

# Case Report

Intern J

指導醫師：口腔病理科全體醫師

# Personal Data

- Name : 郭XX
- No. of Chart : 2XXXXXX3
- Gender : Male
- Age : 64 y/o
- Occupation : 農
- Date of first visit : 100/4/27

# Chief Complaint

- Asking for mass evaluation over tongue for two months.

# Present Illness

- This 64 y/o male has been suffered from a mass over left anterior dorsal tongue for two months. It is painless, hard, whitish, and non-tenderness. The patient worried about this mass, so he came to Oral Surgery Dept of KMU for further examination.

# Past Medical History

- Systemic disease : Denied
- Drug/food allergy : Denied
- Hospitalization : Denied

# Past Dental History

- Unknown.

# Personal Habits

- Alcohol drinking (-)
- Betel quid chewing (-)
- Cigarette smoking (-)
- Denied other specific habits

# Physical Examination

- A 0.3 cm x 0.4 cm exophytic nodule over left anterior tongue area.
- Mobility : Fixed
- Base : Sessile
- Surface : Smooth
- Color : White
- Consistency : Hard
- Pain : (-)
- Fluctuation : (-)
- Tenderness : (-)
- Induration : (-)
- Lymphadenopathy : (-)





Inflammation

Cyst

Neoplasm

	Our case	Inflammation	Cyst	Neoplasm
Color	Whitish	Red	Normal	Variable
Discharge	-	+	-	-
Consistency	Hard	Rubbery	Soft	Firm
Pain	-	+	-	+/-
Ulceration	-	-	-	+/-
Mobility	Fixed	Fixed	Fixed	Fixed
Duration	Two months	Days	Years	Months

Inflammation

Cyst

Neoplasm

	Our case	Benign	Malignancy
Surface	Smooth	Smooth	Rough
Ulceration	-	-	+
X-ray margin	-	Well-defined	Poor-defined
Mobility	Fixed	Movable	Fixed
Lap	-	-	+
Duration	Two months	Years	Months

Inflammation

Cyst

Neoplasm

Benign

Malignant

Inflammation

Cyst

Neoplasm

Benign

Malignant

Central

Peripheral

# Working Diagnosis

- Soft tissue masses (lumps and bumps) over tongue
  - Irritation fibroma
  - Tumors of neural origin (neurofibroma, schwannoma)
  - Granular cell tumor
  - Choristoma
  - Low-flow venous malformations (Hemangioma)

# Irritation fibroma

- Reactive hyperplasia of fibrous connective tissue
- A nodular mass of fibrous CT covered by stratified squamous epi.
- Not encapsulate, Atrophy of rete ridges hyperkeratosis
- Conservative surgical excision, recurrent is extremely rare



# Comparison

	Our case	Irritation Fibroma
Gender	M	M:F=1:2
Age	64	40~60
Site	Tongue	BM, labial mucosa, tongue, gingiva
Pain	-	-
Ulcer	-	-(+ secondary)
LAP	-	-
Consistency	Hard	Firm
Shape	Well-defined	Well-defined
Features	Smooth surfaced, whitish nodule, sessile, 0.3X0.4cm	Smooth surface, pink nodule, sessile, <1.5 cm

# Neurofibroma

- A benign nerve sheath tumor in the peripheral nervous system. Usually found in individuals with neurofibromatosis type I (NF1), an autosomal dominant genetically-inherited disease, they can result in a range of symptoms from physical disfiguration and pain to cognitive disability. \
- Neurofibromas arise from Schwann cells that exhibit biallelic inactivation of the NF1 gene that codes for the protein neurofibromin. This protein is responsible for regulating the RAS-mediated cell growth pathway.
- In contrast to schwannomas, another type of tumor arising from Schwann cells, neurofibromas incorporate many additional types of cells and structural elements in addition to Schwann cells, making it difficult to identify and understand all the mechanisms through which they originate and develop.

# Comparison

	Our case	Granular cell tumor
Gender	M	No predilection
Age	64	Young adults
Site	tongue	Posterior mandible body/along the path of the mandibular canal
Pain	-	May occur
Ulcer	-	-
LAP	-	-
Color	White	-
Consistency	Hard	Firm
size	0.3X0.4 cm	-
Features	Sessile base , smooth surface	Slow-growing/ swelling/ soft/ firm

# Granular cell tumor

- Originally : skeletal muscle origin
- Recently : deviation from Schwann cells
  - ⇒ granular cell schwannoma
- Most common in oral cavity and skin
- Single most common site : tongue (dorsum)
- Conservative local excision

# Comparison

	Our case	Granular cell tumor
Gender	M	F to M(2:1)
Age	64	30~60
Site	tongue	tongue
Pain	-	-
Ulcer	-	-
LAP	-	-
Color	White	Pink/Yellow
Consistency	Hard	Firm
size	0.3X0.4 cm	<2 cm
Features	Sessile base , smooth surface	Asymptomatic sessile nodule

# Choristoma

- A tumorlike growth of microscopically normal tissue in an abnormal location.
- The most observed choristomas of the oral cavity are those that consist of bone, cartilage, or both.
- Microscopic examination of choristomas shows a well-circumscribed mass of dense lamellar bone or mature cartilage that is surrounded by dense fibrous connective tissue.

# Comparison

	Our case	Choristomas
Gender	M	F, >70%
Age	64	-
Site	Left anterior tongue	85% Tongue
Pain	-	-
Ulcer	-	-
LAP	-	-
Consistency	Hard	Firm
Shape	Well-defined	Well-defined
Features	Smooth surfaced, sessile, nodule, whitish, 0.3X0.4cm	Smooth surfaced, sessile or pedunculated nodule between 0.5 and 2.0cm in diameter

# Low-flow venous malformations(Hemangioma)

- Encompass a wide spectrum of lesions, from small isolated ectasias to complex growths that involve multiple tissues and organs.
- They are present at birth, although they may not always be immediately apparent.
- Secondary thrombosis and phlebolith formation can occur.



# Comparison

	Our case	Low-flow venous malformations
Gender	M	-
Age	64	At birth
Site	Left anterior tongue	Wide range
Pain	-	-
Ulcer	-	-
LAP	-	-
Consistency	Hard	Firm
Shape	Well-defined	Well-defined
Features	Smooth surfaced, sessile, nodule, whitish, 0.3X0.4cm	Blue color, easily compressible.

# Clinical impression

- Fibroma over left anterior dorsal tongue.

# Histological Diagnosis

- Osseous choristoma, left anterior dorsal tongue.