



# 口腔病理診斷科

## Case Report

指導老師

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報告組別

D91 實習I組





廖文煊

卓宗德

楊弘毅

劉曜銘

黃建揚

曾懷廷



# General data

- Name : 陳○朵
- Gender : female
- Age : 13 y/o
- Residence : 高雄市
- Marital status : unmarried
- Occupation : student
- Attending V.S. : 沈也雄 醫師
- First vist : 96/05/7



# Chief complaint

- R't face swelling for 1 year



# Present Illness - 96/05/07

- The 13 y/o girl felt her R't face swelling getting larger and larger for 1 year. It's a slow growth, non-painful swelling mass, but she still felt uncomfortable and went to the LDC for help.
- The LDC dentist told her that there was a R-L lesion over tooth 47 and suggested her coming our OPD for further



# Past medical history

- Hepatitis, liver disease : Unknown
- Heart disease : Unknown
- Thyroid disease : Unknown
- Denied any other systemic disease
- Denied any drug and food allergy
- Hospitalization (-)

# Personal history - Oral habits

- Risk factors related to malignancy
  - Alcohol : (-)
  - Betel nut : (-)
  - Cigarette : (-)
- No other special hobbies

# Intraoral examination

- Mucosa: nothing particular
- **Bony expansion (+)**
- **Pain & Tenderness (-)**
- Induration (-)
- No fistula & discharge
- EPT:
  - 17, 16, 15, 14 (-)
  - 47 (+)



# Radiography examination - Panorex



- The panoramic film reveals 3 major abnormalities.

## Radiography examination - Panorex (cont.)



- One is located in the R't mandibular ramus. There is a **irregular shape monolocular circumcoronal radiolucency** with a **well-defined border** and a **thin corticated margin**, extending superiorly to 5 mm below the sigmoid notch and inferiorly to the angle of the madible, and from the mesial part of ID canal to the area below roots of 47 with the submerged 48, measuring approximately  $50 \times 47$  mm in diameter.
- It shows **bony expansion** over the R't madbibular ramus, with the **thinning** of lower R't cortical border as well as external oblique ridge. The **ID canal has been downward displaced** by the lesion.
- No root resorption and teeth displacement is noted.

## Radiography examination - Panorex (cont.)



- Another one is located in the R't maxillary tuberosity. There is a **monolocular circumcoronal radiolucency** with a **well-defined border** and a **thin corticated margin**, extending superiorly to the infra-orbital area and inferiorly to the apex of 16 and 17, and from the most distal part of maxillary tuberosity to the apex of impacted 13 with the high position 18, measuring approximately  $46 \times 58$  mm in diameter.
- It also shows **bony expansion** over the R't upper posterior area.
- There is no teeth displacement, but it seems to be **roots resorption** of the teeth 17, 16.
- The maxillary sinus is undistinguishable in the film.

## Radiography examination - Panorex (cont.)



- The last one is located in the L't upper posterior area. There is a round shape monocular radiolucency with a **well-defined border** and a **thin corticated margin**, extending superiorly to the infraorbital area and inferiorly to the apical area of 25, 26, 27, and from the L't maxillary tuberosity to the mesial side of root 26 with the high position 28, measuring approximately  $27 \times 30$  mm in diameter.
- **Mild bony expansion** over L't upper posterior area can be seen in the film. Besides, **roots resorption** of 25, 26, 27 is noted.
- No teeth displacement is noted.
- The maxillary sinus is undistinguishable in the film.

