

口腔病理診斷科

CASE REPORT

實習D組:李翊豪 許璧仔 張淳涵 余舜仁 郭孝緯

指導醫師:林立民教授
陳玉昆主任
王文岑醫師
陳靜怡醫師
謝牧諺醫師
2010/01/25

GENERAL DATA

GENERAL DATA

- Personal Data
 - Name: 簡 x 輝
 - Gender: Male
 - Age: 77
 - Native: 台灣嘉義
 - Occupation: 無
 - First visit: 98/12/18

- Chief Complaint:
 - Referred from 陳慶長牙醫診所 for right maxillary edentulous ridge over tooth 17



- Present illness

- The 77 y/o male went to 陳XX LDC for oral examination. The dentist found a dark pigmented lesion over 17 edentulous area and suggested him to come to our OPD for further examination.

- Past Medical History
 - Diabetes mellitus
 - Hospitalization history (-)
 - Denied any food and drug allergy
- Past Dental History
 - RPD, PFM crown, Metal C&B, Endo tx.
 - General dental treatment
- Attitude to dental treatment
 - Cooperative

- Personal data
 - Risk factor related to malignancy
 - Alcohol: (-)
 - Betel nut: (-)
 - Cigarette: (-)
 - Other Habit: unknown

Intraoral examination

- Size: 1.5 cm X 1.5 cm
- Surface: smooth
- Color: Dark brown to black
- Shape: Irregular
- Pain: (-)
- Tenderness: (-)
- Fluctuation: (-)
- Induration: (-)



