

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 G組** 陳俊男、詹淨、王雅羽、李姿瑩

報告日期：**103.02.25**

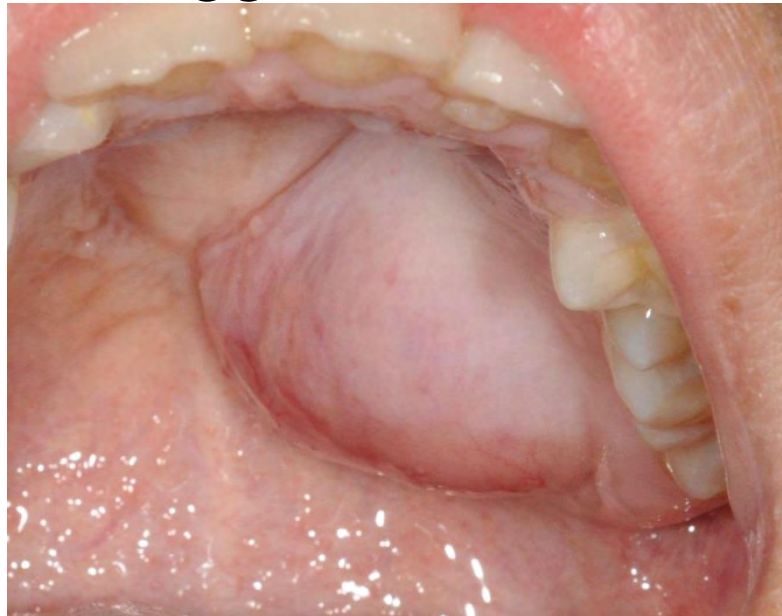


General Data

- Name : OOO
- Sex : Female
- Age : 16 y/o
- Native : 高雄市
- Marital status : 未婚
- Attending V.S. : OOO 醫師
- First visit : 102/11/20

Chief Complaint

- Ask for treatment of a swelling mass over the L't hard palate since 10/2/9 , which was noted by LDC , who suggested her to our OPD



Present Illness

This 16 y/o female had a swelling mass over the L't palate since 102/09, which was noted by a LDC dentist, who referred her to KMUH for further examination. In 102/11/20, she first went to KMUH OS. Dept. for examination and she said she had pathology examination in OOH. Therefore, she made an appointment in 102/11/27, and the pathology result showed benign salivary gland. In 103/1/8, GA routine was arranged, and OP arranged on 103/01/23.

OMF Examination

- Size: 2 x 2 cm
- Color: Pinkish
- Surface: Smooth
- Shape: Dome shaped
- Consistency: Firm
- Pain (-)
- Tenderness (-)
- Induration (-)
- Ulceration (-)
- MMO: > 40 mm



