

Case Report

Intern F組: 柯映辰 林威宇 柯紹凱 陳威仁

報告日期: 104/01/27

指導老師：陳玉昆 主任
林立民 教授
暨口病科全體醫師

General Data

- Name: 張XX
- Sex: Female
- Age: 60 y/o
- Native: 屏東
- Marital status: 已婚
- Attending Staff: 000 醫師
- First visit: 103/12/31

Chief Complaint

- Referred from LDC for upper left (26 palatal) gingiva examination



103/12/31

Present Illness

- This 60 y/o female patient suffered from pain over upper right posterior area; however, the dentist of LDC found another lesion over the upper left palatal gingiva of tooth 26 during oral examination. Then, she was referred to our OPD for further evaluation and treatment.

Past History

- Past Medical History
 - Systemic disease (+) HTN
Hospitalization (+)
 - Surgery under GA (+) Endometriosis
 - Drug and food allergy: Denied
- Past Dental History
 - General routine dental treatment
- Attitude to dental treatment: Co-operative

Personal History

- Risk factors related to malignancy
 - Alcohol (-)
 - Betel quid (-)
 - Cigarette (-)
 - Denied any other oral habits

OMF Examination

- Location: Tooth 26 palatal gingiva
- Color: yellowish red
- Size: 0.3 x 0.4 cm
- Shape: Granular/Papillomatous
- Surface: Rough
- Mobility: Fixed
- Pain (-)
- Tenderness (-)
- Consistency soft
- Induration (-)



103/12/31

Image Finding – Pano(103/12/31)



No bony involvement corresponding to tooth 26 palatal lesion

-impaction: nil

-Endo: 17,27

-OD: 26,27,46,47

-Periodontal condition: WNL

-C&B: nil

-Missing: nil

-Residual root: 35

Working diagnosis

- Intrabony or peripheral?
- Inflammation, cyst, or neoplasm?
- Benign or malignant?

Intrabony or peripheral

	Our case	Intrabony	Peripheral
Mucosal lesion	+	-	+
Bone expansion	-	+/-	-
Cortical bone destruction	-	+/-	-
Consistency	Soft	Hard	Soft, firm, rubbery

→ Our case is a peripheral lesion

Inflammation or neoplasm

	Our case	Inflammation	Neoplasm
Regress or progress	Unknown	Regress	Progress
Symptoms	-	+	+/-
Growth rate	Unknown	Hours,days,weeks	Weeks,months,years
Lymph node enlarge	-	+	+/-
Tenderness	-	+	-
Fluctuation	-	+	-

→Our case is an neoplasm

Benign or malignant

	Our case	Benign	Malignant
Border	Well defined	Well defined	Poor defined
Destruction of cortical margin	-	-	+
Pain	-	-	+
Induration	-	-	+
Swelling with intact epithelium	+	+	-
Progress	Unknown	Slow	Fast
Metastasis	Unknown	-	+
Lymphadenopathy	-	-	+

→Our case is a benign tumor

Differential Diagnosis

- Verruciform Xanthoma
- Verrucous Hyperplasia
- Verruca Vulgaris
- Squamous Papilloma
- Condyloma Acuminatum

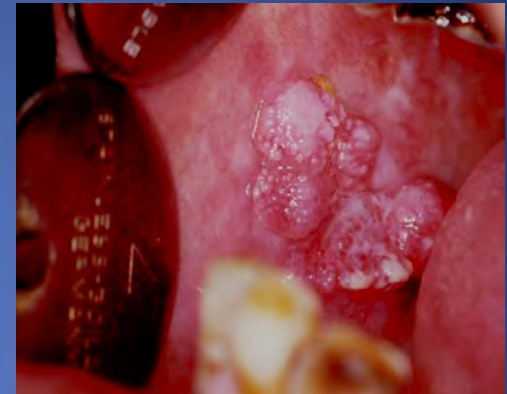
Verruciform Xanthoma

	Our case	Verruciform Xanthoma	
Age	60 y/o	40-70 y/o	✓
Gender	F	none	
Site	Upper left gingiva	Gingiva, alveolar mucosa	✓
Size	0.3x0.4cm	<2 cm	✓
Surface	Rough	Rough	✓
Shape	Papillomatous	Papillomatous	✓
Symptom	Painless	Painless	✓
consistency	Soft	Soft	✓
Color	Yellowish-red	Yellow-white to red	✓



