

# 口腔病理診斷科

## Case Report

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指導醫師 : 陳玉昆 醫師  
王文岑 醫師  
陳靜怡 醫師

報告人 : 實習D組

Int. 陳彥廷 顏純芳  
楊子萱 許逸忠  
曾兆岑

# General Data

- Name : 羅XX
- Sex : 男
- Age : 54 y/o
- Native : 凤山市
- Marital status : 已婚
- Occupation : 工
- Attending V.S. : 陳俊明 醫師
- First visit : 96.07.06



# Chief Complaint

- A radiolucent lesion was found over right lower posterior teeth area.



# Present Illness

The 54 y/o male patient went to LDC for regular examination few months ago. At that time the dentist suspected that the caries attacked over 46 and 47, so he took X-ray. Then the dentist found a radiolucent lesion over this area, and referred him to our OPD.

According to his statement, he never felt uncomfortable. No swelling, pain or soreness was noted. Besides, he didn't receive any dental treatment over this area. 96/06 he first came to our OPD. 96/07/11 he received extraction of 47 and incisional biopsy.

# Intraoral Examination

- Plaque and calculus deposition.
- slightly swelling.
- Soft tissue: N/P
- Tenderness: (-)
- Pain: (-)



# Orofacial examination

- MMO = 47 mm (from 11 to 41)
- No paresthesia

2007. 07. 06



- There is a well-defined, unilocular, round-shaped, radiolucent image with corticated rim under 46, 47, 48 apical area. It extends from mesial aspect of 46 to the distal aspect of 48, and from half root of 46 to about 2mm above the inferior border of mandible body. measured about 4 X 2.5 cm<sup>2</sup> in diameter. all roots of 46, distal root of 47, mesial root of 48 are resorpted. Inferior alveolar canal is involved by the lesion. Cortical bone destruction without bony expansion is noted. No tooth displacement is noted

# Past History

- Past Medical History
  - Hypertension under medication control
  - 主動脈粥狀硬化
  - Hospitalization: (+), but never accepted GA
  - Denied any drug or food allergy
- Past Dental History
  - Unknown
- Current medicine:
  - Hypertension: Novasc, concor, sibelium

# Personal, social, and occupation History

- Risk factors related to malignancy
  - Alcohol : (+), casually
  - Betel quid : (-)
  - Cigarette : (-)
- Occupation history: 工
- Travel history: Denied in recent year

# Family History

- Hereditary disease: Hypertension (Grandfather, father, brother)
- No evident correlation to this disease.
- Family support : good, chiefly cared by his wife.

# Working diagnosis



# Neoplasm or Cyst or inflammation

- X-ray finding:  
well-defined radiolucency with corticated margin
- Clinical finding:
  - a swelling mass over right mandible.
  - no fever , no spontaneous pain , no tenderness
  - no redness
  - no caries or periodontal pathology over the teeth around the lesion site

Neoplasm or cyst

# Benign or Malignant

- X-ray finding:
  - well-defined margin.
- Clinical finding:
  - mucosa intact
  - painless and no tenderness

Benign

# Intrabony or peripheral

- Mucosa intact
- X-ray finding

intrabony

# Working diagnosis sequence

cyst



- 6. Odontogenic keratocyst
- 7. Calcifying odontogenic cyst  
(Gorlin cyst)

neoplasm



benign

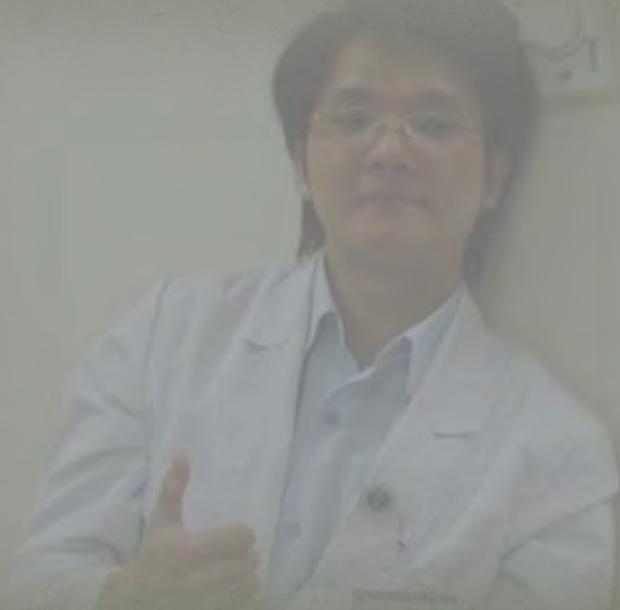


- 1. Ameloblastoma
- 2. Central giant cell granuloma
- 3. Neurilemoma (schwannoma)
- 4. neurofibroma
- 5. Central odontogenic fibroma

