難，「已依指示帶親友陪同，為何不能施作手術？」報導／投訴組(2013.08.05)

- **專家意見**

  新北市衛生局醫事管理科代理股長吳彥毅說，依規定手術當事人滿20歲可免手術見證人，若未成年則須有見證人，可找法定代理人、配偶、親屬或關係人簽具，但須滿20歲才可，因此未成年確實不能當見證人，本案醫護並非惡意刁難。

- **簽手術同意書須知**

  ・詳讀同意書內容，了解術後可能併發症等資訊
  ・病患本人滿20歲，可免手術見證人
  ・未成年須先由成年的法定代理人、配偶、親屬或關係人簽署

附註：

一. 立同意書人，由病人親自簽具：病人爲未成年人或無法親自簽具者，得由下列醫療法第四十六條第一項規定之相關人員簽具。

二. 立同意書人非病人本人者，「與病人之關係欄」應予填載與病人之關係。

三. 醫院爲病人實施手術後，如有再度實施手術之必要，除有醫療法第四十六條第一項但書所定情況緊急者外，仍應依本格式之程序說明並再簽具同意書，始得爲之。

四. 醫療法第四十六條第一項規定：「醫院實施手術時，應取得病人或其配偶、親屬或關係人之同意，簽具手術同意書及麻醉同意書；在簽具之前，醫師應向其本人或配偶、親屬或關係人說明手術原因，手術成功率或可能發生之併發症及危險，在其同意下，始得爲之。但如情況緊急，不在此限。」

五. 診所實施門診手術時，準用本同意書。

狀況一

- 病人本身害怕手術，不願意進行手術，但父母親同意進行並且簽署同意書，那是否要進行手術呢？

選擇一

- 以病人本身的意見為主，若病人感到害怕且不願意進行手術，即使家屬已簽署手術同意書，亦不進行手術。
- 遵照自主原則(Autonomy)→病患對其己身之診療決定的自主權必須得到醫師的尊重。
- 遵照不傷害原則(Nonmaleficence)：醫師要盡其所能避免病人承受不必要的身心傷害。
- 違反行善原則(Beneficence)→醫師要盡其所能延長病人之生命且減輕病人之痛苦。

選擇二

- 家屬支持進行手術並且簽署同意書後，即使病人本身不願意，仍進行手術治療
- 遵照行善原則(Beneficence)→醫師要盡其所能延長病人之生命且減輕病人之痛苦。
- 違反自主原則(Autonomy)→病患對其已身之診療決定的自主權必須得到醫師的尊重。
- 違反不傷害原則(Nonmaleficence)：醫師要盡其所能避免病人承受不必要的身心傷害。

狀況二

- 病人與父母親口頭上皆同意進行手術，但父母親無法立即親自簽署同意書，是否要等待父母親簽署後才能進行手術？

選擇一

- 務必等到父母親簽署後再進行手術，即使有可能拖延到病情，亦不進行手術。
- 遵照自主原則(Autonomy)→病患對其己身之診療決定的自主權必須得到醫師的尊重。
- 違反不傷害原則(Nonmaleficence)：醫師要盡其所能避免病人承受不必要的身心傷害。
- 違反行善原則(Beneficence)→醫師要盡其所能延長病人之生命且減輕病人之痛苦。

選擇二

- 不必等待父母親簽署同意書，直接進行手術治療，以免拖延病情
- 遵照行善原則(Beneficence)→醫師要盡其所能延長病人之生命且減輕病人之痛苦。
- 遵照不傷害原則(Nonmaleficence)：醫師要盡其所能避免病人承受不必要的身心傷害。
- 違反自主原則(Autonomy)→病患對其己身之診療決定的自主權必須得到醫師的尊重。

THANKS FOR ATTENTION!