

Case Report

May 25th, 2009

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報告者：Intern I組 林蔚庭、黃文信、
孫婉菁、郭芯妤

General Data

- Name : 張XX
- Gender : Female
- Age : 17
- Native : 嘉義
- Occupation : Student
- Marital status : 未婚
- Attending V.S. : 陳玉昆 醫師
- First visit : 98/05/04

Chief Complaint

- Tooth 14 & 15 mobility increase and a swelling mass on the palatal side of tooth 14 & 15 for at least 6 months

Present Illness

- This 17 y/o female suffered from the above episode for at least 6 months. She found that her mass was larger and larger in these days. She went to LDC for help recently because she felt painful over the right upper posterior area. And then, the dentist suggested her to go to the medical center for further evaluation. So she came to our OPD for examination.

Past History

- Past Medical History

- Denied any drug or food allergy
- Denied any systemic disease
- Hospitalization (+) due to severe fever, many years ago

- Past Dental History

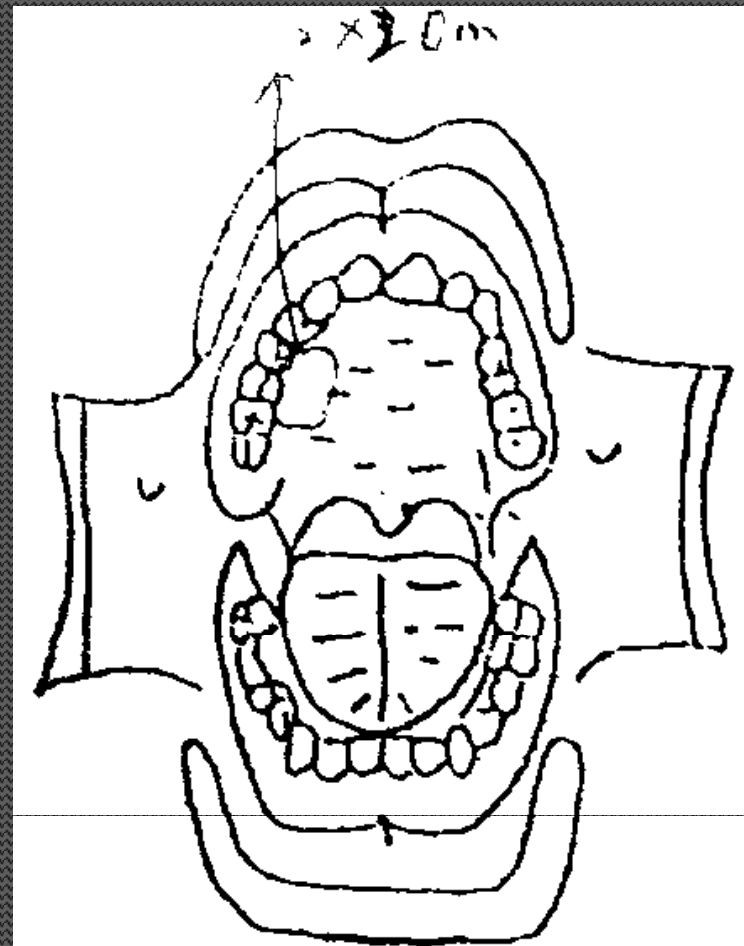
- General dental treatment
- Attitude to dental treatment: cooperative

Personal History

- Alcohol: (-)
- Betel nut : (-)
- Cigarette : (-)
- Other special oral habits: (-)