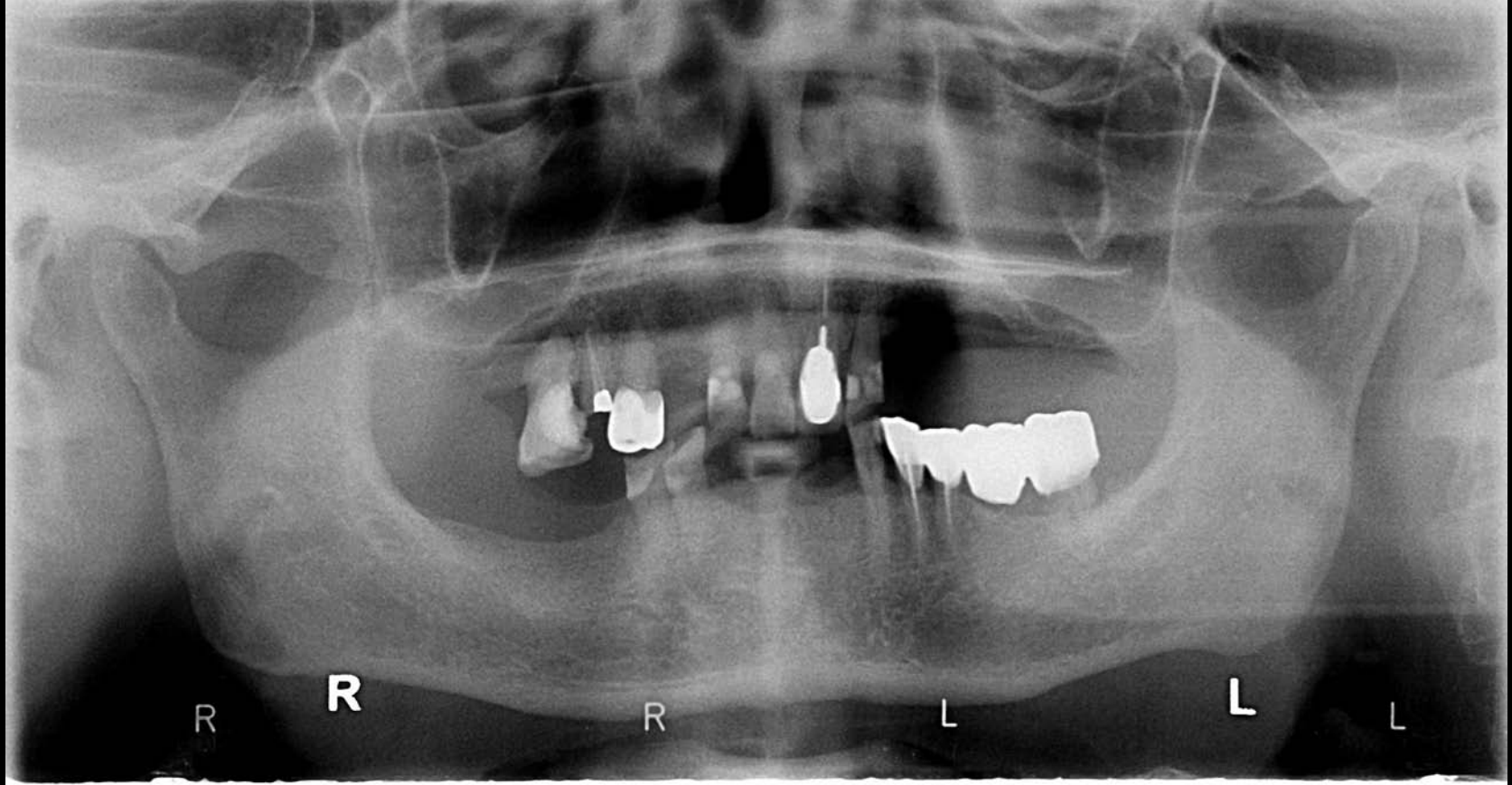
Intraoral examination



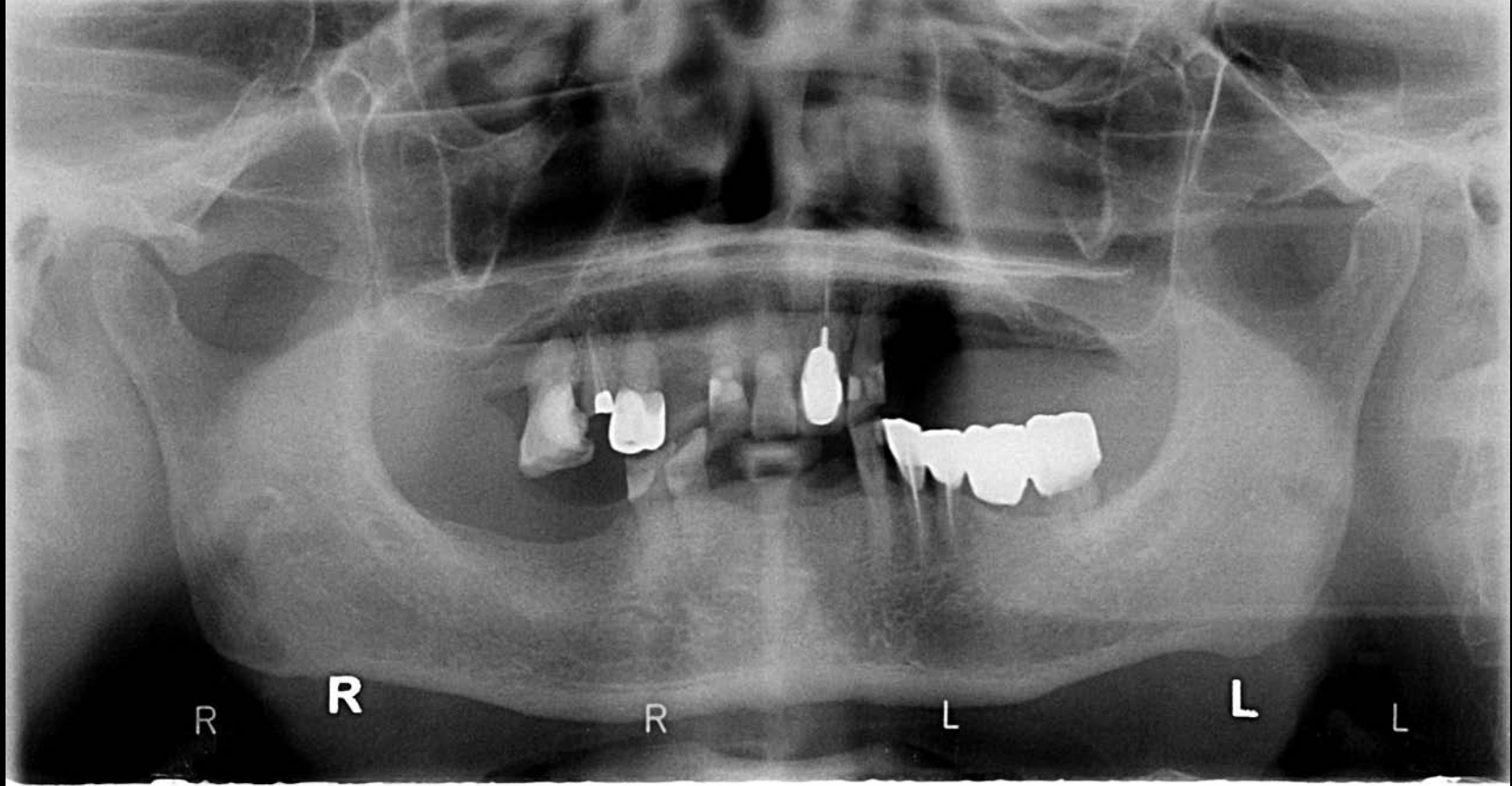
Intraoral examination

- Dental findings:
 - Missing teeth: 13, 17, 18, 23, 24, 25, 26, 27, 28, 31, 32, 36, 38, 41, 42, 43, 46, 47, 48
 - PFM Crown: 21
 - Metal C&B: 34 35 X 37
 - Residual Root: 15

X-RAY FINDING



- No special finding over 17 edentulus area
- There is a well-defined radiolucency with an uncorticated margin extending from tooth 22 distal to left premolar edentulus area and from maxilla bone to the incisal edge of tooth 33 measuring approximately 1x2 cm.



Dental findings:

- Missing: 18, 17, 13, 23, 24, 25, 26, 27, 28, 38, 36, 32, 31, 41, 42, 43, 46, 47, 48
- Restoration: 15, 21 metal crown, 34 35 x 36 C&B
- Endo: 15, 21, 34, 35
- Filling: 12, 16, 22
- Elongation: 16



- There is a surface erosion over 17 edentulous ridge

WORKING DIAGNOSIS

Working Diagnosis

- **Disease origin :**
 - 1. *Peripheral or intra-bony origin ?***
 - 2. *Inflammation or cyst or neoplasm ?***
 - 3. *Benign or malignant ?***

1. Peripheral or intra-bony origin?

- Induration : (-)
- Bony destruction : (+)
- Bony expansion : (-)

→ Peripheral origin

2. Inflammation, cyst or neoplasm?

- **Color : black and brown**
- **Fever or Local heat : (-)**
- **Lymphadenopathy : (+)**
- **Pus discharge : (-)**
- **Duration : unknown**
- **Fluctuation : (-)**



Neoplasm

3. Benign or malignant neoplasm?

- Pain : (-)
- Tenderness : (-)
- Ulceration: (-)
- Induration : (-)
- Lymphadenopathy : (+)
- Bone invasion : (+)

 **Malignant**
(but cannot rule out benign)

Working Diagnosis : Neoplasm

Oral Melanoma

Oral Melanotic macule

Oral Melanocytic nevus

Oral Melanoacanthoma

DIFFERENTIAL DIAGNOSIS

Oral Melanoma

	Mucosal Lentiginous Melanoma	Our case
Sex	2/3 male	Male
Race	Black	Asian
Age	60~80	77
Size	>6mm	15x15 mm
Shape	Irregular	Irregular
Surface	may have ulceration and bleeding	Smooth
Colour	Darkly pigmented	Brown to black
Pain	Painless (except in ulcerated type)	Painless
Site	4/5 hard palate & maxillary alveolus	17 edentulous area
Consistency	Soft	Unknown
Base	Macule to nodule (flat at early stage)	Flat
X-ray finding	Irregular or moth-eaten	Surface erosion

Oral Melanoma



Our case



Melanotic macule

	Melanotic macule	Our case
Site	Lip, buccal mucosa, gingiva , palate	17 edentulus area
Age	Any age, 43 y/o in average	77
Sex	Not specified	Male
Colour	Tan to dark brown	Dark brown to black
Symptom	Asymptomatic	Asymptomatic
Size	7x7 mm or smaller	15x15 mm
Shape	Round or oval	Irregular
Margin	Well-demarcated	Well-demarcated
Growth	Remains constant	Unknown
X-ray	Normal	Surface erosion

Melanotic Macule



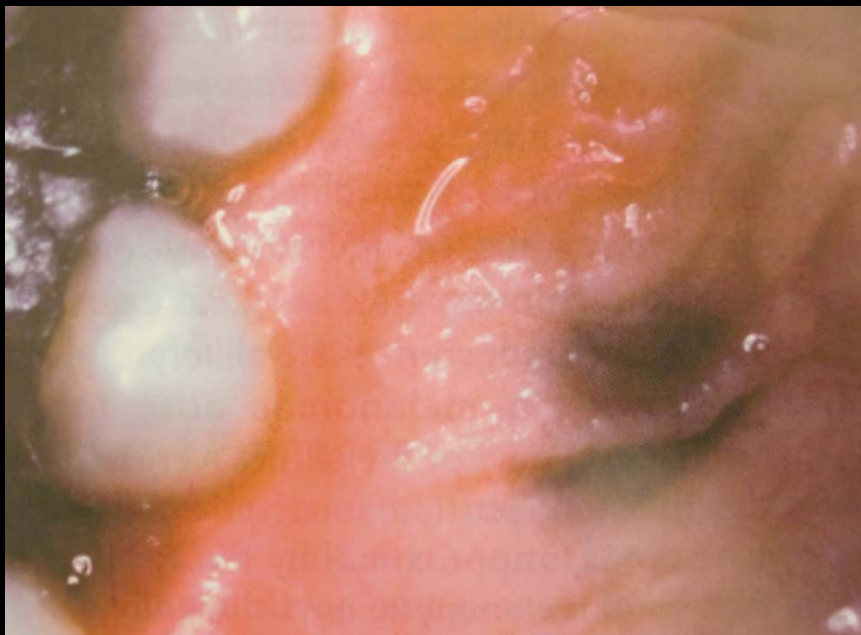
Our case



Melanocytic nevus

	Acquired Melanocytic Nevus (intraoral melanocytic nevus)	Our Case
Site	Palate , gingiva	17 edentulous area
Size	less than 6 mm	15 X 15 mm
Colour	brown or black (more than 20% lack pigmentation)	Brown to black
Surface	Smooth	Smooth
Age	35 years old	77 y/o
Sex	2/3 female	male
Race	White > Asians or black	Asians
margin	Well-demarcated	Well-demarcated
X-ray	Normal	Surface erosion