# Working diagnosis

- 1.Neurilemoma (Schwannoma)
- 2.Neurofibroma
- 3.Central giant cell granuloma
- 4.Uncystic ameloblastoma
- 5.Ameloblastic fibroma
- 6.Central Odontogenic fibroma
7. Odontogenic keratocyst
8. Calcifying odontogenic cyst (Gorlin cyst)

# Differential diagnosis



# 1. Ameloblastoma

# Ameloblastoma V.S. Our case



# Ameloblastoma

	<b>Our case</b>	<b>Ameloblastoma</b>
<b>Gender</b>	Male	No gender predilection
<b>Age</b>	54	3rd to 7th decade
<b>Site</b>	Lower right posterior mandible	85% posterior mandible area
<b>Mucosal surface</b>	Intact, smooth	Intact, smooth
<b>Other clinical features</b>	Slightly swelling mass	slow-growing / swelling
<b>Symptom</b>	<ul style="list-style-type: none"><li>• Pain ( - )</li><li>• Tenderness ( - )</li></ul>	Usually asymptomatic (pain/paresthesia may occur)

# Ameloblastoma

		Our case	Ameloblastoma
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• Corticated</li></ul>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• irregular scallop margin</li></ul>
	<b>radiodensity</b>	R-L	R-L
	<b>Shape</b>	Unilocular	Unilocular or multilocular
	<b>Effect on surrounding structures/ Adjacent teeth</b>	<ul style="list-style-type: none"><li>• Root resorption</li></ul>	<ul style="list-style-type: none"><li>• root resorption</li><li>• Bony expansion</li></ul>

## 2. Central Giant Cell Granuloma

# Central giant cell granuloma V.S. Our case



Central giant cell granuloma



Our case

# Central Giant Cell Granuloma

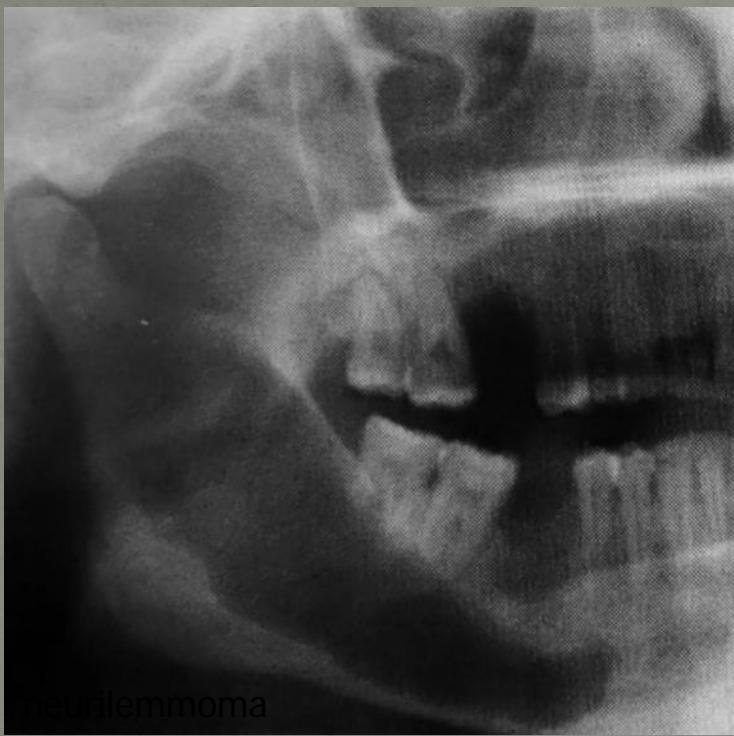
	Our case	CGCG
<b>Gender</b>	male	female
<b>Age</b>	54	Adolescent and young adults
<b>Site</b>	Lower right posterior mandible	Mandible: <ul style="list-style-type: none"><li>• Anterior region &gt; posterior to first molar</li></ul>
<b>Other clinical features</b>	Slightly swelling mass	swelling
<b>Symptom</b>	<ul style="list-style-type: none"><li>• Pain ( - )</li><li>• Tenderness ( - )</li></ul>	<ul style="list-style-type: none"><li>• Pain(-)</li><li>• Tenderness ( + )</li></ul>