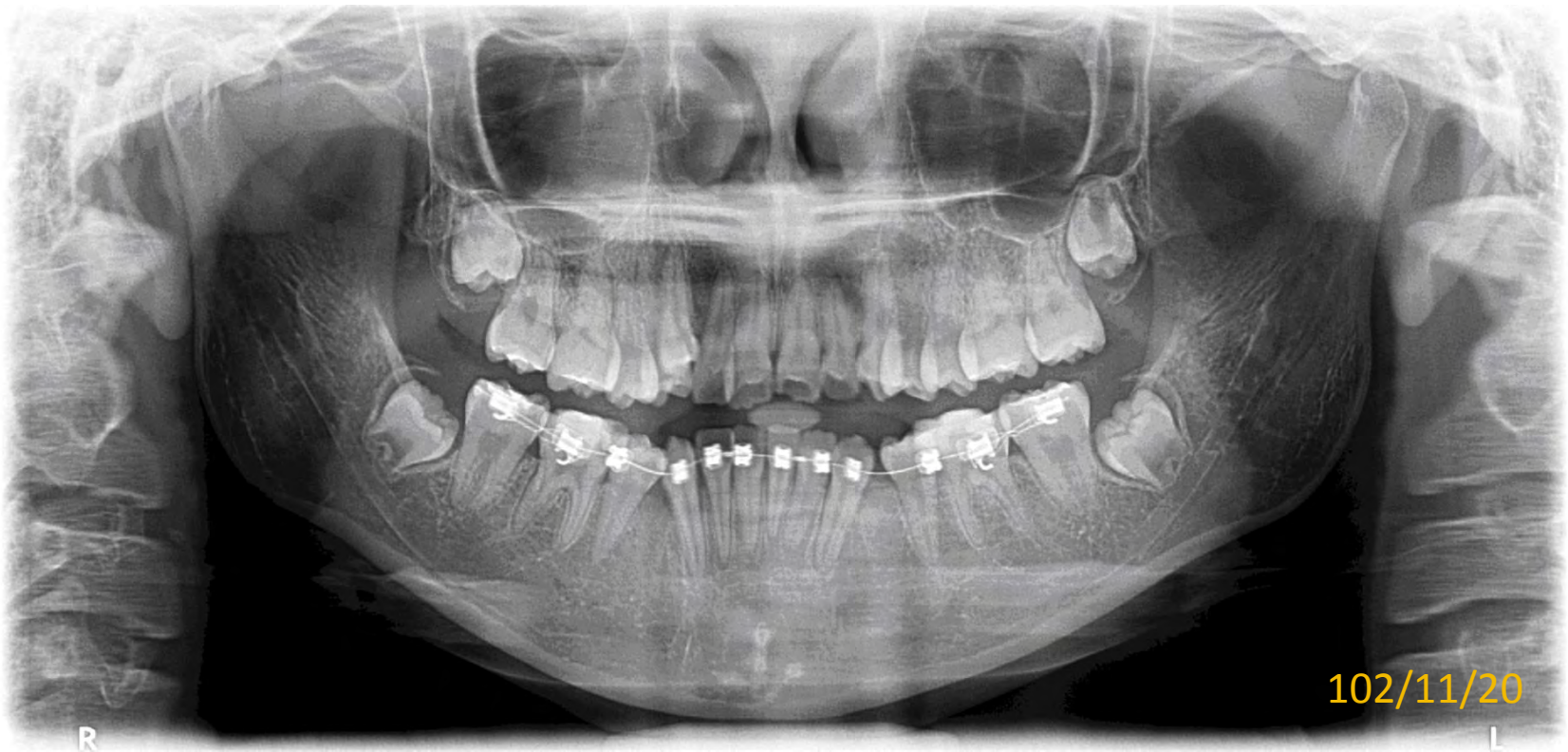
Past History

- Past Medical History
 - Underlying disease: (-)
 - Hospitalization: (+), fever when 2 y/o
 - Surgery under GA: (-)
 - Allergy: (-)
- 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
- Irritation: Denied

Image Finding – Panorex



- No obviously bony lesion was noted.

Image Finding–Occlusal film

- No obviously bony lesion was noted.



Differential Diagnoses

Salivary gland origin lesions

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Our Case Features

- Age & gender: 16 y/o, female
- Pain: (-)
- Tenderness: (-)
- Mobility: Fixed
- Consistency: Firm
- Ulceration: (-)
- Swelling: (+)
- Destruction of bone structures: (-)
- Development: Slow-growing



Classification 1

	This case	Inflammation	Cyst	Neoplasm
Color	Pinkish	Red	Yellow or white	Variable
Fever or local heat	-	+	-	-
Consistency	Firm	Firm/rubbery	Rubbery	Variable
Duration	Months	days to months	years	Months to years
Mobility	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)
Pain	-	+	-/+	-/+
Ulceration	-	-	-/+	-

→ Cyst or neoplasm



Classification 2

	This case	Benign	Malignance
Progressive	Unknown	Slow	Variable
Swelling with intact epithelium	+	+	-
Pain	-	+/-	+/-
Induration	-	-	+
Mobility	Fixed	Fixed	Fixed
Lymphadenopathy	No data	-	+

→ Benign tumor or low-grade malignancy



Working Diagnoses

Minor salivary gland origin lesions

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Working Diagnosis

benign neoplasm

- 1) Pleomorphic adenoma
- 2) Mucoepidermoid carcinoma, low grade
- 3) Adenoid cystic carcinoma
- 4) Polymorphous low-grade adenocarcinoma
- 5) Malignant mixed tumor



Pleomorphic adenoma

	Pleomorphic adenoma	Our case
Age & gender	all ages, but common in 30~60 y/o ; F:M=2:1	16 y/o
Site	Parotid gland (most common); minor gland (especially palate)	✓
Pain	Painless	✓
Consistency	Variable	Firm
Progressive & duration	Slow; many years	Unknown
Other feature	Firm single nodular Rate: 45~75%	





■ Pleomorphic adenoma



■ Our case



Mucoepidermoid carcinoma

low grade

	Mucoepidermoid carcinoma	Our case
Age & gender	10~60 y/o; slight male	✓
Site	Parotid gland > minor gland (especially palate)	✓
Pain	Painless in early stage	✓
Consistency	Firm or hard	✓
Progressive & duration	Slow; 1 year or less	Unknown
Other feature	Fluctuation: low-grade(+), high-grade(-) Rate: 22.9%	





- Mucoepidermoid carcinoma



- Our case



Adenoid cystic carcinoma

	Adenoid cystic carcinoma	Our case
Age & gender	Middle-aged; equal in gender	16 y/o
Site	minor gland (especially palate)	✓
Pain	Painless, but sometimes painful or tenderness	painless
Consistency	Firm	✓
Progressive & duration	Slow	Unknown
Other feature	Bone destruction Rate: 6.4%	





- Adenoid cystic carcinoma



- Our case



Polymorphous low-grade adenocarcinoma

	PLGA	Our case
Age & gender	Middle-aged; equal in gender	16 y/o
Site	minor gland (especially palate)	✓
Pain	Painless	✓
Consistency	Variable	Firm
Progressive & duration	Slow	Unknown
Other feature	Ulceration: + / - Infiltrate the underlying bone Rate: 5.1%	