Melanocytic nevus



Our case



Melanoacanthoma

	Melanoacanthoma	Our case
Age	20-40 y/o	77 y/o
Gender	Female > Male	Male
Symptom	No symptom , but enlarge rapidly	No symptom Pain: (-) Tenderness: (-)
Site	Buccal mucosa	17 palatal tuberosity 18 edentulous ridge
Colour	Dark brown to black	Brown to Black
Surface	Smooth , flat, or slightly raised	Smooth
Size	Occasionally reach diameter of several centimeters	1.5 x 1.5 cm
Racial	Exclusively in black	Asian

Melanocanthoma



Our case



Impression:

Malignant Melanoma

BIOPSY

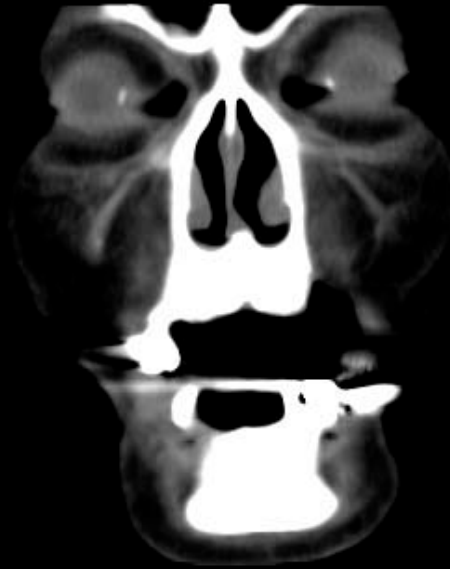
- Biopsy incised over 17 edentulous area on 98.12.18
- The specimen submitted consists of 1 soft tissue fragment in 1 bag, fixed in formalin, measuring 0.6x0.4x0.2 cm in size.
- Grossly, it is whitish in color and rubbery in consistency.

- Microscopically, it is characterized by atypical melanocytes and pigments, the melanocytes invade connective tissue and epithelium.
- These cells show pleomorphism, hyperchromatism, and abnormal mitosis.

- Positive stainings for S-100 and HMB-45 for tumor cells are noted.
- Based upon the above findings, it shows melanoma.

C
T IMAGE

CT image (coronal view)