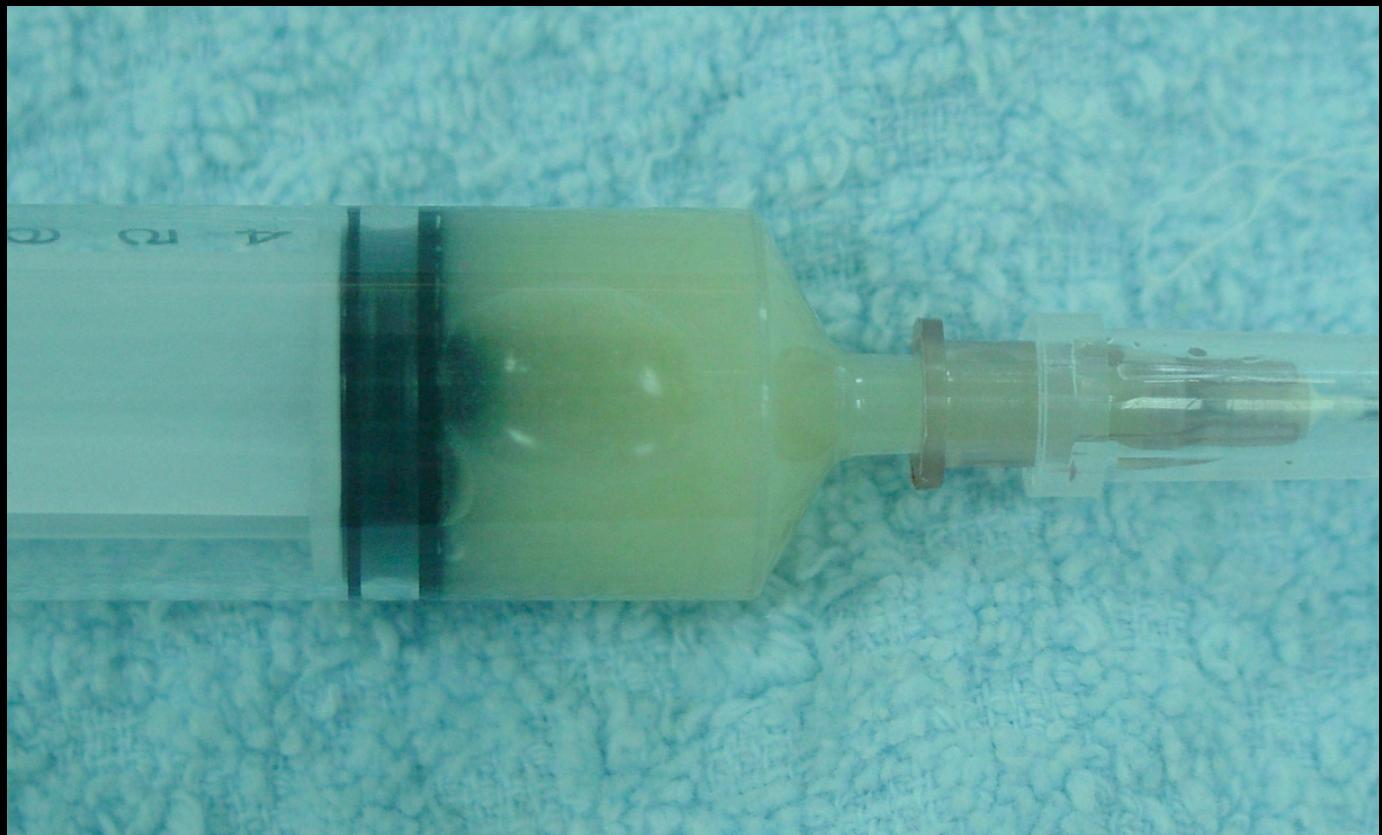
# Radiography examination - Panorex (cont.)



- Condyle : Unremarkable, bilateral
- Other dental finding
  - impacted teeth : 18, 13, 25, 28, 38, 48

# Treatment course

- 96/05/14
  - Aspiration & Incisional biopsy performed (R't Upper & lower posterior swelling)



# Differential diagnosis

# Inflammation, Cyst or Neoplasm ?

- Fever or local heat (-)
- No purulent drainage was present
- Bony expansion (+)
- Cortical destruction at R't cortical border of body of mandible and external oblique ridge