Verrucous Hyperplasia

	Our case	Verrucous Hyperplasia	
Age	60 y/o	>60 y/o	✓
Gender	F	M	
Site	Upper left gingiva	Gingiva, alveolar mucosa	✓
Size	0.3x0.4cm	<5cm	✓
Surface	Rough	Rough	✓
Shape	Papillomatous	Papillary - verruciform	✓
Symptom	Painless	painless	✓
consistency	Soft	Soft	✓
Color	Yellowish-red	Reddish-white	✓



Verruca Vulgaris

	Our case	Verruca Vulgaris	
Age	60 y/o	Children	
Gender	F	None	
Site	Upper left gingiva	Vermilion border, labial mucosa	
Size	0.3x0.4cm	<5mm	✓
Surface	Rough	Rough	✓
Shape	Papillomatous	Papular, cauliflower-like	✓
Symptom	Painless	Painless	✓
consistency	Soft	Soft	✓
Color	Yellowish-red	White-pink	



Squamous Papilloma

	Our case	Squamous Papilloma	
Age	60 y/o	30-50 y/o	
Gender	F	None	
Site	Upper left gingiva	Hard, Soft palate	
Size	0.3x0.4cm	<1cm	✓
Surface	Rough	Rough	✓
Shape	Papillomatous	Papillomatous	✓
Symptom	Painless	Painless	✓
Tenderness	Soft	Soft	✓
Color	Yellowish-red	White	



Condyloma Acuminatum

	Our case	Condyloma Acuminatum	
Age	60 y/o	Yong adult	
Gender	F	None	
Site	Upper left gingiva	Labial mucosa, soft palate	
Size	0.3x0.4cm	1-1.5cm	
Surface	Rough	Rough	✓
Shape	Papillomatous	Papillary	✓
Symptom	Painless	Painless	✓
consistency	Soft	Soft	✓
Color	Yellowish-red	pink	✓



Impression

- Verruciform Xanthoma, tooth 26 palatal gingiva



Treatment Course

103/12/31

- Referred from LDC for upper left (26 palatal)gingiva examination.
- Red lesion over 26 palatal was noted
- Excisional biopsy H-P: verruciform xanthoma

103/01/07

- OPD f/u
- Wound treated with H2O2.GI



103/12/31

Discussion

Verruciform Xanthoma

- Uncommon, benign oral mucosal lesion
 - Cause is unknown
- however...

It is reported that Missense mutations in **exon 6 of the 3 beta-hydroxysteroid dehydrogenase (NSDHL)** gene in solitary verruciform xanthoma

Verruciform Xanthoma

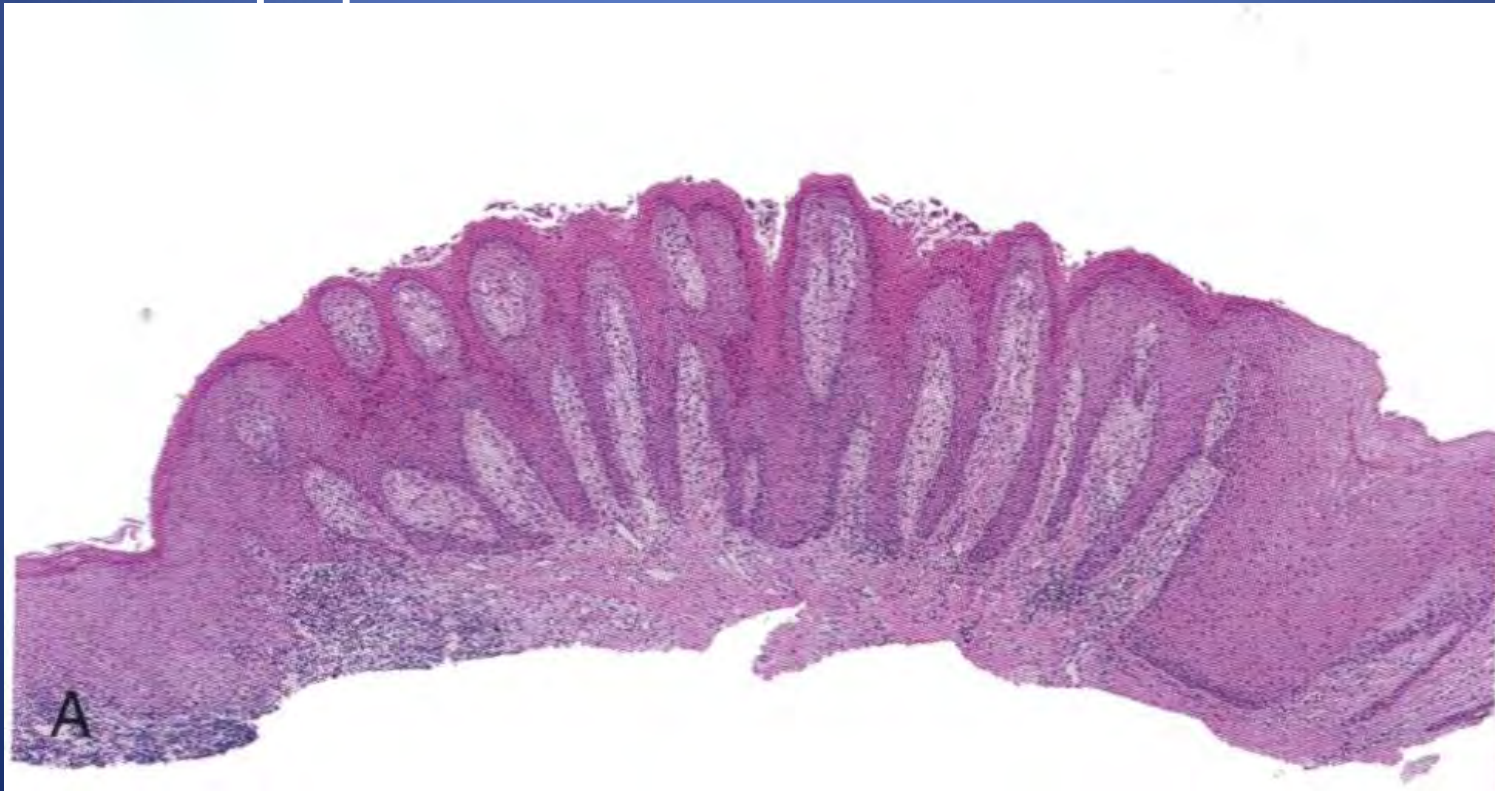
- Clinical features
 - No gender predilection
 - Average age is 45 y/o , few with in 10 to 20 y/o

