OM case report

Reporter：Intern G 組
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Instructor：口病科全體醫師
Date：102.3.26

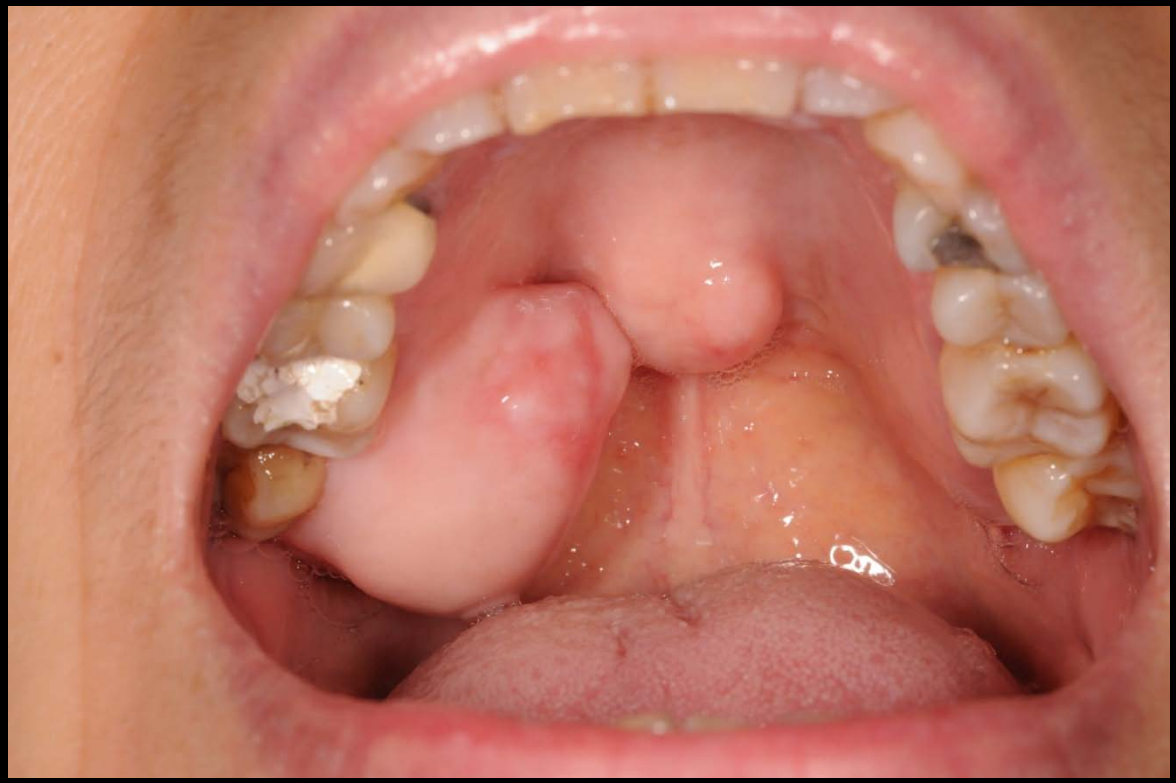
General Data

- Name : 李XX
- Sex : 女
- Age : 55 y/o
- Native : 高雄
- Marital status : married
- Attending V.S. : XXX 醫師
- First visit : 102/01/02

102/02/22

Chief Complaint

- Mass over right upper posterior area for 5 years and referred from dental department of KMTTH for surgical intervention



102/02/22

Present Illness

- This 56 y/o female patient suffered from a swelling mass over upper right posterior hard palate for more than 5 years. She felt the mass was slowly growing recently so she went to 第一門診 for help, then the doctor suggested her to the dental department of KMTTH further treatment .

But the dental department of KMTTH referred her to our hospital (KMUH) for further treatment.

So, she comes to our OPD on 102/02/22.