Cyst or Neoplasm

# Benign or Malignant ?

- Pain (-)
- Tenderness (-)
- Smooth surface (+)
- Induration & ulceration (-)
- Lymphadenopathy (-)
- Slow growing (+)
- Well-defined margin (+)

Benign

# Peripheral or Intrabony origin ?

- Mucosal lesion (-)
- Induration (-)
- Bony expansion (+)
- Cortical bone destruction (+)

Intrabony origin

# Working Diagnosis

- Multiple odontogenic keratocyst
- Multiple central giant cell granuloma
- Multiple dentigerous cyst
- Multiple unicystic ameloblastoma
- Multiple ameloblastic fibroma

# Odontogenic keratocyst

KEY: may be multiple, aspiration (+), clinical features, radiology features

# Odontogenic keratocyst

臨床特徵	OKC	Our case
Age & gender	任何年紀都有可能 10 ~ 40歲佔60%	😊
Site	79%發生在下顎，其中50%發生在molar region和ramus處	😊
Single or multiple	有可能Multiple出現，特別是伴隨其他疾病發生時	😊
Mucosa	通常沒有症狀	😊
Pain & tenderness	通常無痛覺，除非有壓迫到神經才有麻木感	😊
Bony expansion	有可能	😊

Our case



R



OKC

# Odontogenic keratocyst (cont.)

X-ray 特徵	OKC	Our case	Our case
性質	Radiolucency	😊	
Margin	Well-defined with corticated margin	😊	
Effect on adjacent structure	OKC中40%屬於含牙囊腫，因為推擠產生牙齒阻生，鄰近的牙齒也有可能因此而有牙根吸收的情形	😊	
Other feature	OKC難以直接從x-ray判斷，需符合： 1. Intrabony 2. Odontogenic 3. 有角化組織		OKC

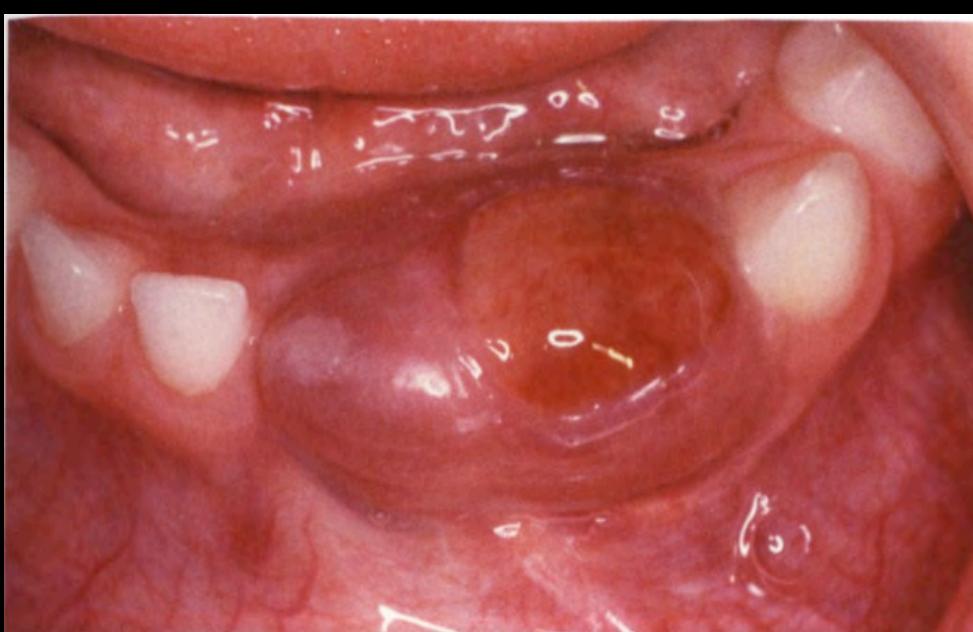
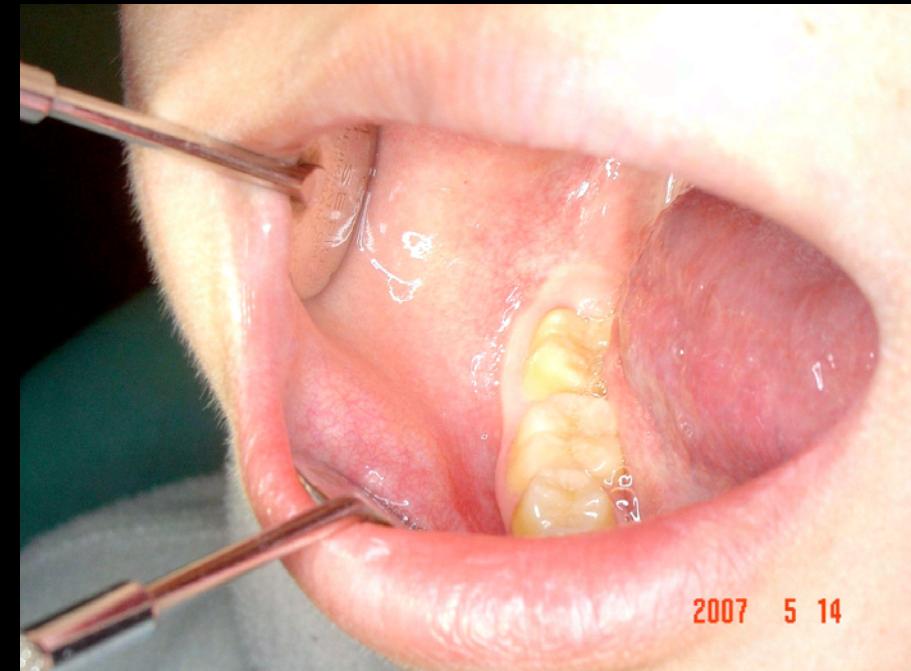
# Central giant cell granuloma