# Central Giant Cell Granuloma

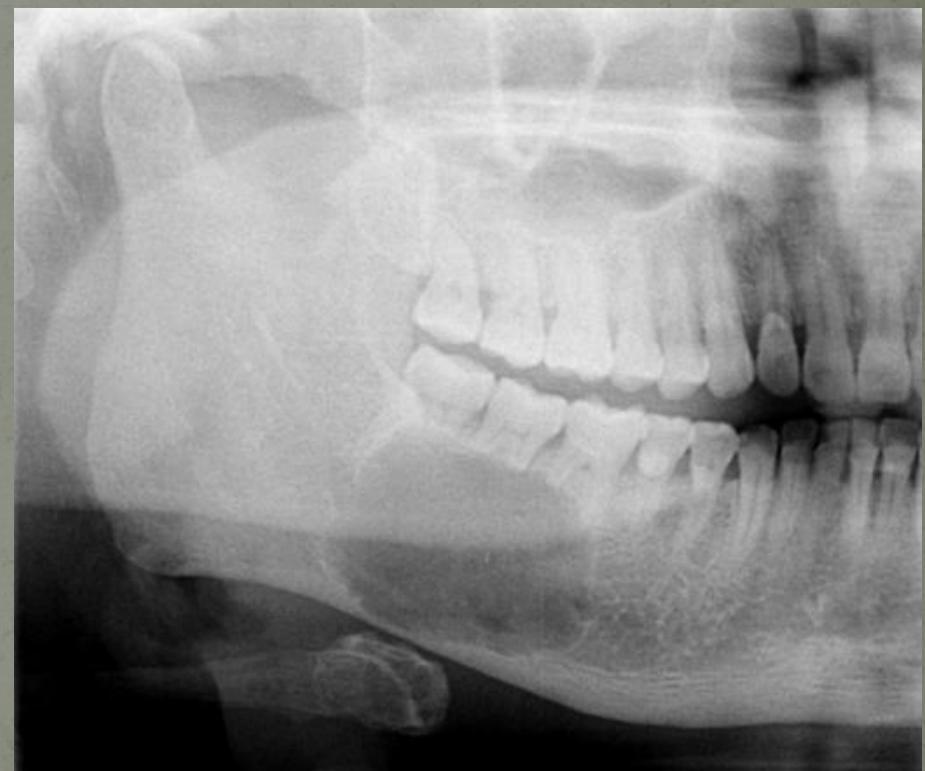
		Our case	CGCG
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• corticated</li></ul>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• non-corticated</li></ul>
	<b>radiodensity</b>	R-L	R-L
	<b>Shape</b>	Oval, unilocular	Unilocular or multilocular
	<b>Effect on surrounding structures/ adjacent teeth</b>	<ul style="list-style-type: none"><li>• Root resorption</li></ul>	<ul style="list-style-type: none"><li>• Root resorption</li><li>• Tooth displacement</li><li>• bony expansion</li></ul>

### 3. Neurilemoma (central Type)

# Central Type Neurilemoma V.S. Our case



Neurilemoma



# Central type neurilemoma

	<b>Our case</b>	<b>Neurilemoma</b>
<b>Gender</b>	male	Female = male
<b>Age</b>	54	20~30
<b>Site</b>	Lower right posterior mandible	posterior mandible
<b>Mucosal Surface</b>	Intact, smooth	Intact, smooth
<b>Other clinical features</b>	Slightly swelling mass	slow-growing / swelling
<b>Symptom</b>	<ul style="list-style-type: none"><li>• Pain (-)</li><li>• Tenderness (-)</li></ul>	Usually asymptomatic (pain/tenderness may occur)