- Polymorphous low-grade adenocarcinoma



- Our case



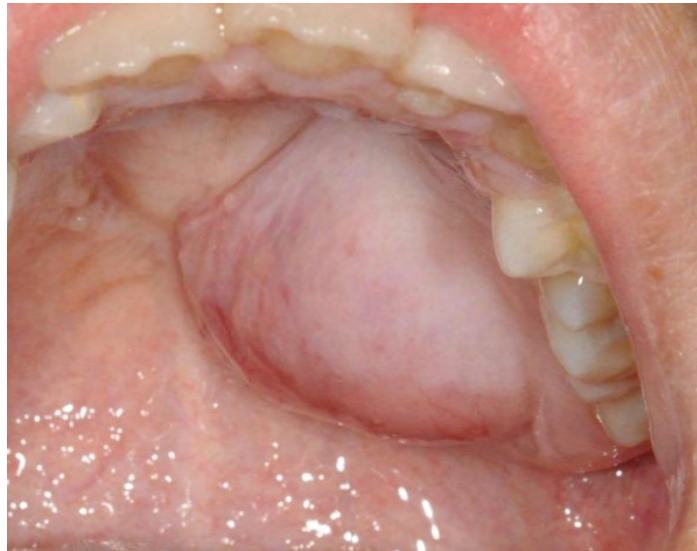
Malignant mixed tumor

	Malignant mixed tumor	Our case
Age & gender	average age 60 years, but also children, <u>teenagers</u> ; female	16 y/o
Site	68% in Parotid gland, 18% in minor salivary gland	✓
Pain	Painful or facial paralysis	painless
Consistency	Firm	✓
Progressive & duration	Variable	Unknown
Other feature	Associated with pleomorphic adenomas: 2% risk of malignant transformation if present < 5 years, 10% risk if 15 years Rate: 0.4%	



Clinical Impression

- Pleomorphic adenoma, left hard palate



Treatment Course

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Treatment Course

- 102/11/20
 - First went to OS. dept. for mass over L't palate
 - Wait for pathology report done by OOO Hospital

- 102/11/27
 - Came for explanation of pathology report
 - Pathology report showed benign salivary gland tumor

- 103/1/8
 - Arranged GA routine
 - Operation of WE scheduled on 103/01/08

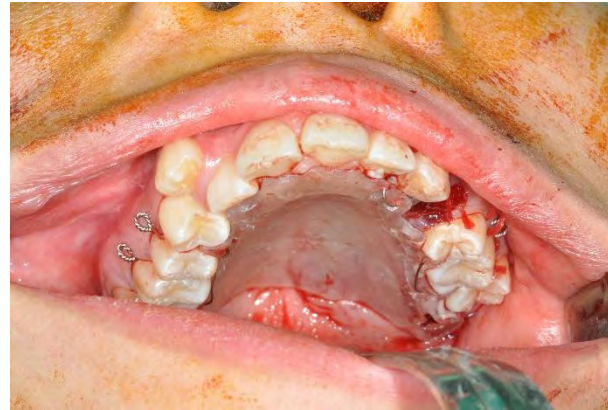
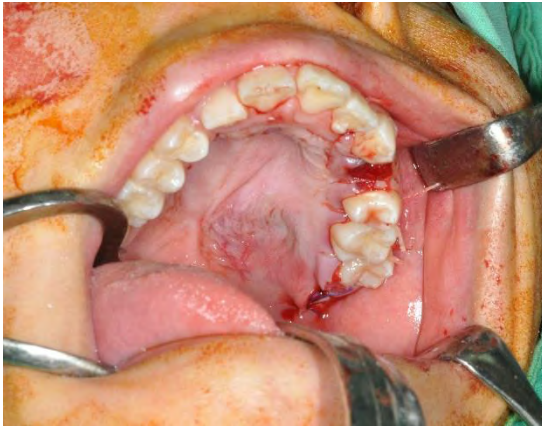
Image Finding – Chest PA

- 103/01/08
- Impression :
 - No imaging evidence of active cardiopulmonary disease.

EKG Finding

- 103/01/08
- Impression:
 - Sinus Arrhythmia
 - RAD

- 103/01/23
 - OP under GA with NETT
 - Wide excision + terudermis + palatal stent



103/1/23

- 103/01/29
 - H-P report: pleomorphic adenoma, L't hard palate
 - Remove stitches and local debridement
-
- 103/02/05
 - Check wound and medical certificate x 3 張



Discussion



Salivary gland tumor (WTO)

1. Adenoma
2. Carcinoma
3. Non-epithelial tumor
4. Malignant lymphomas
5. Secondary tumor
6. Unclassified tumor
7. Tumor-like lesions