KEY: may be multiple, clinical features, radiology features

# Central giant cell granuloma

臨床特徵	CGCG	Our case
Age & gender	任何年紀都有可能，60%發生在30歲之前；女性比例高	😊
Site	發生在mandible，通常是前牙區，而且會超過中線	😢
Single or multiple	通常是single lesion，除非伴隨其他疾病，例如：hyperparathyroidism或cherubism	⚠️
Mucosa	若是腫大比較嚴重，有可能可以在mucosa發現突起mass	😊
Pain & tenderness	通常無痛覺	😊
Bony expansion	有可能	😊

Our case



CGCG

# Central giant cell granuloma (cont.)

X-ray 特徵	CGCG	Our case
性質	Radiolucency	😊
Margin	Well-defined without corticated margin	😢
Effect on adjacent structure	比較侵犯性的CGCG可能會有牙根吸收和cortical perforation的情形	😊
Other feature	<ul style="list-style-type: none"> <li>- Nonaggressive CGCG：通常無症狀、無痛、生長緩慢</li> <li>- Aggressive CGCG：疼痛、生長快、有牙根和骨頭的破壞和吸收</li> </ul>	



Our case

CGCG

# Dentigerous cyst

KEY: clinical features, radiology features, aspiration (+)

# Dentigerous cyst

臨床特徵	Dentigerous cyst	Our case
Age & gender	10~30歲之間 男性發生率稍高一些	😊
Site	好發於：Mand. 3rd molar, Max. 3rd molar, Max. canine	😊
Single or multiple	比較常出現single lesion， multiple出現的機率稍低	⚠
Mucosa	一般不會造成表面mucosa的 傷害，除非有其他因素導致 發炎反應	😊
Pain & tenderness	通常無痛覺	😊
Bony expansion	有可能，緩慢擴大	😊

Our case



R



Dentigerous cyst,  
bilateral

# Dentigerous cyst (cont.)

X-ray 特徵	Dentigerous cyst	Our case
性質	Unilocular radiolucency	😊
Margin	Well-defined with corticated margin	😊
Effect on adjacent structure	有可能有tooth displacement 和root resorption的情況	😊
Other feature	Dentigerous cyst有可能將未萌發的牙齒推擠到很遠的位置去，例如把下顎molar推擠到下方mand. border或是ascending ramus；上顎牙齒被推擠到floor of orbit的位置	