Verruciform Xanthoma

- Clinical Features
 - Well circumscribed ,with a granular to papillary surface
 - Size ranges from 2mm to more than 2cm
 - Exophytic or depressed surface is present
 - Occasionally ulcerated
 - Changes from white to red due to keratinization level (most in white)

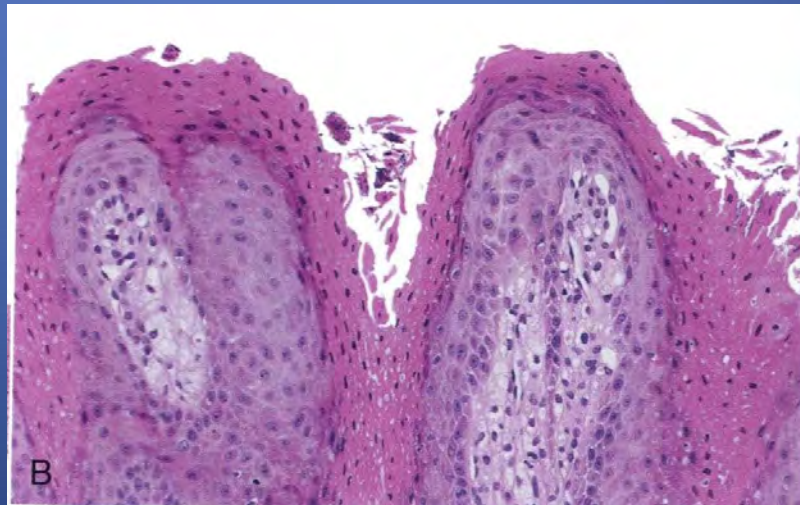
Verruciform Xanthoma

- Histopathology features
 - Flat or slightly raised
 - With a papillomatous or verrucous surface



Verruciform Xanthoma

- Histopathology features
 - **Parakeratinized** epithelial cell
 - Epithelial component is normal, no evidence of dysplasia or atypia
 - **Xanthoma cell** could be found in lamina propria or connective tissue papilla



Verruciform Xanthoma

About the xanthoma cell...