Salivary gland tumor

Table 11-3 Sites of Occurrence of Primary Epithelial Salivary Gland Tumors

Author (Year)	Number of Cases	SITE OF OCCURRENCE			
		Parotid	Submandibular	Sublingual	Minor
Eveson and Cawson (1985)	2,410	73%	11%	0.3%	14%
Seifert et al. (1986)	2,579	80%	10%	1.0%	9%
Spiro (1986)	2,807	70%	8%	(Included with minor gland tumors)	22%
Ellis et al. (1991)	13,749	64%	10%	0.3%	23%

- 2/3 to 3/4 of all salivary gland tumors(SGTs) occur in the parotid gland.
- 2/3 to 3/4 of all parotid gland tumors are benign.
- 9 %-23% occur in minor salivary gland



Minor salivary gland

Table 11-7 Minor Salivary Gland Tumors

	Pires et al. (2006)	Yih et al. (2005)	Ellis et al. (1991)	Waldron et al. (1988)	Eveson & Cawson (1985)
Total number of cases	546	213	3355	426	336
BENIGN TUMORS					
Pleomorphic adenoma	33.2%	43.7%	38.1%	40.8%	42.6%
"Monomorphic" adenoma (canalicular and basal cell adenoma)	9.2%	11.7%	4.5%	10.8%	11.0%
Other benign tumors	13.5%	0.5%	8.8%	5.9%	—
TOTAL	55.9%	55.9%	51.3%	57.5%	53.6%
MALIGNANT TUMORS					
Mucoepidermoid carcinoma	22.9%	21.1%	21.5%	15.3%	8.9%
Acinic cell adenocarcinoma	3.8%	0.5%	3.5%	3.5%	1.8%
Adenoid cystic carcinoma	6.4%	10.3%	7.7%	9.4%	13.1%
Malignant mixed tumor	0.4%	0.9%	1.7%	1.4%	7.1%
Polymorphous low-grade adenocarcinoma	5.1%	8.4%	2.2%	11.0%	—
Other malignant tumors	5.5%	2.8%	12.1%	1.9%	15.2%
TOTAL	44.1%	44.1%	48.7%	42.5%	46.4%

- Benign 及 malignant 發生率約各佔一半
- The most common benign tumor in minor SG is pleomorphic adenoma (about 40%)



Minor salivary gland

Table 11-8 Location of Minor Salivary Gland Tumors

Author (Year)	Number of Cases	★ Palate	Lips	Buccal	Retromolar	Floor of Mouth	Tongue	Other
Eveson and Cawson (1985)	336	54%	21%	11%	1%	—	4%	8%
Waldron et al. (1988)	426	42%	22%	15%	5%	5%	1%	9%
Ellis et al. (1991)	3355	44%	21%	12%	2%	3%	5%	12%
Yih et al. (2005)	213	48%	25%	14%	4%	1%	—	8%

Table 11-9 Palatal Salivary Gland Tumors

	Pires et al. (2006)	Yih et al. (2005)	Ellis et al. (1991)	Waldron et al. (1988)	Eveson & Cawson (1985)
Total number of cases	181	102	1478	181	183
BENIGN TUMORS ★					
Pleomorphic adenoma	39.8%	49.0%	48.2%	51.9%	47.0%
Other benign tumors	13.2%	6.9%	5.0%	6.0%	6.0%
TOTAL	53.0%	55.9%	53.2%	58.0%	53.0%
MALIGNANT TUMORS					
Mucoepidermoid carcinoma	23.8%	19.6%	20.7%	9.9%	9.3%
Acinic cell adenocarcinoma	2.2%	1.0%	1.4%	1.7%	1.1%
Adenoid cystic carcinoma	7.7%	12.7%	8.3%	10.5%	15.3%
Malignant mixed tumor	0.0%	0.0%	2.4%	2.2%	8.2%
Polymorphous low-grade adenocarcinoma	6.1%	7.8%	3.0%	16.0%	—
Other malignant tumors	7.2%	2.9%	11.0%	1.7%	13.1%
TOTAL	47.0%	44.1%	46.8%	42.0%	47.0%

- The most common tumor location in minor SG is palate (50%), lateral post hard or soft palate
- The most common palatal SGT is pleomorphic adenoma (40-50%)



Pleomorphic adenoma (benign mixed tumor)

1. Entirely of **epithelial origin**, has a prominent **mesenchyme-appearing “stromal”** component
2. Mixture of **ductal and myoepithelial** elements
3. A painless, **slowly growing, firm mass**
4. Any age, most common in young and middle-aged adults (30 – 60y/o), a little female predilection
5. In parotid: most in the superficial lobe overlying the ramus in front of the ear
6. Movable initially



- In minor salivary gland:
 - palate (50%),
 - upper lip (27 %),
 - buccal mucosa (17 %)