CT image



CT image



CT image



CT image



CT image



CT image



CT image



CT image



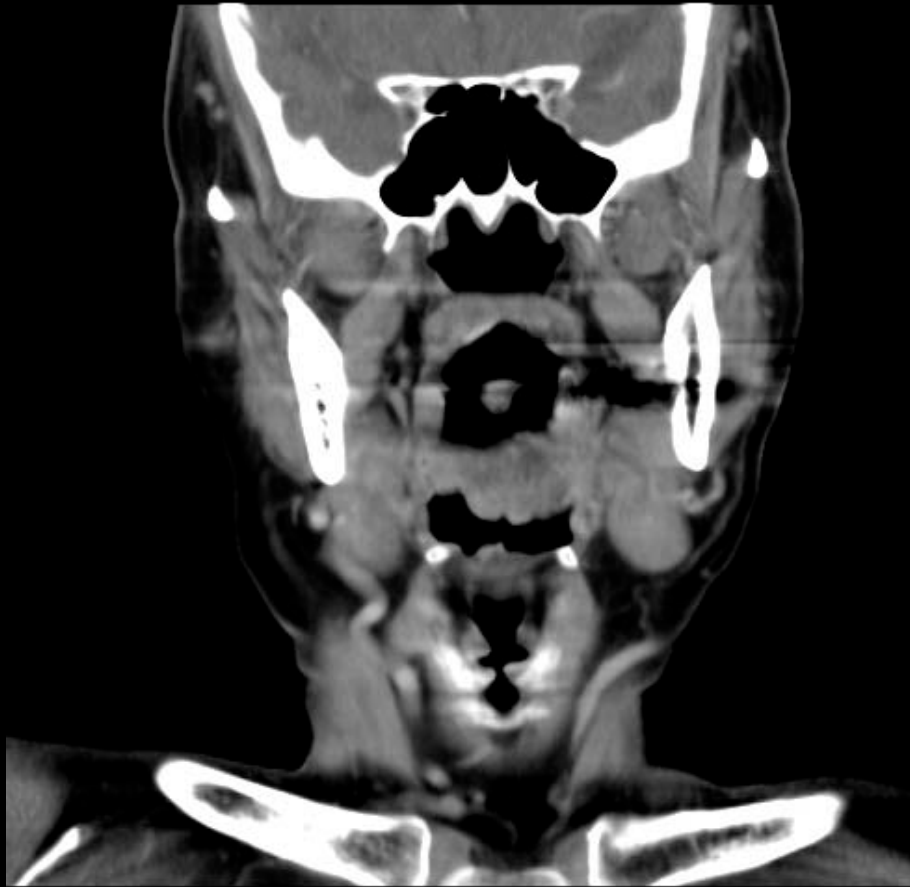
CT image



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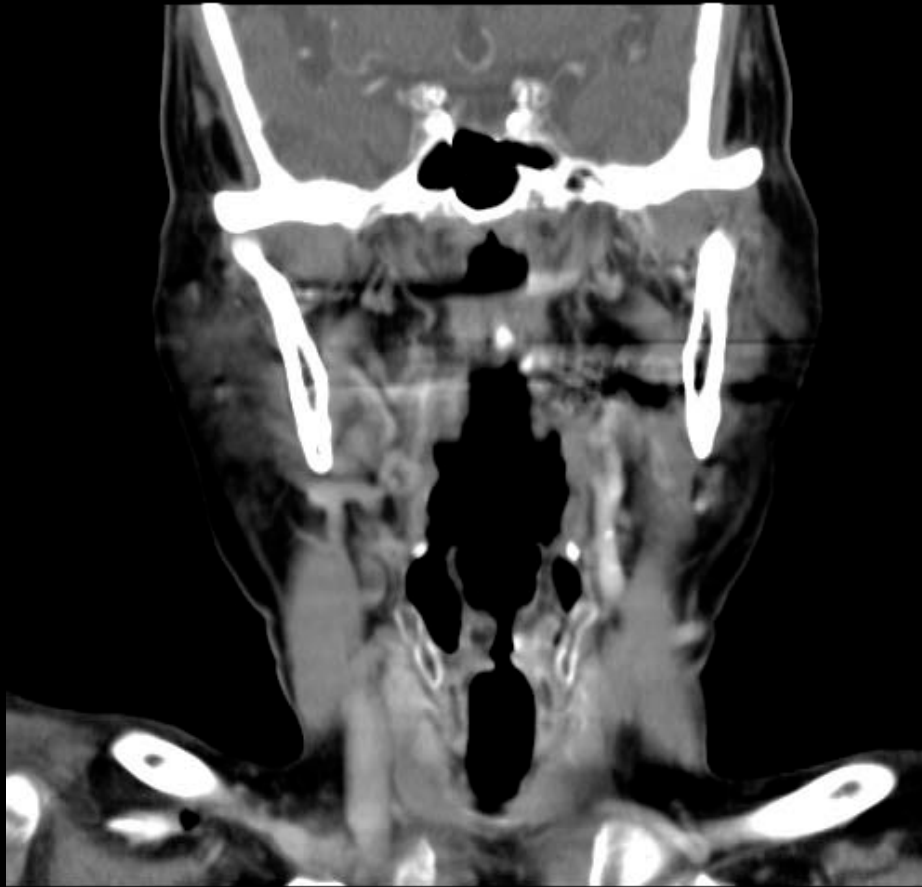
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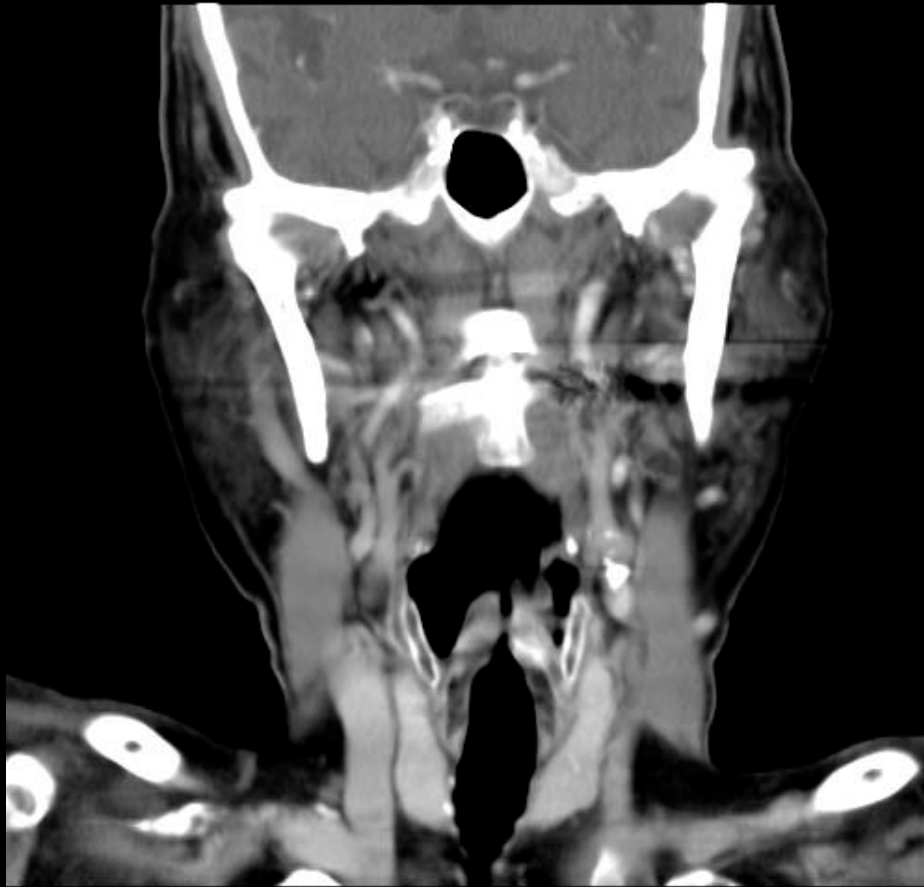
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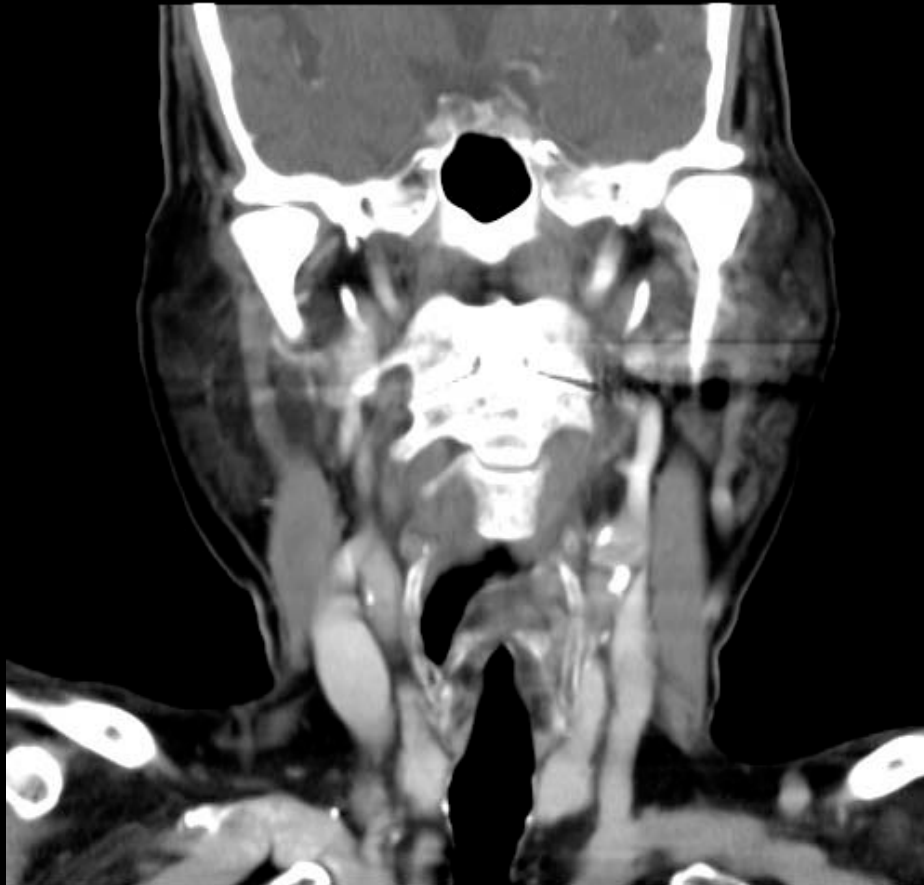
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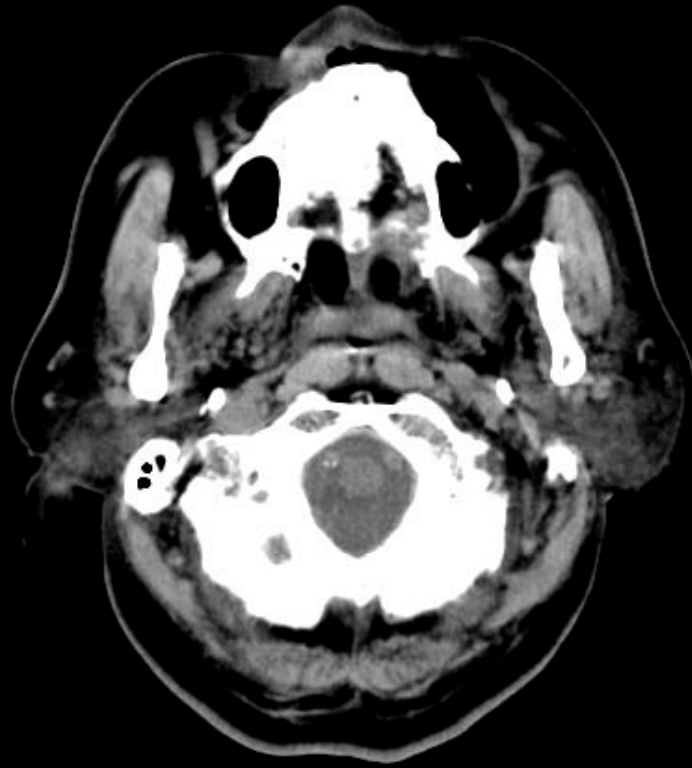
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CT image



CT image (axial view)



