Case Report

D93 Intern-J

組員：胡士文 林正屏
陳詠真 賴睿聲
指導醫師：
陳玉昆主任 王文岑醫師 林立民教授
General Data

- Name: 鄔○來
- Gender: Male
- Age: 74 歲
- Occupation: 無
- Attending V.S.: 陳玉昆醫師
- First visit: 98/6/29
Chief Complaint

An exophytic mass over lower anterior area.
Present Illness

This 74-year-old male patient has suffered from an exophytic mass with white patches over lower anterior area. He went to LDC for help and was suggested to come to our OPD for further examination and treatment.
Past History

Past Medical History

- Drug allergy: Denied
- Taking drug: Medicine for heart disease
- Systemic disease: Renal dysfunction, hepatitis, myocardial infarction
- DM: Denied
- Hypertension: Denied

Past Dental History

- Metal bridge fabrication, extraction
Risk Factors

- Alcohol: (-)
- Betel quid: (-)
- Smoking: (-)
Intraoral Examination

There is an exophytic mass with rough surface white patches over lower anterior vestibular and alveolar ridge (tooth 35-43), measured about 2.0×5.0 cm in diameter.
Physical Examination

- Mobility: Fixed
- Consistency: Firm
- Surface: Rough
- Fluctuation (-)
- Pain (-)
- Tenderness (-)
- Induration (+)
- Lymphadenopathy (+)
- Shape: Polypoid
- Mobility over tooth
  43 (grade I ), 33 (grade II ), 34 (grade I )
Radiographic examination

Panoramic film

1. Tooth missing: 12, 25, 26, 27, 36, 37, 31, 32, 41, 42, 44, 45, 46
2. Endodontic treatment: 13, 12, 21, 23, 24
3. Prosthesis: 13×25, 34×38
4. Periodontal status: 45 vertical bony destruction (M & D)
There is a poor-defined bony destruction over tooth 33 to 43, measuring 4 cm in width. The border of alveolar ridge got erosion and totally fell away and the sequestum can be seen.

- Fever or local heat (-)
- Pain (-)
- Surface: rough
- Shape: polypoid

→ R/O inflammation & cyst
→ Infection or Neoplasm
Bacteria? Virus? Fungus?

- Pain (-)
- Tenderness (-)
- Lymphadenopathy (+)
- Ulceration (+)
- Induration (+)
- Rough surface
- Poor-defined radiolucency (moth-eaten appearance)

→ Tuberculous osteomyelitis
Neoplasm
Malignant

Benign
Benign or Malignant?

- Pain (-)
- Tenderness (-)
- Lymphadenopathy (+)
- Ulceration (+)
- Induration (+)
- Rough surface
- Poor-defined radiolucency

→ Malignant Tumor
Malignant

Central

Peripheral
Central or Peripheral Lesion?

- Soft tissue lesion
- Bone destruction: up to down

→ Peripheral
Malignant

Peripheral

Epithelium origin

Soft tissue origin
Peripheral Malignant Tumor

- Epithelium origin
  - Squamous Cell Carcinoma
  - Spindle Cell Carcinoma

- Soft tissue origin
  - Leiomyosarcoma
  - Rhabdomyosarcoma
Working Diagnosis

- Infection
  - Tuberculous osteomyelitis
- Peripheral epithelial malignant
  - Squamous Cell Carcinoma
  - Spindle Cell Carcinoma
- Peripheral soft tissue malignant
  - Leiomyosarcoma
  - Rhabdomyosarcoma
# Tuberculosis (primary oral tuberculosis)

<table>
<thead>
<tr>
<th></th>
<th>Our Case</th>
<th>Tuberculosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>P’ t with AIDS, greater than 50% will have</td>
</tr>
<tr>
<td>age</td>
<td>74</td>
<td>extrapulmonary lesions</td>
</tr>
<tr>
<td>site</td>
<td>Mandible anterior gingiva</td>
<td>Gingival, mucobuccal fold, extraction site</td>
</tr>
<tr>
<td>X-ray appearance</td>
<td>Poor-defined irregular</td>
<td>Poor-defined areas of radiolucency</td>
</tr>
<tr>
<td>ulceration</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

*Note: Usually primary oral lesions are usually associated with enlarged regional lymph nodes.*
Tuberculous osteomyelitis

Our Case

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### Squamous cell carcinoma

<table>
<thead>
<tr>
<th></th>
<th>Our Case</th>
<th>Squamous cell carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
<td>M&gt;F</td>
</tr>
<tr>
<td><strong>age</strong></td>
<td>74</td>
<td>Older man</td>
</tr>
<tr>
<td><strong>site</strong></td>
<td>Mandible anterior gingiva</td>
<td>Most: Tongue(posterior lateral and ventral surfaces)</td>
</tr>
<tr>
<td><strong>X-ray appearance</strong></td>
<td>Poor-defined irregular</td>
<td>Poor-defined</td>
</tr>
<tr>
<td><strong>ulceration</strong></td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td><strong>pain</strong></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note: If it happens in gingiva & alveolar CA, it is usually painless; most common site is posterior mandible.*
Squamous cell carcinoma

Our Case

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## Spindle cell carcinoma

<table>
<thead>
<tr>
<th></th>
<th>Our Case</th>
<th>Spindle cell carcinoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>M=F</td>
</tr>
<tr>
<td>age</td>
<td>74</td>
<td>Mean age: 57 y/o</td>
</tr>
<tr>
<td>site</td>
<td>Mandible anterior gingiva</td>
<td>Lower lip, lateral posterior tongue, and alveolar ridge</td>
</tr>
<tr>
<td>X-ray appearance</td>
<td>Poor-defined irregular</td>
<td>Poor-defined</td>
</tr>
<tr>
<td>ulceration</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>pain</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Travel along nerves through mental foramen to mandibular canal, so one usually encounters this CA "Lips numb"
Spindle cell carcinoma

Our Case

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p369
### Leiomyosarcoma

<table>
<thead>
<tr>
<th></th>
<th>Our Case</th>
<th>Leiomyosarcoma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
<td>M=F</td>
</tr>
<tr>
<td><strong>age</strong></td>
<td>74</td>
<td>Middle-aged and older adults</td>
</tr>
<tr>
<td><strong>site</strong></td>
<td>Mandible anterior gingiva</td>
<td>Almost in the jaw bones</td>
</tr>
<tr>
<td><strong>X-ray appearance</strong></td>
<td>Poor-defined irregular appearance</td>
<td>Poor-defined</td>
</tr>
<tr>
<td><strong>ulceration</strong></td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
Leiomyosarcoma

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Our Case
Rhabdomyosarcoma

<table>
<thead>
<tr>
<th></th>
<th>Our Case</th>
<th>Rhabdomyosarcoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>M&gt;F</td>
</tr>
<tr>
<td>age</td>
<td>74</td>
<td>10~25 y/o</td>
</tr>
<tr>
<td>site</td>
<td>Mandible anterior gingiva</td>
<td>Head &amp;neck (most: orbit)</td>
</tr>
<tr>
<td>X-ray appearance</td>
<td>Poor-defined irregular appearance</td>
<td>Poor-defined</td>
</tr>
<tr>
<td>ulceration</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>pain</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Pleomorphic rhabdomyosarcoma <5% → over 40 y/o 且好發在四肢
Rhabdomyosarcoma

Our Case

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Conclusion

1. Squamous cell carcinoma
2. Spindle cell carcinoma
3. Tuberculosis osteomyelities
4. Leiomyosarcoma
5. Rhabdomyosarcoma
Thanks for your attention!