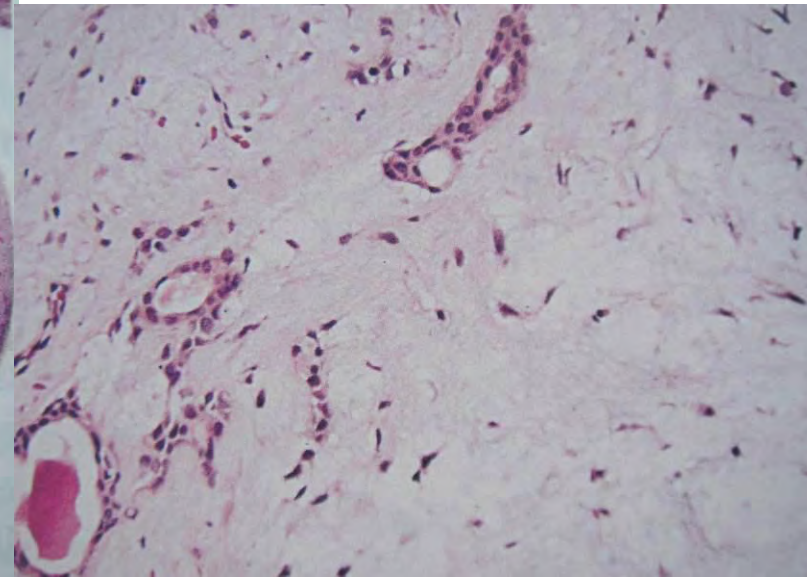
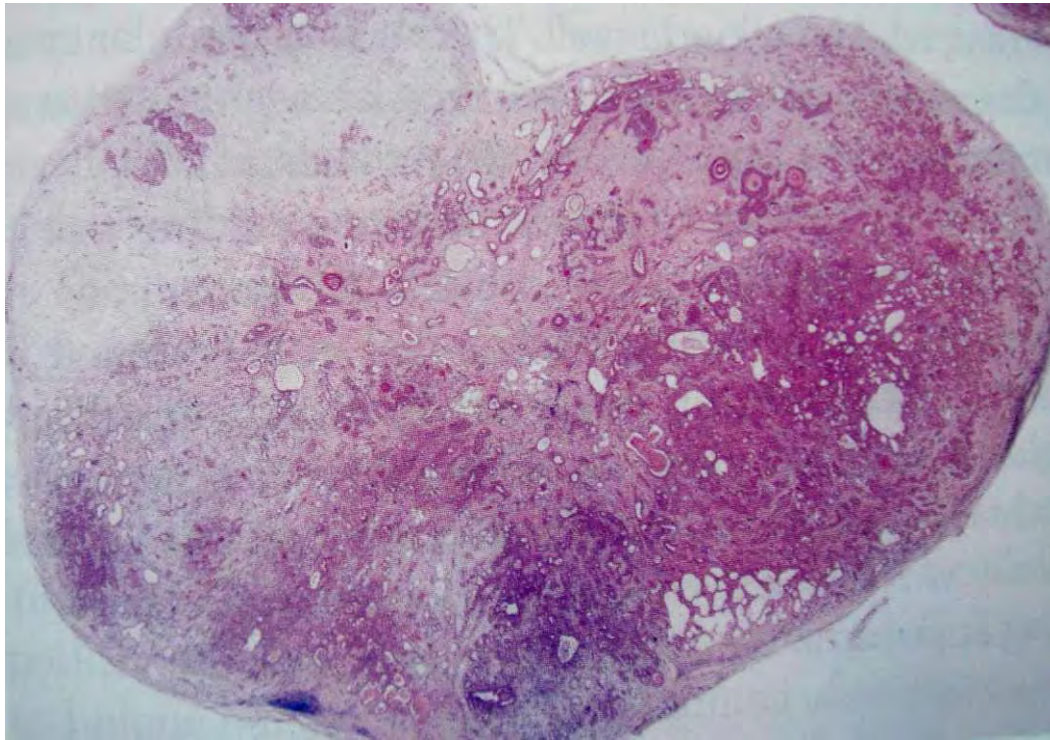
Pleomorphic adenoma
over pterygomandibular area



Pleomorphic adenoma over
lateral post hard palate

Histopathologic features

- Well-circumscribed, round to ovoid mass with smooth surfaces, **encapsulated tumor**
- **Incomplete encapsulation** is more common in **minor SG tumors**.
- Glandular and myoepithelial cells within a mesenchyme-like background