Our case



Dentigerous cyst,  
bilateral

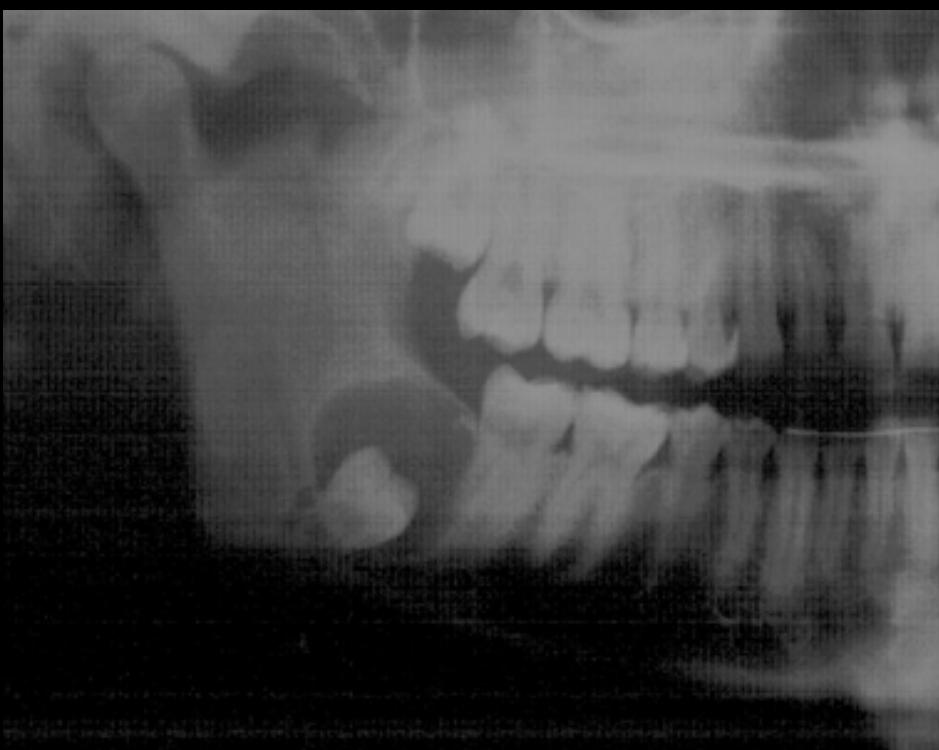
# Unicystic ameloblastoma

KEY: aspiration (+), clinical features, radiology features

# Unicystic ameloblastoma

臨床特徵	Unicystic ameloblastoma	Our case
Age & gender	年輕人，平均約23歲 沒有性別方面的偏向	😊
Site	最常出現在下顎 molar-ramus region	😊
Single or multiple	通常不會multiple出現	😢
Mucosa	通常沒有症狀	😊
Pain & tenderness	Asymptomatic, painless	😊
Bony expansion	有可能 特別是lesion比較大時	😊