# Central type neurilemoma

		<b>Our case</b>	<b>Neurilemoma</b>
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• corticated</li></ul>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• Corticated</li></ul>
	<b>Radiodensity</b>	R-L	R-L
	<b>Shape</b>	unilocular	Unilocular /multilocular
	<b>Effect on surrounding structures/adjacent teeth</b>	Root resorption	<ul style="list-style-type: none"><li>• Expansion of inf. Alveolar canal</li><li>• Root resorption</li></ul>

# 4. Neurofibroma

# Neurofibroma V.S. Our case



Our case

# Neurofibroma

	<b>Our case</b>	<b>Neurofibroma</b>
<b>Gender</b>	male	No predilection
<b>Age</b>	54	<b>Young adults</b>
<b>Site</b>	Lower right posterior mandible	Posterior mandible body/ along the path of the mandibular canal
<b>Mucosal Surface</b>	Intact, smooth	Intact, smooth
<b>Other clinical features</b>	Slightly swelling mass	slow-growing / swelling / soft / firm
<b>Symptom</b>	<ul style="list-style-type: none"><li>● Pain (-)</li><li>● Tenderness (-)</li></ul>	Usually asymptomatic (pain/paresthesia may occur)

# Neurofibroma

		Our case	Neurofibroma
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>● Well-defined</li><li>● corticated</li></ul>	<ul style="list-style-type: none"><li>● Well-defined</li><li>● Corticated / indistinct margin</li></ul>
	<b>Radiodensity</b>	R-L	R-L
	<b>Shape</b>	unilocular	Unilocular /multilocular
	<b>Effect on surrounding structures/adjacent teeth</b>	Root resorption	<ul style="list-style-type: none"><li>● Expansion of inf. Alveolar canal in a fusiform shape</li><li>● Root resorption</li></ul>

# **5.Central Odontogenic Fibroma**

# Central odontogenic fibroma

## V.S. Our case



# Central odontogenic fibroma

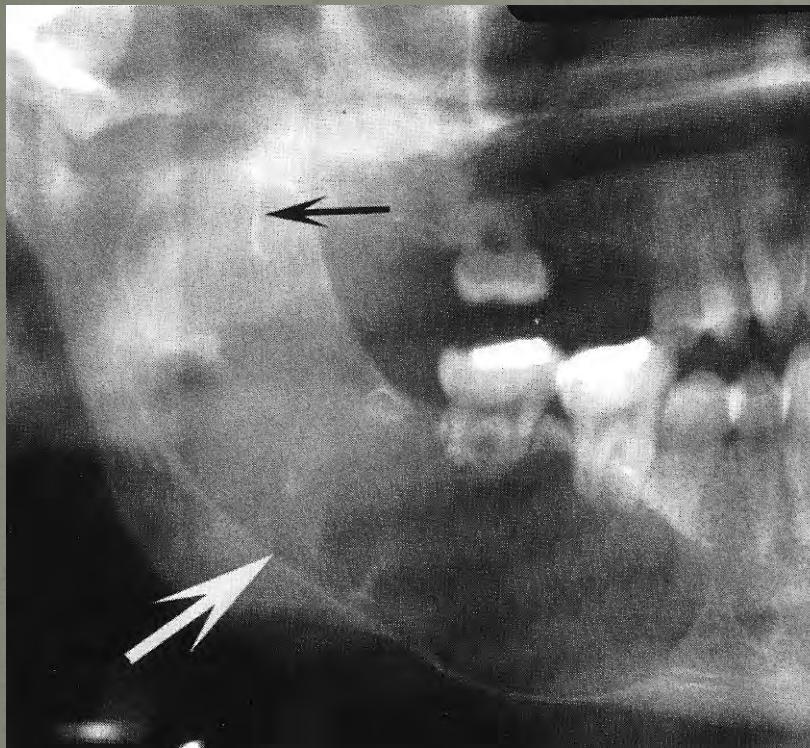
	Our case	Central odontogenic fibroma
Gender	Male	Female
Age	54	4~80 years
Site	Lower right posterior mandible	Located posterior to the first molar in the mandible
Mucosal surface	Intact, smooth	Intact, smooth
Other clinical features	Slightly swelling mass	Swelling/ <b>mobility of the teeth</b>
Symptom	<ul style="list-style-type: none"><li>• Pain (-)</li><li>• Tenderness (-)</li></ul>	Usually asymptomatic