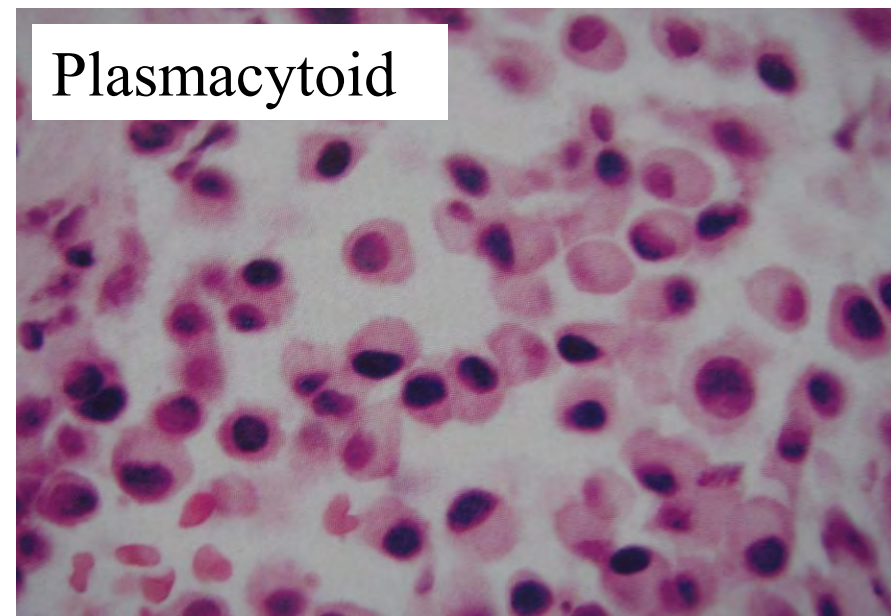
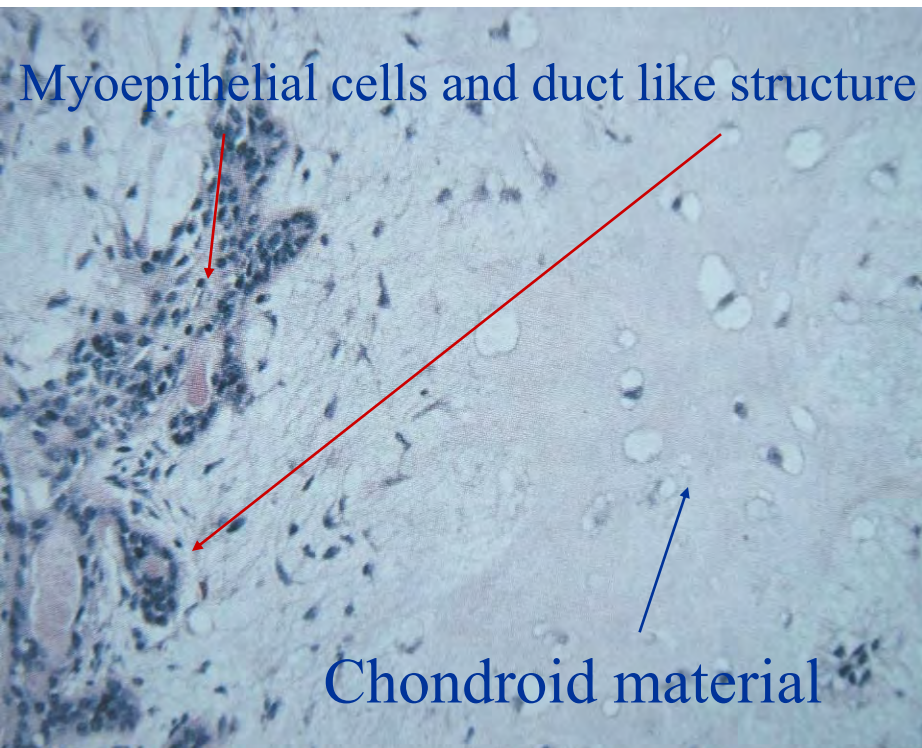


Duct-like structure and myxomatous background

Pleomorphic adenoma

Well-circumscribed, encapsulated tumor





Myoepithelial cells: plasmacytoid, angular, spindled

● Stromal changes:

- Myxomatous
- Chondroid (vacuolar degeneration)
- Myxomatous
- Hyalinization



- Tumors composed entirely or almost exclusively of myoepithelial cells with no ductal element, call *myoepithelioma*, having a similar biologic behavior to mixed tumor.

◆ Treatment and prognosis

- Surgical excision
- Conservative enucleation often results in recurrence
- 5% malignant transformation (carcinoma ex pleomorphic adenoma)



Pleomorphic adenoma palate: Major tumor in a minor gland

Nanda Kishore Sahoo, Mohan N. Rangan, and Rajashekhar D. Gadad

INTRODUCTION

- Pleomorphic adenoma (PA) is the most common tumor (60%) of major and minor salivary glands
- Nearly 70% of the tumors of minor salivary glands are Pas
- Most common intraoral site is the palate, followed by upper lip and buccal mucosa
- More likely to be malignant when associated with minor salivary glands (50%)



CASE REPORT

- A 45-year-old female presented with a slow growing swelling, of approximately 20 years duration involving her hard and soft palate junction on the left side, which was peanut sized when she first observed. The lesion always had been asymptomatic, with no associated pain or paresthesia.



Medical history

- Patient's medical history was noncontributory.
- No known allergies and had not undergone any surgeries of head and neck.
- General physical examination revealed a well oriented and moderately built individual with no signs of any systemic illness.