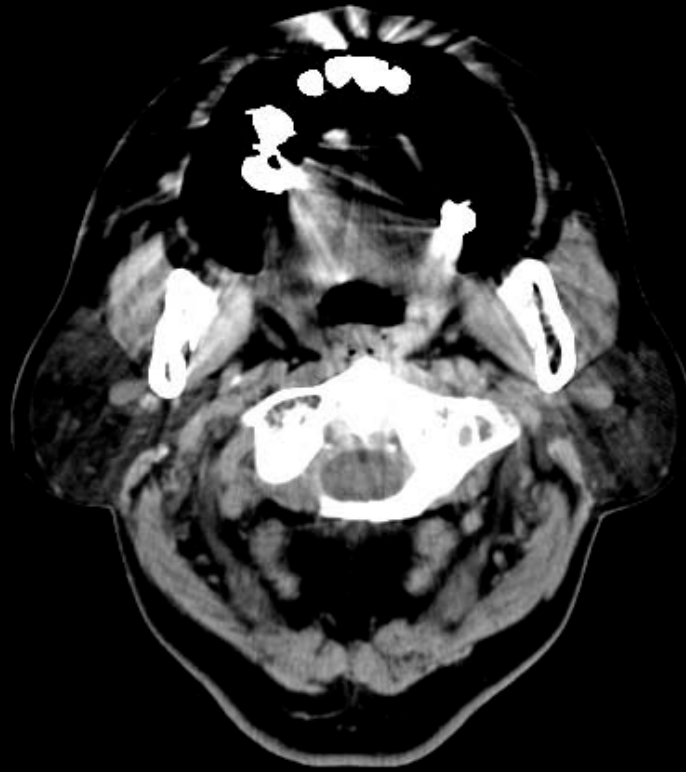
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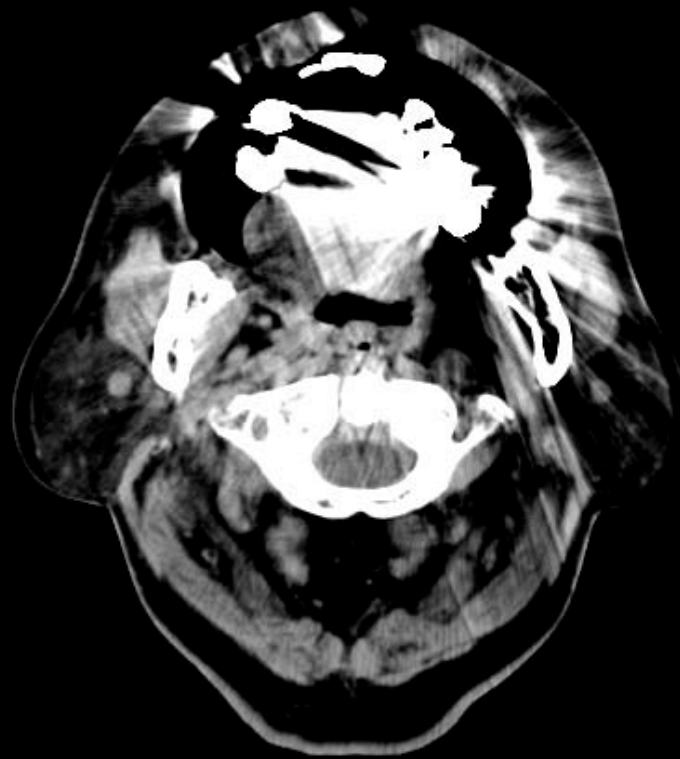
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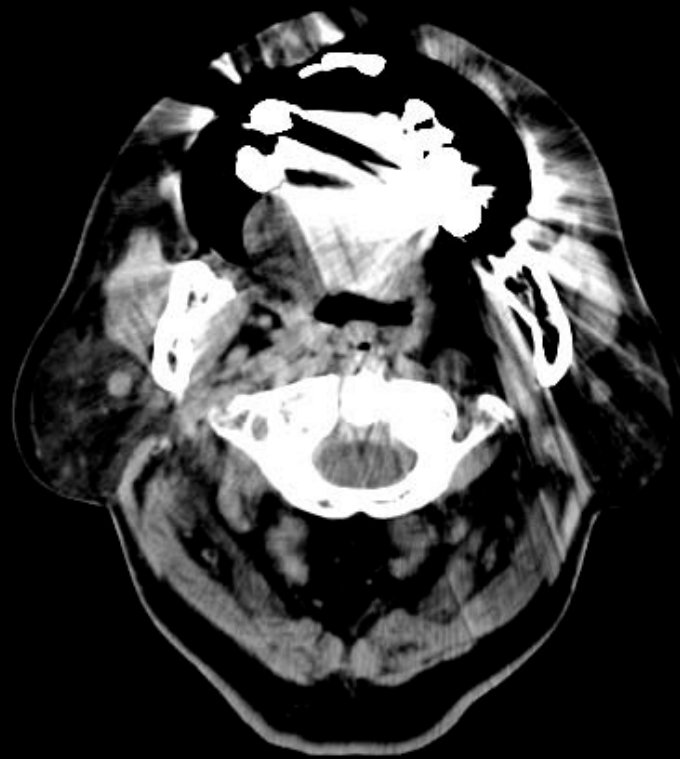
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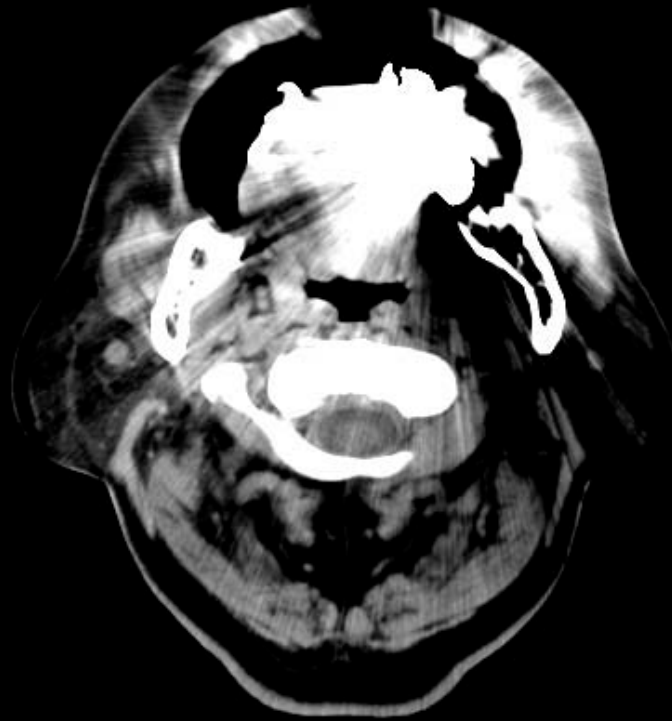
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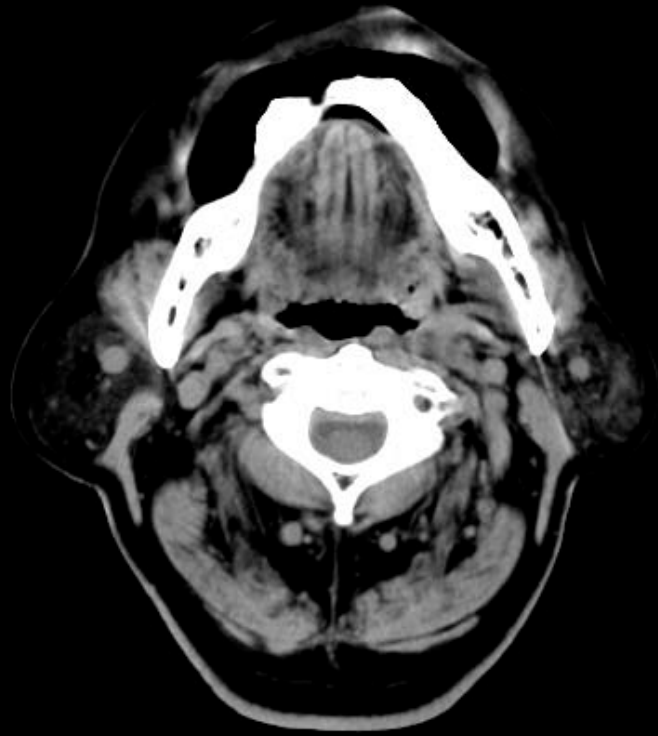
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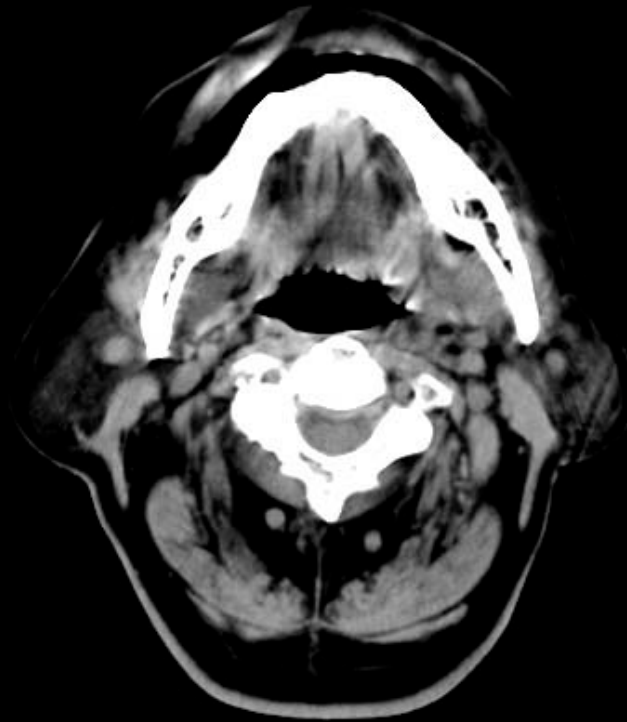