Our case

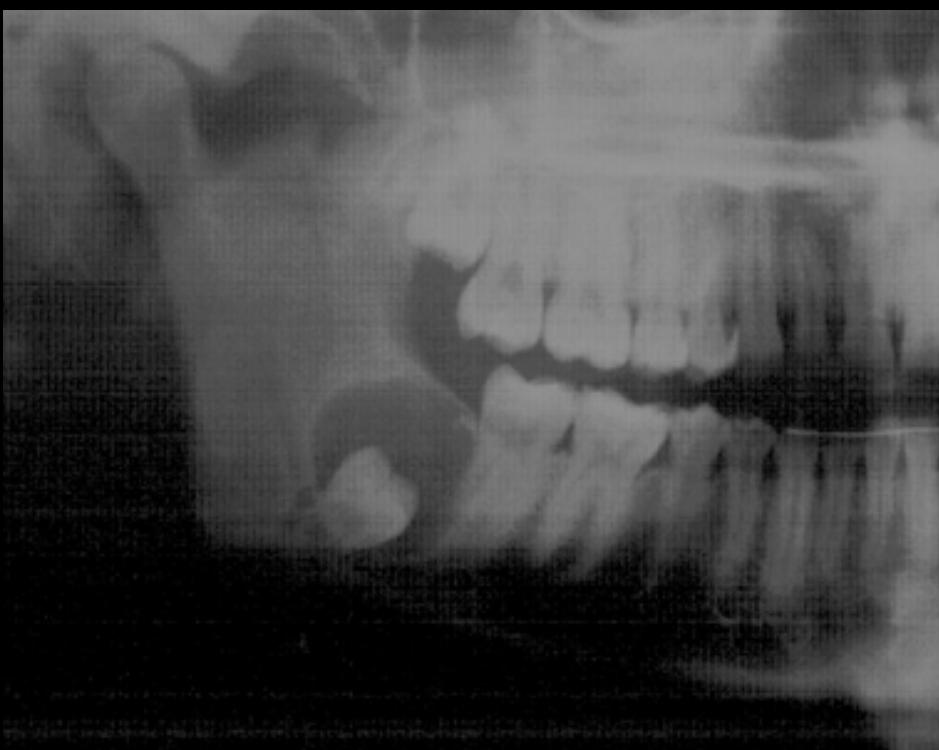


Unicystic ameloblastoma

# Unicystic ameloblastoma (cont.)

X-ray 特徵	Unicystic ameloblastoma	Our case
性質	Unilocular radiolucency	😊
Margin	Well-defined with corticated margin	😊
Effect on adjacent structure	有可能出現 tooth displacement 和root resorption的情形	😊
Other feature	通常是slow growth的lesion，而且會和下顎3rd molar的impaction有關	

Our case



Unicystic ameloblastoma

# Ameloblastic fibroma

KEY: clinical features, radiology features

# Ameloblastic fibroma

臨床特徵	Ameloblastic fibroma	Our case
Age & gender	年輕人，通常小於20歲 男性比率稍微高一些	△
Site	好發於posterior mandible body或ascending ramus	😊
Single or multiple	通常不會multiple出現	😢
Mucosa	通常沒有症狀，較大lesion可能會看到腫起的soft tissue outline	😊
Pain & tenderness	通常無痛覺，asymptomatic	😊
Bony expansion	有可能	😊

Our case



Ameloblastic fibroma

# Ameloblastic fibroma (cont.)

X-ray 特徵	Ameloblastic fibroma	Our case
性質	Unilocular or multilocular Radiolucency	😊
Margin	Well-defined may be corticated margin	😊
Effect on adjacent structure	可能造成tooth displacement 和unerupted tooth有關	😊
Other feature	有可能生長到很大的size，導致body of mandible和ascending raums都被involve其中	

Our case



Ameloblastic fibroma

# Final impression

Multiple odontogenic Keratocyst,  
over lower R't mand. body and ramus, upper R't  
& L't posterior area