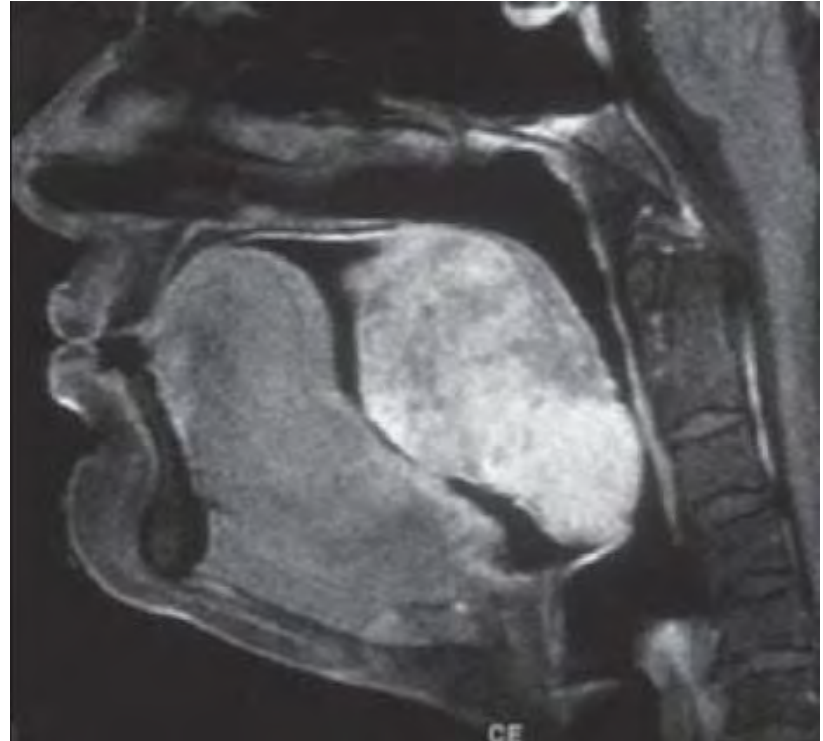
clinical examination

- A nonulcerated, dome-shaped, palatal swelling on her hard and soft palate junction, crossing the midline.
- Patient presented a typical 'hot potato in mouth' speech.
- No complaints of pharyngeal or airway obstruction.



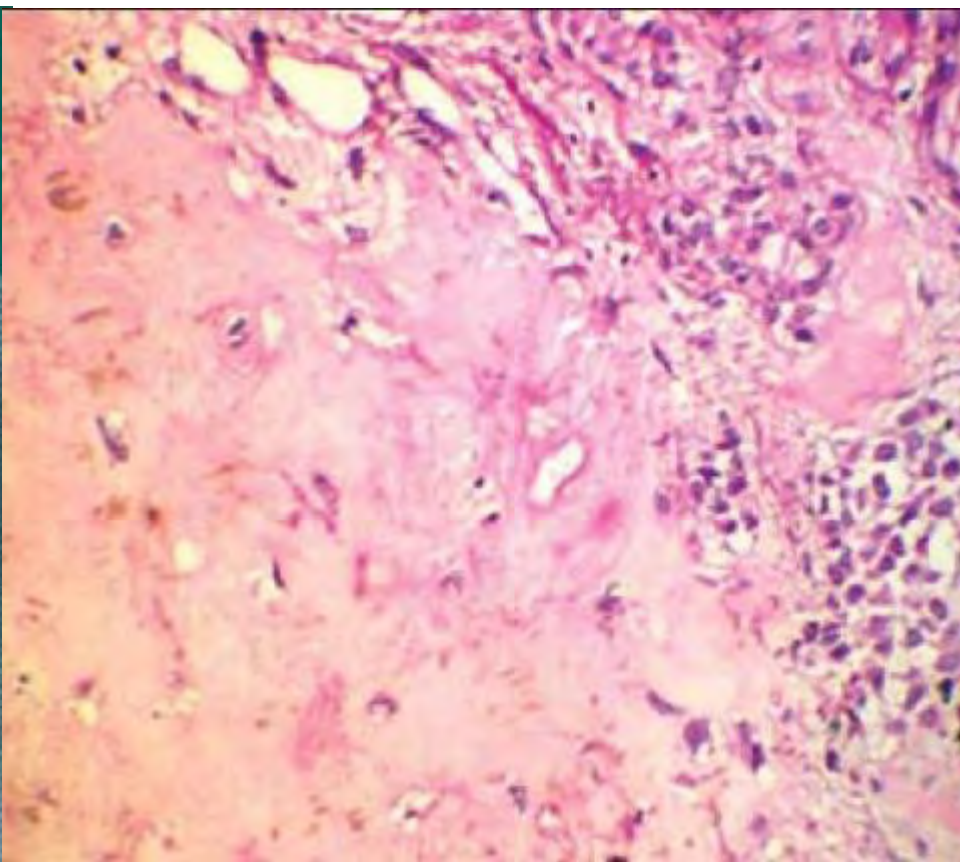
Image Finding-MRI

- A well-defined, multilobulated mass measuring $3.2 \times 5.5 \times 6.3$ cm (AP \times TR \times CC) with multiple well-defined areas.
- The mass had well-enhanced soft tissue density without any invasion to adjacent tissues, displacing posterior third of the tongue downward