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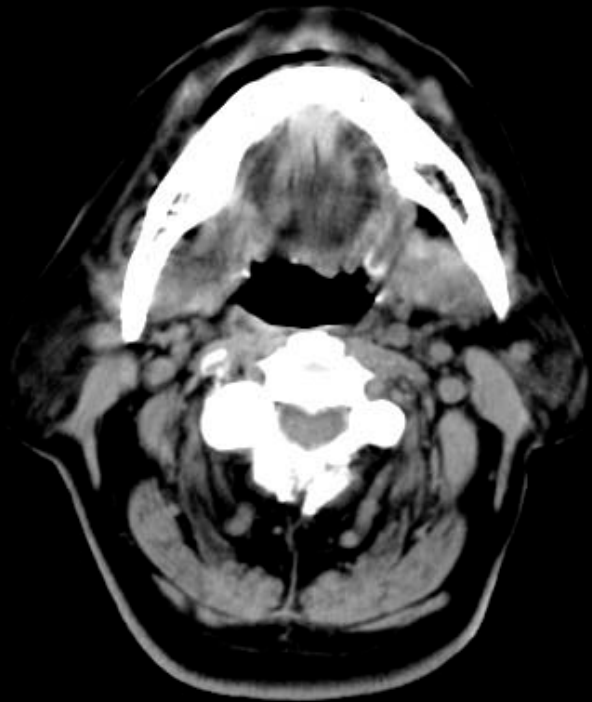
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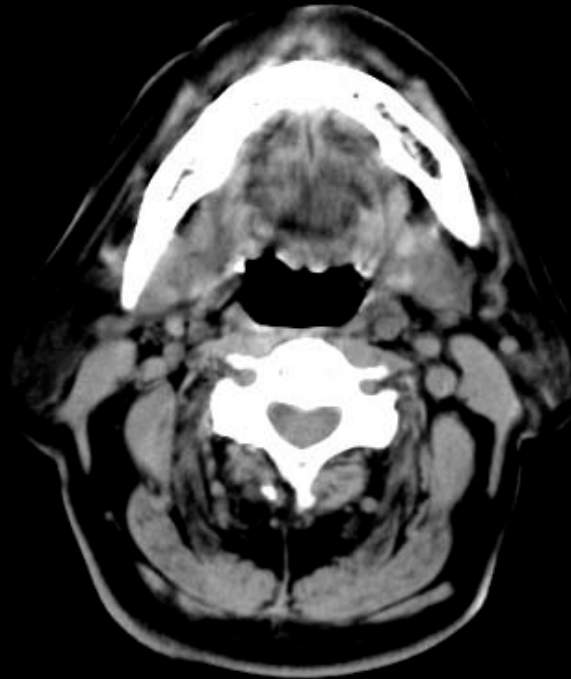
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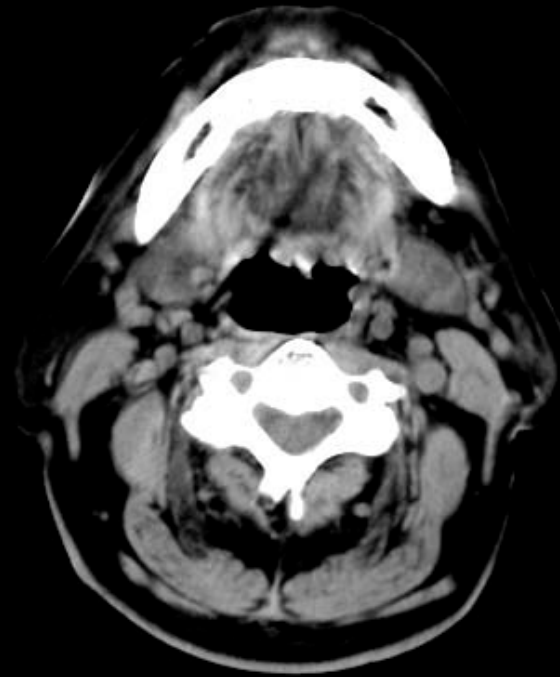
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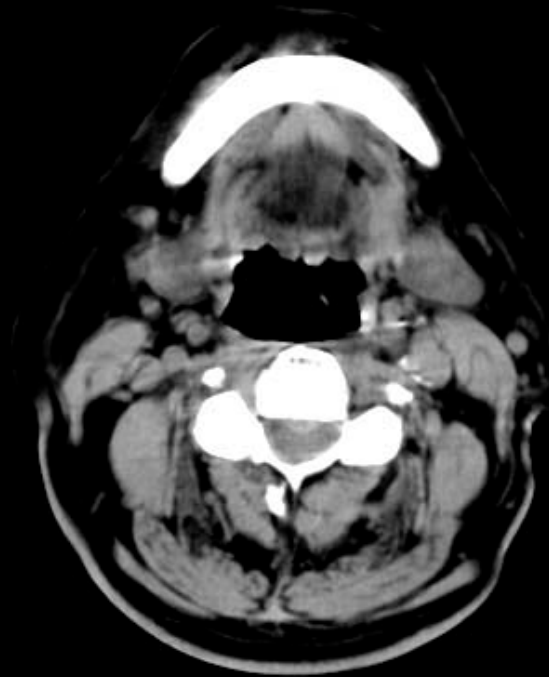
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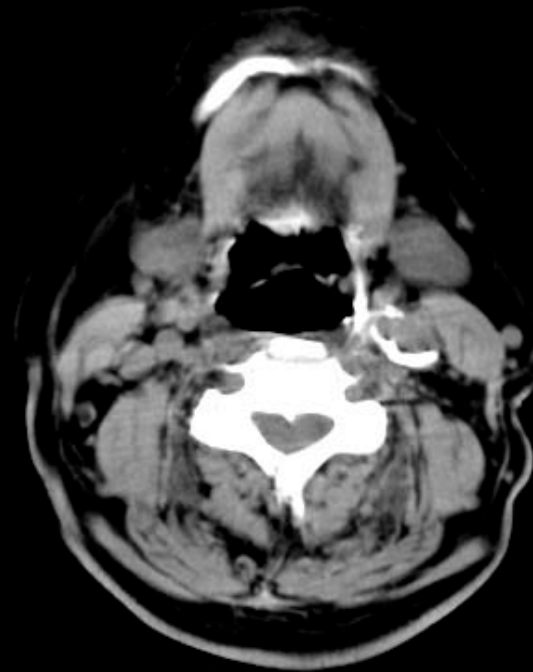
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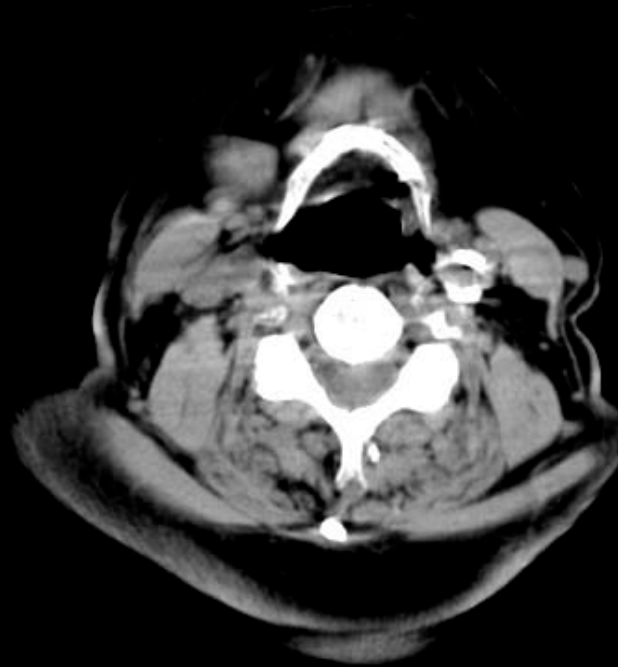
CT image