# Central Odontogenic fibroma

		Our case	Central odontogenic fibroma
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>Well-defined</li><li>Corticated</li></ul>	<ul style="list-style-type: none"><li>Well-defined</li></ul>
	<b>radiodensity</b>	R-L	R-L
	<b>Shape</b>	Unilocular	Unilocular/ multilocular with indistinct curved septa (rare)
	<b>Effect on surrounding structures/ Adjacent teeth</b>	<ul style="list-style-type: none"><li>Root resorption</li></ul>	<ul style="list-style-type: none"><li>• Tooth displacement / 1/3 associated with a unerupted teeth</li><li>• Root resorption</li><li>• Bony expansion</li></ul>

# 6. Odontogenic Keratocyst

# Odontogenic keratocyst V.S. Our case



# Odontogenic keratocyst

	<b>Our case</b>	<b>Odontogenic Keratocyst</b>
<b>Gender</b>	male	Male (slightly predilection)
<b>Age</b>	54	10~40
<b>Site</b>	Lower right posterior mandible	posterior mandible and ascending ramus
<b>Mucosal Surface</b>	Intact, smooth	Intact, smooth
<b>Other clinical features</b>	Slightly swelling mass	slow-growing / swelling
<b>Symptom</b>	<ul style="list-style-type: none"><li>• Pain ( - )</li><li>• Tenderness ( - )</li></ul>	Small lesion → Usually asymptomatic Large lesion → pain , swelling and drainage

# Odontogenic keratocyst

		Our case	OKC
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• corticated</li></ul>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• Corticated</li></ul>
	<b>Radiodensity</b>	R-L	R-L
	<b>Shape</b>	unilocular	Unilocular /multilocular
	<b>Effect on surrounding structures/adjacent teeth</b>	Root resorption	Root resorption

# 7. Calcifying odontogenic cyst (Gorlin cyst)

# Calcifying odontogenic cyst V.S. Our case



# Calcifying odontogenic cyst (Gorlin cyst)

	<b>Our case</b>	<b>Calcifying odontogenic cyst</b>
<b>Gender</b>	male	No predilection
<b>Age</b>	54	From infant to elder (mean age: 33)
<b>Site</b>	Lower right posterior mandible	Maxilla = mandible (ant. area: 65%)
<b>Mucosal Surface</b>	Intact, smooth	Intact, smooth
<b>Other clinical features</b>	<ul style="list-style-type: none"><li>• Size: 2.5cm*4 cm</li><li>• Slightly swelling mass</li></ul>	<ul style="list-style-type: none"><li>• most between 2-4cm in diameter</li><li>•Slow growing</li><li>•swelling</li></ul>
<b>Symptom</b>	<ul style="list-style-type: none"><li>• Pain ( - )</li><li>• Tenderness ( - )</li></ul>	<ul style="list-style-type: none"><li>• Pain ( - )</li></ul>

# Calcifying odontogenic cyst (Gorlin cyst)

		<b>Our case</b>	<b>Calcifying odontogenic cyst</b>
X-ray	<b>border</b>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• corticated</li></ul>	<ul style="list-style-type: none"><li>• Well-defined</li><li>• Corticated</li></ul>
	<b>Radiodensity</b>	R-L	R-L
	<b>Shape</b>	unilocular	Unilocular(often)/ multilocular
	<b>Effect on surrounding structures/adjacent teeth</b>	Root resorption	<ul style="list-style-type: none"><li>•Root resorption or divergence</li><li>•Associated with a tooth (20-50%)</li><li>•Sometimes destroy the cortical plate</li></ul>