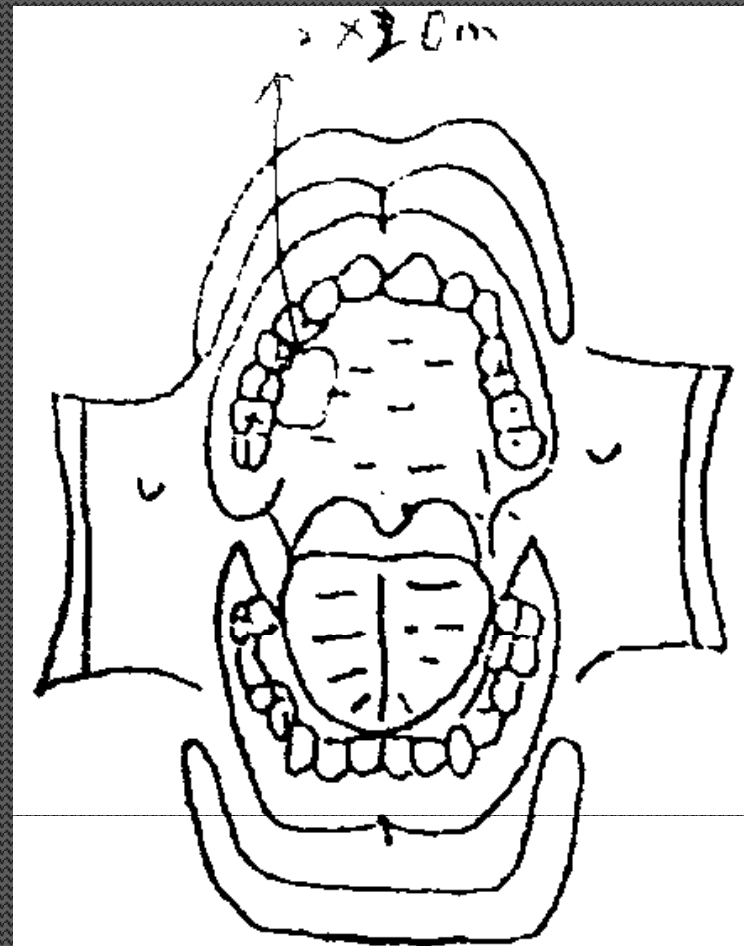
Intraoral Examination

- An hard dome-shaped sessile mass with smooth surface was found over the palatal side of tooth 14 & 15, measuring about 2×2 cm



Physical Examination

- Pain (+)
- Tenderness (+)
- Induration (-)
- Fluctuation (-)
- Mobility of mass: fixed
- Mobility of teeth: grade I:15
- Fever or local heat (-)
- Lymphadenopathy (-)
- Duration: at least 6 months
- EPT:14(-), 15(-)



Radiographic Interpretation



Panoramic film Finding



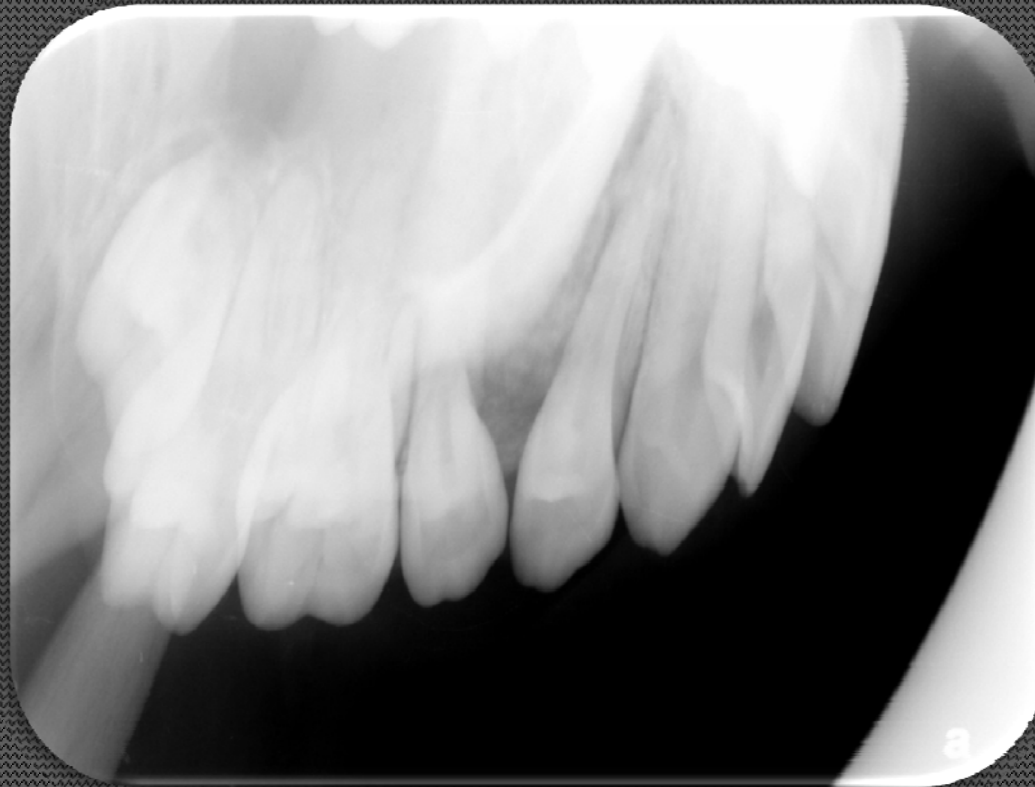
Periapical film Finding

- there is discontinuity of lamina dura of tooth 14 and 15 which are pushed away in different direction movement by the lesion .