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P OSITRON EMISSION TOMOGRAPHY

ReFormat 28 Fusion
Ex: 8365
Se: 1
I: 76.3

A 150

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

ReFormat 29 Fusion
Ex: 8365
Se: 1
I: 69.7

A 150

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

ReFormat 30 Fusion
Ex: 8365
Se: 1
I: 66.5

A 150

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

DFOV 30.0 cm
100/28

DFOV 30.0 cm
100/29

DFOV 30.0 cm
100/30

50 % PET

50 % PET

50 % PET

R
1
5
0

L
1
5
0

L
1
5
0

L
1
5
0

2,3/

2,3/

2,3/

3.3mm /3.3var.sp

3.3mm /3.3var.sp

3.3mm /3.3var.sp

10:10:12 AM
m=0.0 M=42.5 kBq/ml
Ex: 8365
Se: 1
I: 56.7

P 150

Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

ReFormat 33 Fusion
Ex: 8365
Se: 1
I: 50.1

P 150

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

ReFormat 34 Fusion
Ex: 8365
Se: 1
I: 46.9

P 150

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

DFOV 30.0 cm
100/32

DFOV 30.0 cm
100/33

DFOV 30.0 cm
100/34

50 % PET

50 % PET

50 % PET

R
1
5
0

L
1
5
0

L
1
5
0

L
1
5
0

2,3/

2,3/

2,3/

3.3mm /3.3var.sp

3.3mm /3.3var.sp

3.3mm /3.3var.sp

10:10:12 AM
m=0.0 M=42.5 kBq/ml

P 150

10:10:12 AM
m=0.0 M=42.5 kBq/ml

P 150

10:10:12 AM
m=0.0 M=42.5 kBq/ml

P 150

Reformat 13 Fusion
Ex: 8365
Se: 1
R: 34.0

DFOV 30.0 cm
101/13

50 % PET
A
1
5
1

2,3/
3,3mm /3,3var.sp
10:10:12 AM
m=0,0 M=42,5 kBq/ml
I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009

Reformat 14 Fusion
Ex: 8365
Se: 1
R: 29,3

DFOV 30.0 cm
101/14

50 % PET
A
1
5
1

2,3/
3,3mm /3,3var.sp
10:10:12 AM
m=0,0 M=42,5 kBq/ml
I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009

Reformat 15 Fusion
Ex: 8365
Se: 1
R: 24,6

DFOV 30.0 cm
101/15

50 % PET
A
1
5
1

2,3/
3,3mm /3,3var.sp
10:10:12 AM
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I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009

Reformat 16 Fusion
Ex: 8365
Se: 1
R: 19,9

DFOV 30.0 cm
101/16

50 % PET
A
1
5
1

2,3/
3,3mm /3,3var.sp
10:10:12 AM
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I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009

Reformat 17 Fusion
Ex: 8365
Se: 1
R: 15,2

DFOV 30.0 cm
101/17

50 % PET
A
1
5
1

2,3/
3,3mm /3,3var.sp
10:10:12 AM
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I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009