# Clinical impression

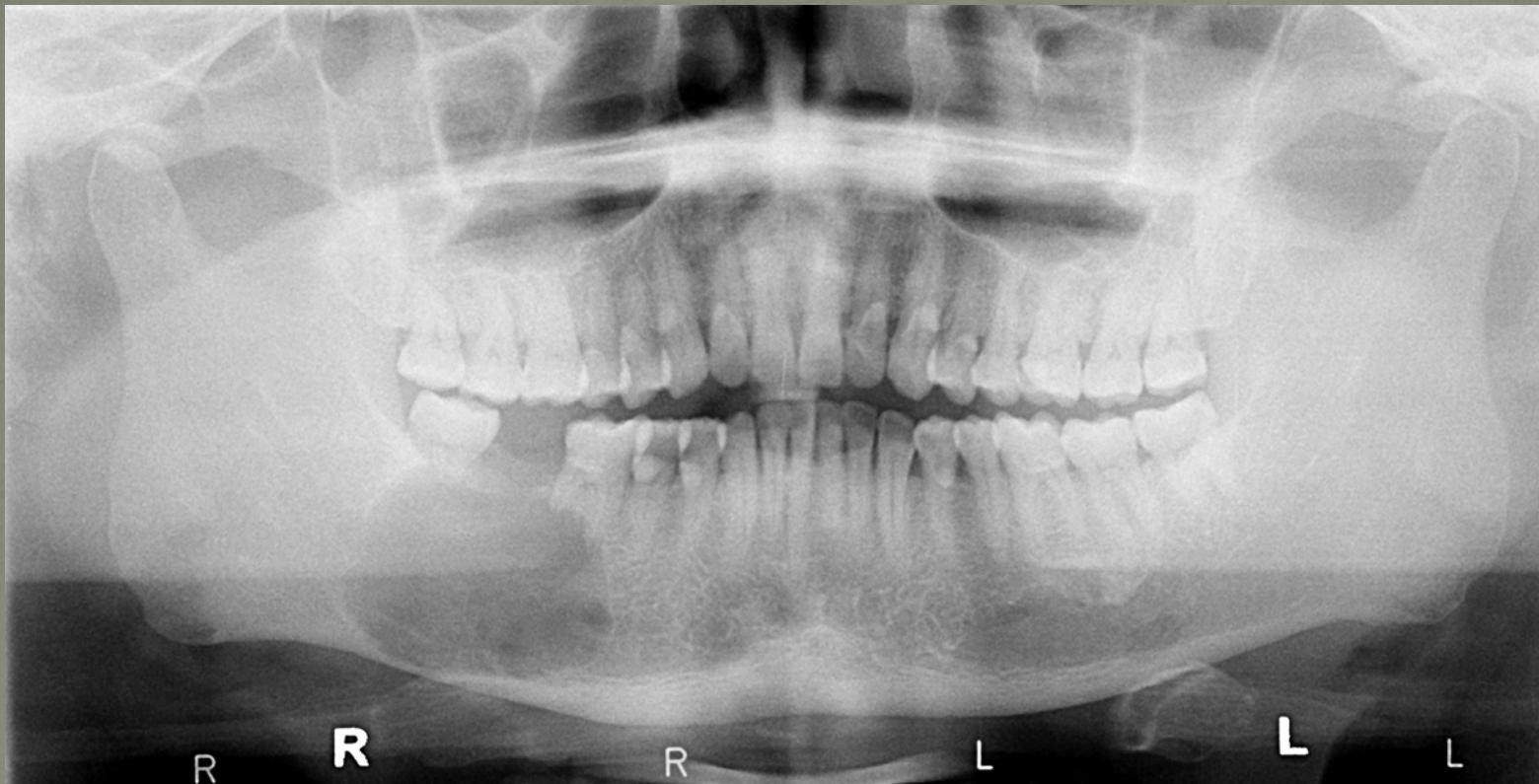
- Neurilemoma  
( Right mandibular body)

# Treatment course

The decompression button was put in site, the H-P report is apical granuloma. Because of patient felt severe uncomfortable, so this device was removed after 2 weeks, but kept irrigating through the extraction wound.

96/07~96/09: OPD F/U. The bone lesion seems improved. 96/09/05 re-biopsy the HP report is inflammed cyst. Because the decompression device can't be put in the right site, so Dr. 陳俊明 arranged CT and OP on 96/10/17 for enucleation the lesion.

2007. 08. 15



- 47 was extracted.
- The lesion seems to improve slightly.