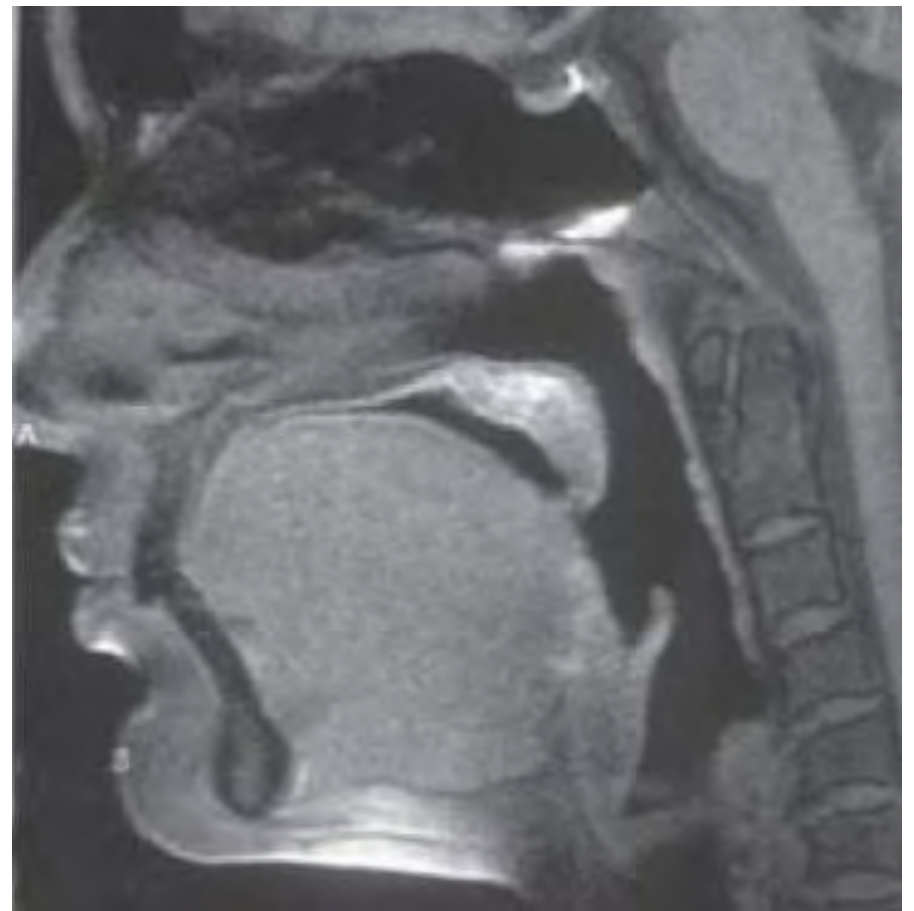


Operation





Post-OP MRI



DISCUSSION

- PA of minor salivary gland is most common in palate (10%), followed by lip (4%).
- Unusual sites are sinuses, larynx epiglottis, and trachea, also reported in tongue, soft palate, uvula, and even external auditory canal
- malignant transformation is documented to be 1.9-23.3%.
- The primary goal of excision should be complete removal of mass without risking recurrence.



醫學倫理



醫學倫理與病人安全

- **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
→ patientcentered model



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(Veracity)：**

- － 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。



本案例可能會碰到的問題

1. 病人發現病灶=> 地方診所就診 => 轉診至阮綜合 => 轉診至高醫
 - ✦ 是否因為轉診而造成診斷延遲
 - ✦ 轉診是否可以讓病人獲得較好的治療
2. 初診日期為102.11.20，而至103.01.08 才排定在 103.01.23 OP 處理病人的問題
 - ✦ 是否因為間隔時間較長而拖延到治療時間



轉診

1. 病人就診過程之中有轉診至數間醫院

- 是否因為耗費較多時間在各個醫院轉診過程之中，而造成病灶較慢被診斷？
 - 病人的病灶已經持續一段時間，若沒有突然急遽的變化應該對診斷影響不大
- 病人由門診轉至地區醫院再轉至教學醫院，是否可以因此獲得較精確的診斷與較好的治療？
 - 病人應該可以藉由轉診獲得專科醫師較專業的建議與比較完整的治療評估



手術和就診日期間隔較長

2. 初診日期和實際手術時間相差2個月

■ 間隔時間較長，是否可能影響到病人的治療及預後？

- 病人在初診之前一個星期的檢驗報告為良性，雖然良性mix tumor是有5%的機會轉成惡性，只要沒有突然加速加劇的變化，基本上變差的機率較低，不過建議還是要盡快的處理為佳



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？



狀況

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？

附註：

- 一. 立同意書人，由病人親自簽具；病人為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. 醫院為病人實施手術後，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，始得為之。
- 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，始得為之。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。

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。