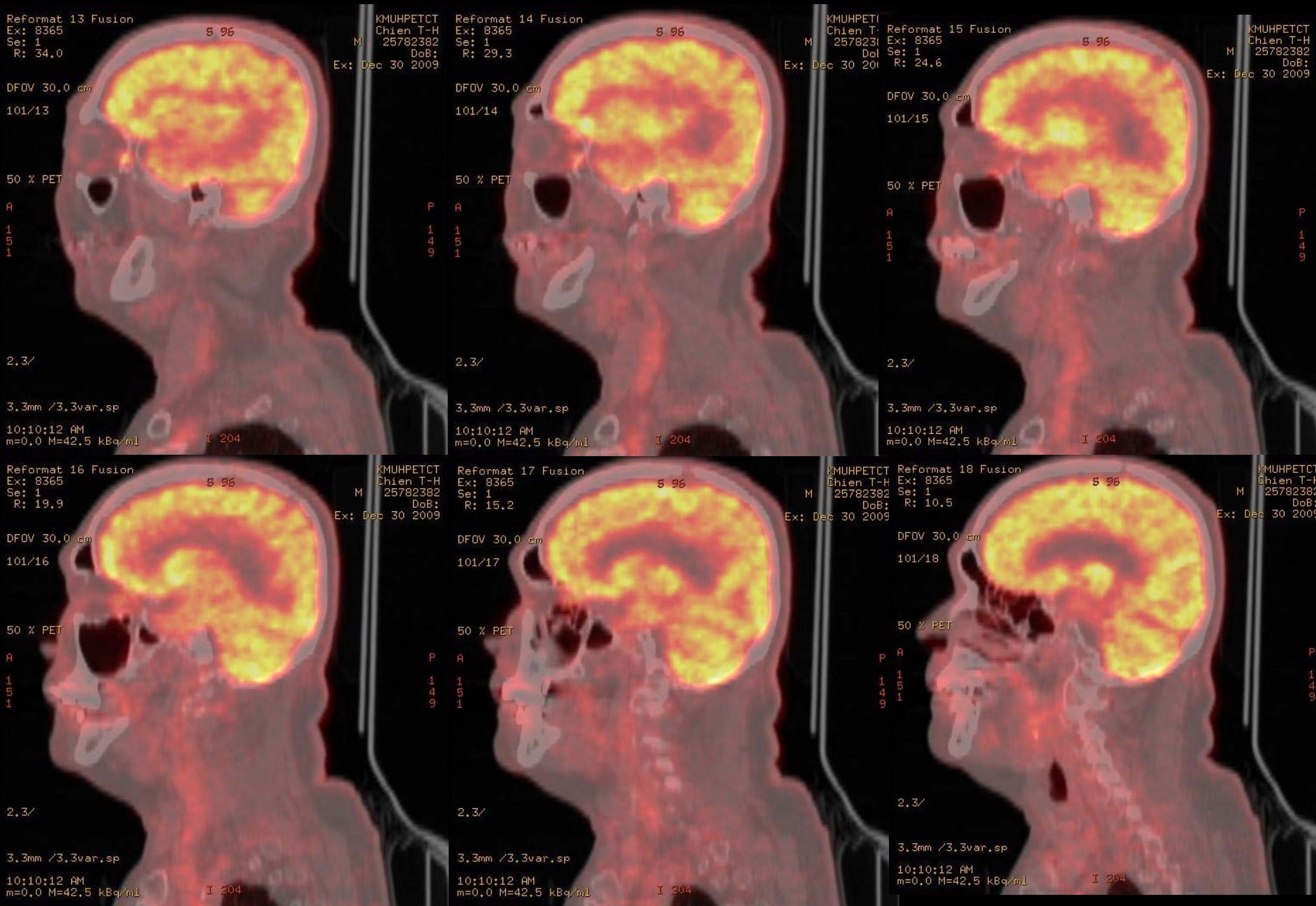
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Ex: 8365
Se: 1
R: 10,5

DFOV 30.0 cm
101/18

50 % PET
A
1
5
1

2,3/
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10:10:12 AM
m=0,0 M=42,5 kBq/ml
I 204

KMUHPETCT
Chien T-H
25782382
M
DoB:
Ex: Dec 30 2009



Reformat 9 Fusion
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Se: 1
A: 104.3

S 97

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

Reformat 10 Fusion
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Se: 1
A: 99.6

S 97

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

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A: 94.9

S 97

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M 25782382
DoB:
Ex: Dec 30 2009

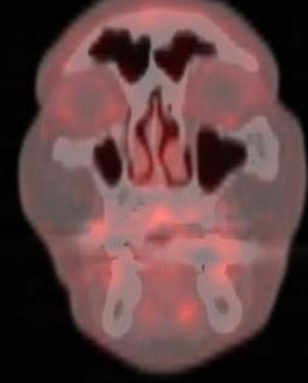
DFOV 30.0 cm
102/9



DFOV 30.0 cm
102/10



DFOV 30.0 cm
102/11



50 % PET
R
1 5 0

50 % PET
L
1 5 0

50 % PET
R
1 5 0

50 % PET
L
1 5 0

2.3/

2.3/

2.3/

3.3mm /3.3var.sp
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m=0.0 M=42.5 kBq/ml

I 203

3.3mm /3.3var.sp
10:10:12 AM
m=0.0 M=42.5 kBq/ml

I 203

3.3mm /3.3var.sp
10:10:12 AM
m=0.0 M=42.5 kBq/ml

I 203

Reformat 12 Fusion
Ex: 8365
Se: 1
A: 87.9

S 97

KMUHPETCT
Chien T-H
M 25782382
DoB:
Ex: Dec 30 2009

Reformat 13 Fusion
Ex: 8365
Se: 1
A: 83.2

S 97

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M 25782382
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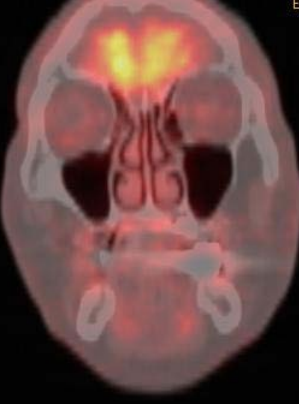
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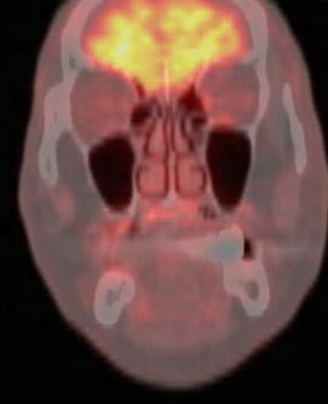
DFOV 30.0 cm
102/12



DFOV 30.0 cm
102/13



DFOV 30.0 cm
102/14



50 % PET
R
1 5 0

50 % PET
L
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50 % PET
R
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50 % PET
L
1 5 0

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m=0.0 M=42.5 kBq/ml

I 203

3.3mm /3.3var.sp
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I 203

3.3mm /3.3var.sp
10:10:12 AM
m=0.0 M=42.5 kBq/ml

I 203

D

DISCUSSION

DISCUSSION

- Melanoma

Most in white adult, 50–55 years old(30~80)

- **clinicopathologic types:**
 1. Superficial spreading melanoma
 2. Nodular melanoma
 3. Lentigo maligna melanoma
 4. Acral lentiginous melanoma

- **Growth pattern:**
 1. radial growth phase
 2. vertical growth phase

'ABCD' Clinical Features of Melanoma

- **A**symmetry (uncontrolled growth pattern)
- **B**order irregularity
- **C**olor variegation
(brown, black, white, red, and blue, depending on the amount and depth of melanin pigmentation)
- **D**iameter greater than 6 mm

Acral lentiginous melanoma

- Most in black
- Acral lentiginous melanoma
site: palms of hands, sole of the feet,
subungual area
- Mucosal lentiginous melanoma

- Mucosal lentiginous melanoma

site: mucosal membrane, 4/5 hard
palate, maxillary alveolus

sex: 2/3 male

age: 60~80 years old

shape: flat-->nodular-->lateral
lobulated

surface: might have ulceration

pain: no pain, except in
ulcerated lesions

consistency: soft to palpation

radiographic: irregular, moth eaten

Treatment and Prognosis

- The prognosis for oral melanoma is extremely poor.
- survival rate:
 1. five years: 45% --> ten years: 28%
 2. the site of mucosal “not” to influence survival
 3. younger one better than older
 4. non-pigmented or amelanotic lesions
 - particularly poor prognosis
 5. usually die from distant metastasis rather than from lack of local control

- Treatment:

Radical surgical removal

If lesion invades the overlying
maxillary bone --- hemimaxillectomy

Thanks for your attention!

謝謝聆聽