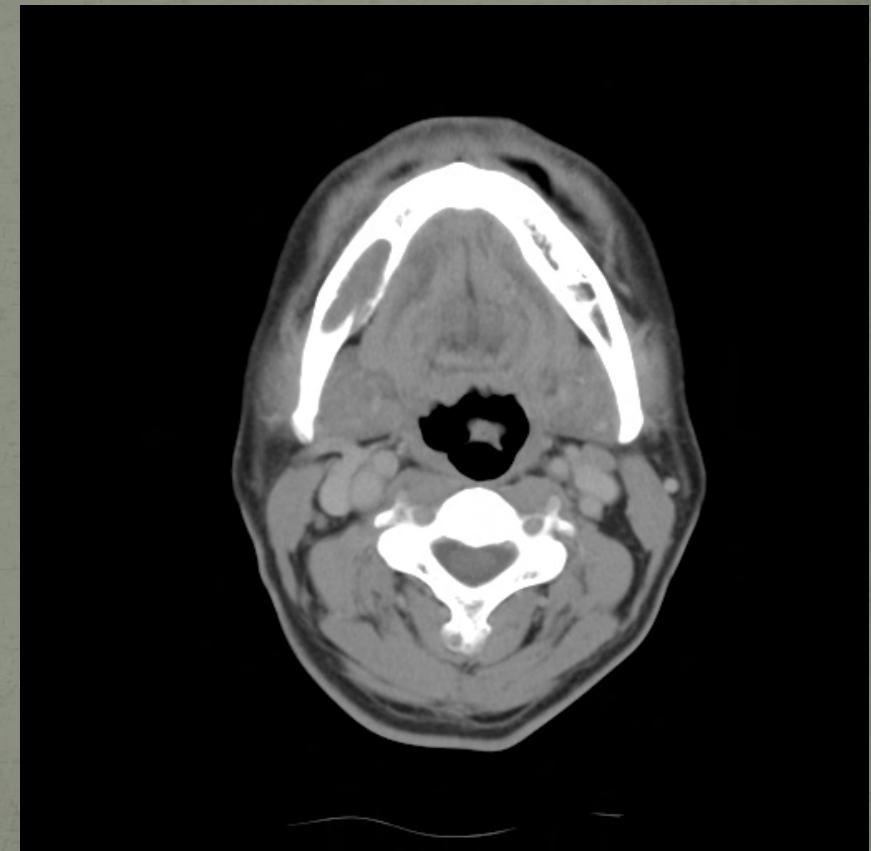
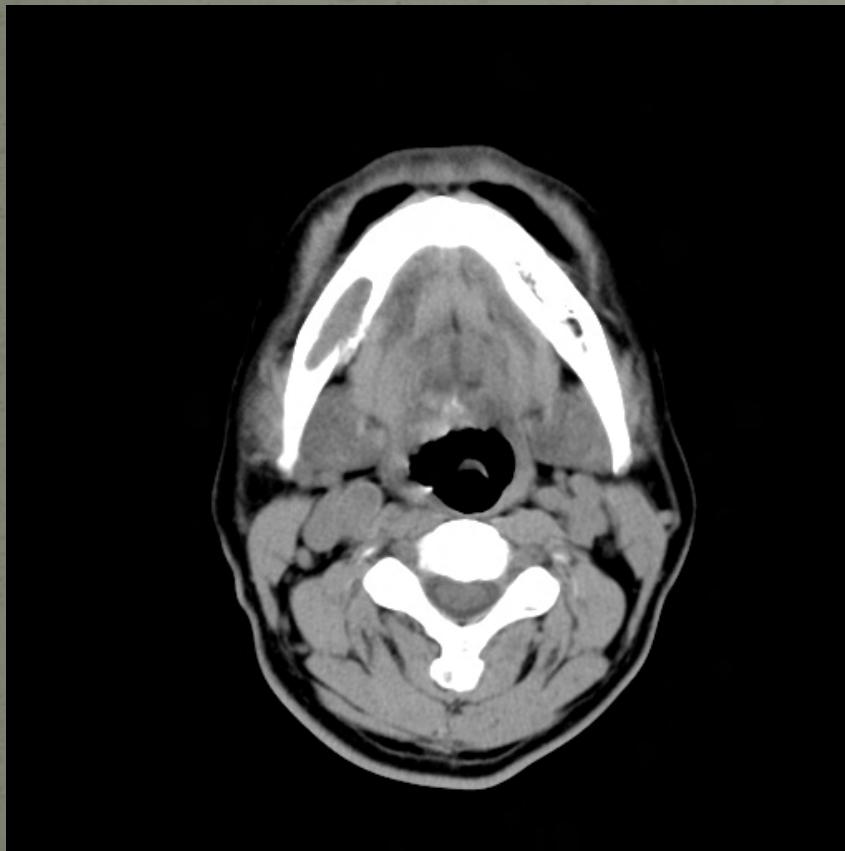
# PA, Lat, and Water's view