# Further differential diagnosis

Multiple odontogenic keratocyst



**Nevoid basal cell carcinoma syndrome  
(Gorlin syndrome)**

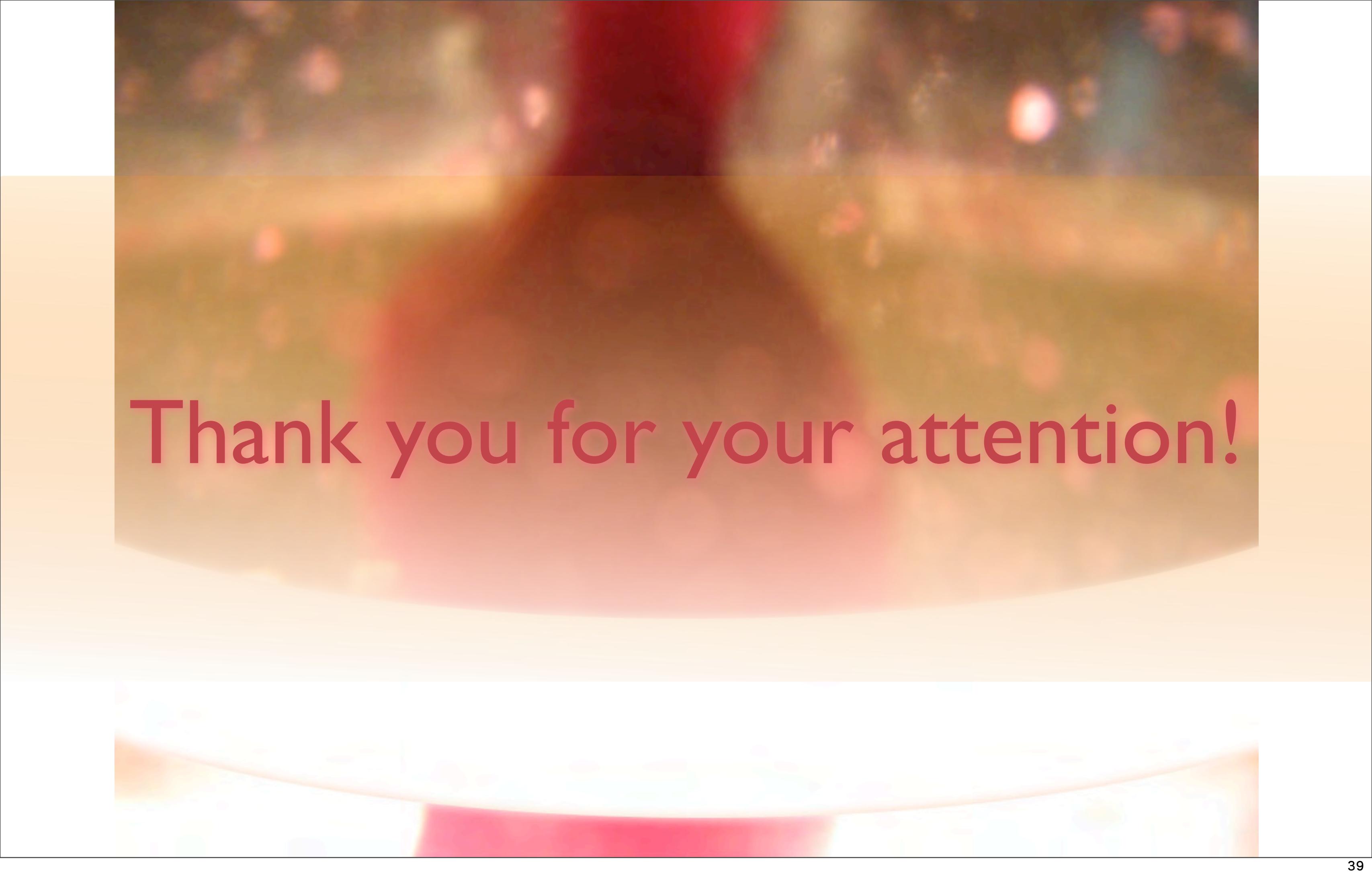
# Nevoid basal cell carcinoma syndrome (Gorlin syndrome)

Gorlin syndrome	Our case
Multiple OKC	😊
Multiple basal cell carcinoma	?
Epidermal cysts of skin	?
Palmar/plantar pits	?
Calcified flax cerebri	?
Enlarged head circumference	?
Rib anomalies	?
Mild ocular hypertelorism	?
Spina bifida occulta	?



# Suggest further examination

- Clinical facial appearance
- Skin condition
- Skeletomuscle examination
- Radiology examination
- Gene examination

A blurred background image showing a person wearing a red shirt standing outdoors at night. The background is filled with warm, out-of-focus lights.

Thank you for your attention!