Occlusal film Finding

- No more specific finding in occlusal film because of anatomic structure.




Working diagnosis

Disease origin :

- 1. Peripheral or intra-Bony origin*
- 2. Inflammation or cyst or neoplasm*
- 3. Benign or malignant*

Peripheral or Intra-bony origin?

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

 **Intra-bony origin**
(but cannot rule out peripheral origin completely)

Inflammation or Cyst or Neoplasm?

- Fever or Local heat: (-)
- Lymphadenopathy: (-)
- Pus discharge : (-)
- Duration: at least 6 months
- Fluctuation (-)
- Consistency: **firm**
- Mobility of mass: fixed



Neoplasm

Neoplasm Benign or malignant?

- Pain: (+)
- Tenderness: (+)
- Induration: (-)
- Lymphadenopathy: (-)
- X-ray finding: margin → well-defined
mixed RL & RO lesion

 **Benign**
(fibro-osseous lesions)

Differential Diagnosis

1. *Ossifying fibroma*
2. *Fibrous dysplasia*
3. *Osteoblastoma*

Ossifying fibroma

	Our case	Ossifying fibroma
Gender	Female	Female > Male (5:1)
Age	17 y/o	Wide age range (20~40)
Symptom	Pain Tooth 14 & 15 mobility ↑ Dome shape swelling mass	Asymptomatic Painless swelling Displacement of the teeth Facial asymmetry
Site	15,16 area	Mandible Molar & premolar area
Color	Normal mucosa	Normal mucosa
Size	2 × 2 cm	
Surface	smooth	Smooth
Duration	At least 6 months	Slow growth
Induration	-	-
Tenderness	+	-
LAP	-	-

Ossifying fibroma

	Our case	Ossifying fibroma
X-ray finding		
Radiodensity	Mixed RL & RO lesion	Mixed radiolucent-radiopaque Low density (cotton-wool appearance)
border	Well-defined	Well-defined unilocular Thin, radiolucent line
Effects on surrounding structures	Bony expansion Displacement of teeth	Bony expansion Displacement of teeth Lamina dura missing Resorption of teeth

Fibrous dysplasia

	Our case	Fibrous dysplasia
Gender	Female	Female $\ddot{=}$ Male
Age	17 y/o	20~30
Symptom	pain Tooth 14 & 15 mobility \uparrow Dome shape swelling mass	Painless swelling
Site	15, 16 area	Maxilla >mandible
Color	Normal mucosa	Normal mucosa
Size	2 \times 2 cm	-
Surface	Smooth	Smooth
Duration	At least 6 months	Slow growth
Induration	-	-
Tenderness	+	-
LAP	-	-

Fibrous dysplasia

	Our case	Fibrous dysplasia
X-ray finding		
Radiodensity	Mixed RL & RO lesion	Ground glass appearance
border	Well-defined	illl-defined
Effects on surrounding structures	Bony expansion Displacement of teeth	Bony expansion Lamina dura missing ↑ density of the base of the skull Displace the sinus floor superiorly

Osteoblastoma

	Our case	Osteoblastoma
Gender	Female	Male
Age	17 y/o	<30
Frequency		<1% (mostly in spine and long bone)
Symptom	Pain Tooth 14 & 15 mobility ↑ Dome shape swelling mass	Pain which can not relief by aspirin
Site	15, 16 area	Mandibular posterior region
Color	Normal mucosa	Normal mucosa
Size	2 × 2 cm	2~4cm
Induration	-	
Tenderness	+	+
LAP	-	

Osteoblastoma

Our case

Osteoblastoma



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Clinical impression

1. *Ossifying fibroma*
2. *Fibrous dysplasia*
3. *Osteoblastoma*

Other Examinations

EPT
Biopsy

EPT 98/05/09

- Tooth 11: (+) 5
- Tooth 12: (+) 9
- Tooth 13: (-)
- Tooth 14: (-)
- Tooth 15: (-)
- Tooth 16: (-)

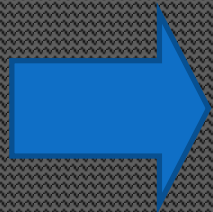
Biopsy 98/05/09

- Incisional biopsy was performed over the palatal side of tooth 14 & 15 at OS Department.
- Specimen sent to OM Department for HP exam
- Check wound condition and remove suture on 98/05/16.
- Check HP report on 97/05/23