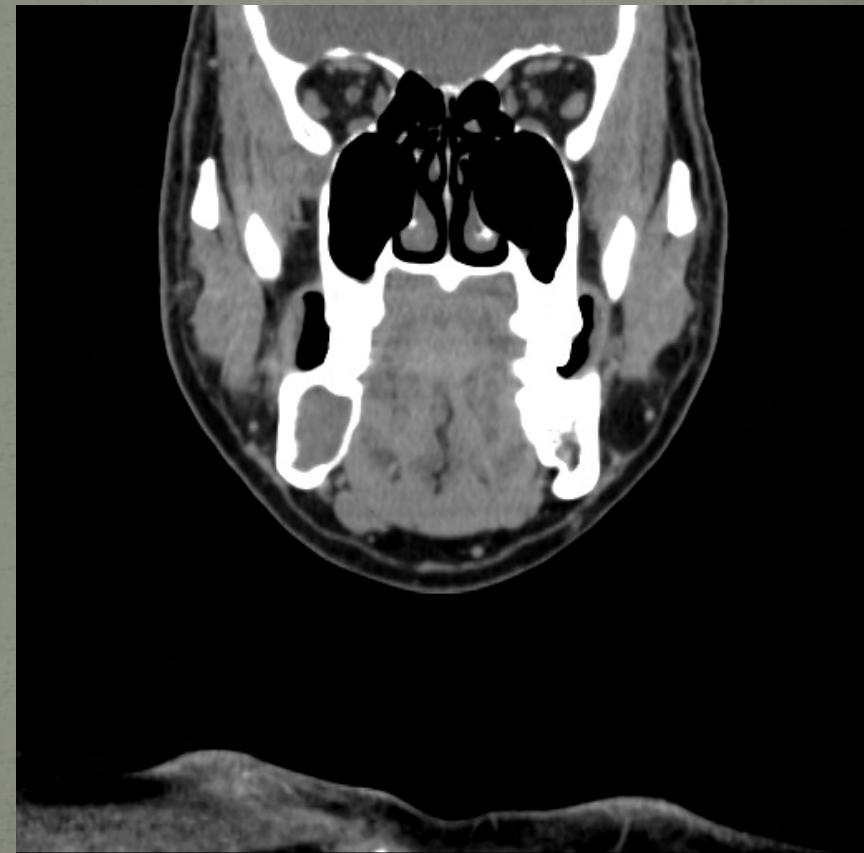
- The calvarium is intact.
- The sella turcica is not enlarged.
- The bony structures of the orbits and sinuses are intact.
- An expansile cystic lesion in the right mandible is noted.
- The paranasal sinuses are clear.
- No nasal septal deviation is noted.
- The visible soft tissue also appears unremarkable.



# CT horizontal



# CT coronal



# CT of oral cavity

- The pre- and post- contrast enhanced axial and coronal images were obtained.
- The bone window of the images was also reviewed
- There was solitary, unilocular, expansile lesion (3.3X1X2.3 cm<sup>3</sup>) in right posterior body of mandible. The lesion showed mild enhancement
- Prominent uvula and right side soft palate was found
- The paranasal sinuses were clear
- The orbits appeared unremarkable
- The skull base, including the foramina lacerum and ovale, were not eroded.

# Surgical treatment

- Bone tumor excision + extraction of 46 and 48

# OP diagnosis

- 手術前 : suspected odontogenic keratocyst over R't mandibular body
- 手術後 : suspected odontogenic tumor on R't mandibular body

# Final HP report

- Neurilemoma (schwanomma)

A collage of four photographs showing people smiling and interacting in various settings. Top left: Two women smiling closely together. Top right: A woman smiling while holding a small child. Bottom left: A man sitting and holding a small child. Bottom right: A group of people sitting together, smiling. The entire collage is framed by a white border.

**Thank you for your attention!**