(1) Granular to flocculent cytoplasm

(2) The cytoplasm may contains:

-- Periodic acid-Schiff (PAS)-positive

-- Diastase-resistant granules or lipid droplets

(3) Ultrastructurally, the foam cells are best characterized as macrophages

Verruciform Xanthoma

- Differential Diagnosis:

	<i>Verruciform xanthoma</i>	<i>Squamous papilloma</i>	<i>Condyloma acuminatum</i>
Cause	unknown	HPV	HPV subtype 6 and 11
Site	Gingiva and alveolar mucosa	Hard and soft palate, uvula	Anogenital region
Age	Average 45 y/o	30-50y/o	Young adult
Size	2mm to more than 2cm	Less than 1cm	1cm to 1.5cm
Color	White to red	Pink to white	Pink

Verruciform Xanthoma

- Treatment:
 - Conservative excision
- ◆ No recurrences have been reported

醫學倫理討論

七大原則

1. 生命的神聖性 (Sanctity of life)

• Tom Beauchamp & James Childress 六大原則 - 1979

1. **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。

2. **誠信原則 (Veracity)**：醫師對其病人有「以誠信相對待」的義務

3. **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。

4. **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。

5. **保密原則 (Confidentiality)**：醫師對病人的病情負有保密的責任。

6. **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醫療資源給真正最需要它的人。

生命的神聖性

「上帝按他自己的形象造人。」「你將是神聖的,因為我是神聖的。」「生命神聖」觀即由此衍生而得。(創世紀1)

- 該觀點主張人的生命是無條件的,有價值及神聖的,人繼承了上帝的品質,包括一切價值的來源-內具的善 (intrinsic goodness),因此必須受到尊重。
- 藉此瞭解他個人生命的原真,而認知他個人存活在世上的主要工作和生活的目的,找到個人存在的意義、價值、目的與任務。

行善原則

讓我們的善行是生命流露的真善，而非求外表的偽善。當在暗中求的神滿足，而非求人的稱讚。行善不要灰心，而且行善是本分，不行就是罪(雅4:17)。

- 以我們的專業知識和技能，站在患者的角度，訂定最適合患者的診療計畫？
→有抽菸喝酒吃檳榔的患者，等口腔環境改善後再進行各項翻瓣手術。

誠信原則

惟用愛心說誠實話，凡事長進，連於元首基督。全身都靠他聯絡得合式，百節各按各職，照著各體的功用，彼此相助，便叫身體漸漸增長，在愛中建立自己。(弗4:15 ~16)

- 對於患者的疾病**嚴重程度**是否有確實地通知，盡到告知的義務？是否有清楚的向病人說明清楚疾病病程、治療計畫、預後、風險？
- 皆已告知病人後，經同意才進行不可逆治療。

自主原則

耶和華 神將那人安置在伊甸園，使他修理看守。耶和華 神吩咐他說：“園中各樣樹上的果子，你可以隨意吃；只是分別善惡樹上的果子，你不可吃，因為你吃的日子必定死！” (創2:15~17)

- 充分說明病情及治療計畫、風險之後，是否有讓病人充分自主地選擇治療計畫？
 - 有讓病人決定治療計畫，醫師只是提供專業建議，決定權還是在病人自己身上

不傷害原則

要愛你們的仇敵，為那逼迫你們的禱告(太5:44)

前來求助於我們的患者沒有得罪我們，我們更不應該傷害患者

- 是否有先完整瞭解病人的病史？

→治療前有完整蒐集病史資料，並與病患溝通後擬定進一步的治療計畫

保密原則

- 告知的對象
 1. 本人為原則
 2. 病人未明示反對時，亦得告知其配偶與親屬
 3. 病人為未成年人時，亦須告知其法定代理人
 4. 若病人意識不清或無決定能力, 應須告知其法定代理人、配偶、親屬或關係人
 5. 病人得以書面敘明僅向特定之人告知或對特定對象不予告知

公義原則

耶穌正在吃飯的時候，有一個女人帶來一隻玉瓶，裡面盛滿很珍貴的純哪噠香膏；她打破玉瓶，把香膏倒在耶穌頭上。有些人看了很不高興。耶穌卻說那是一件美事！（可14:3~9）

- 落實小病小醫院，大病大醫院的公義原則
→ 診所處理基本牙科問題，需要昂貴的檢驗器具(例如pano, CT scan, biopsy examination)時，再轉診到大醫院接受進一步的檢查及治療。

醫學倫理總結

身為基督徒醫療人員，我們要委身於合乎聖經原則的醫學倫理，以實踐「愛人如己」的誡命，成為眾人的祝福。

---基督徒的醫療倫理與責任 林慶豐

- 在病例撰寫方面應書寫詳盡，使治療過程有詳實的記錄及治療順利。
- 在進行治療之前,須請病人簽屬同意書
- 應在不違反醫學倫理的原則之下進行治療的行為
- 術後照護應盡心，盡力做好，以幫助病人恢復正常生活

References

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