Biopsy 97/05/23

Main findings in HP report:

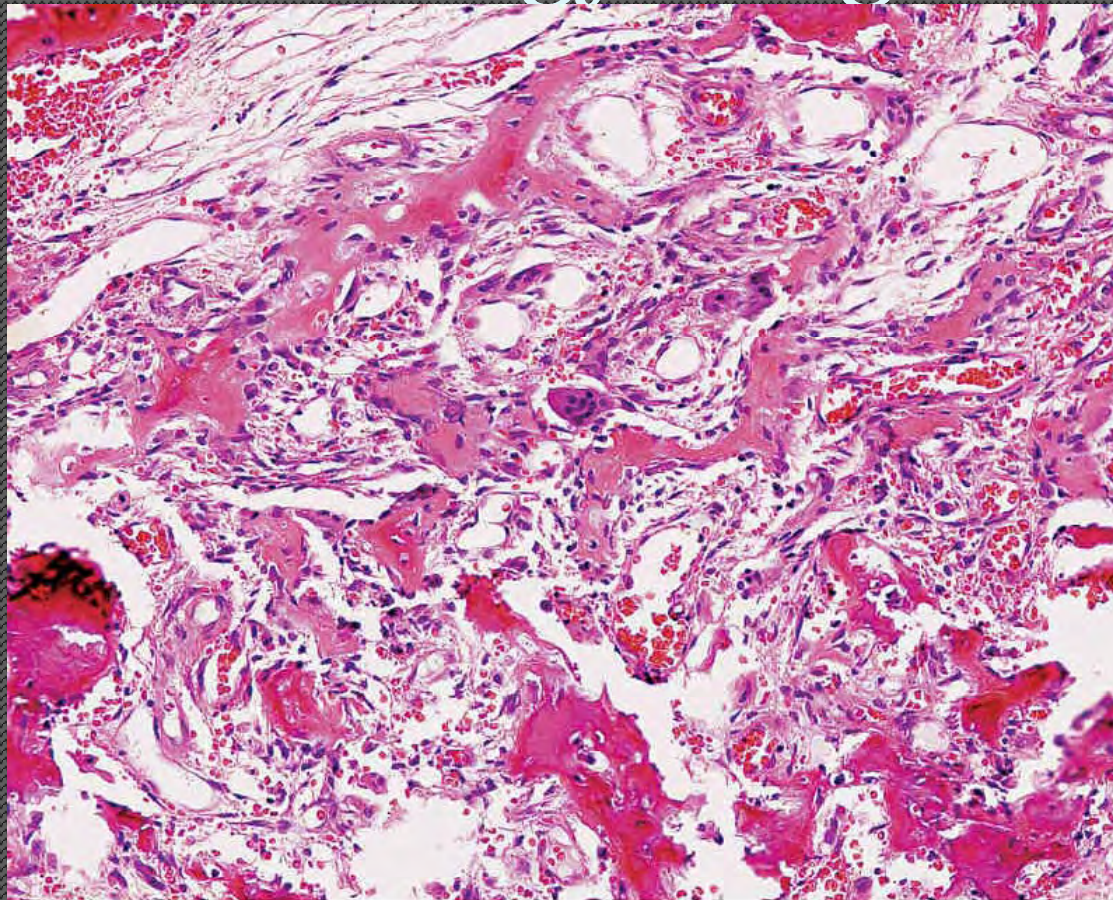
The specimen submitted consists of 6 hard tissue fragments in 1 bottle, fixed in formalin, measuring up to 0.3x0.3x0.3 cm in size. Grossly, they are whitish in color and rubbery in consistency. All for section. The slide contains two identical groups of irregular-shaped decalcified hard tissue specimens. Microscopically, it is characterized by **prominent formation of osteoid tissue** and **immature bone**. Increased cellularity and vascularity of fibrous stroama and lots of **osteoblast-like cells** distributing along the margin of bone trabeculae are noted. Based upon the above findings, it shows osteoblastoma.



Osteoblastoma

Osteoblastoma

~Histology image



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Final Diagnosis

Osteoblastoma, right
maxilla

A large school of silver fish, possibly surgeonfish, swimming in clear blue water. The fish are arranged in a dense, coordinated group, moving towards the right side of the frame. The water is a vibrant blue, and the fish have a metallic sheen. The text "Thanks for your attention!" is overlaid in the center of the image in a white, serif font with a subtle drop shadow.

Thanks for your
attention!