Past History

- Past Medical History
  - Hospitalization : (+) Hysterectomy，Appendectomy
  - Surgery under GA : (+) Hysterectomy，Appendectomy
  - Systemic diseases : Denied
  - Drug or food allergy : Penicillin, tetracycline
- Past Dental History
  - General routine dental treatment
- Attitude to dental treatment: Co-operation

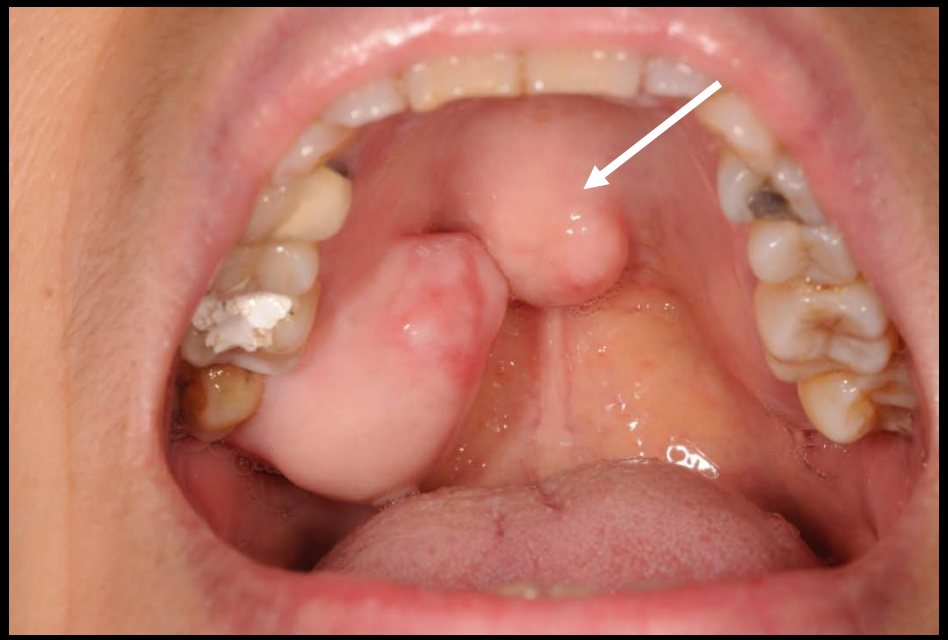
Personal History

- Risk factors related to malignancy
  - Alcohol: (-)
  - Betel quid: (-)
  - Cigarette: (-)
- Other specific oral habits : Denied
- Irritation : Denied

Intraoral Examination-1

- Torus was noted
  →Site : Upper middle hard palatal area
  → Color : Pinkish
  →Mobility : Fixed
  →Shape : Dome
  →Size : 2X2cm
  →Surface : Smooth
  →Consistency : Hard
  →Pain : (-)
  →Tenderness : (-)
  →Induration : (-)

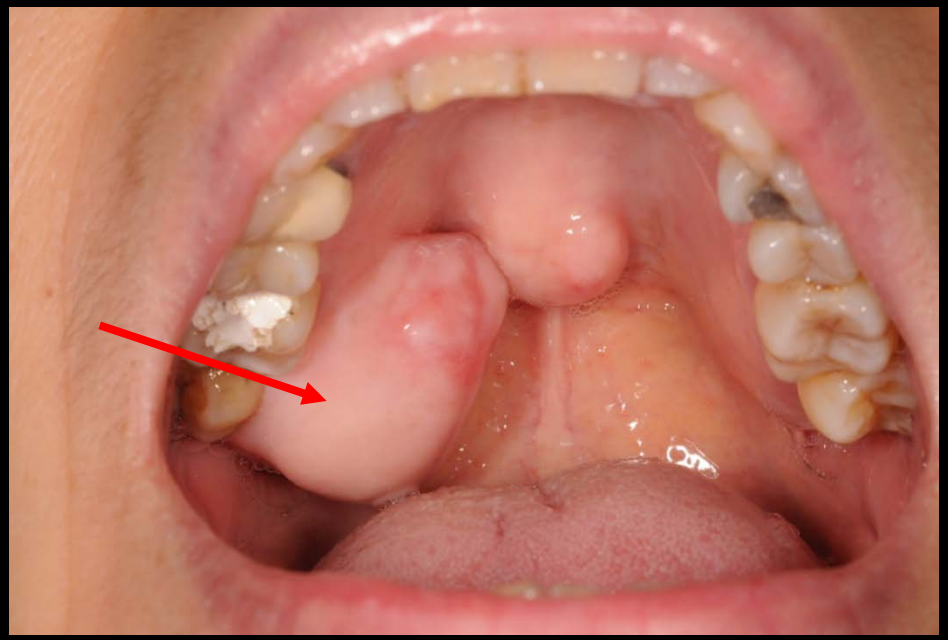
102.01.02



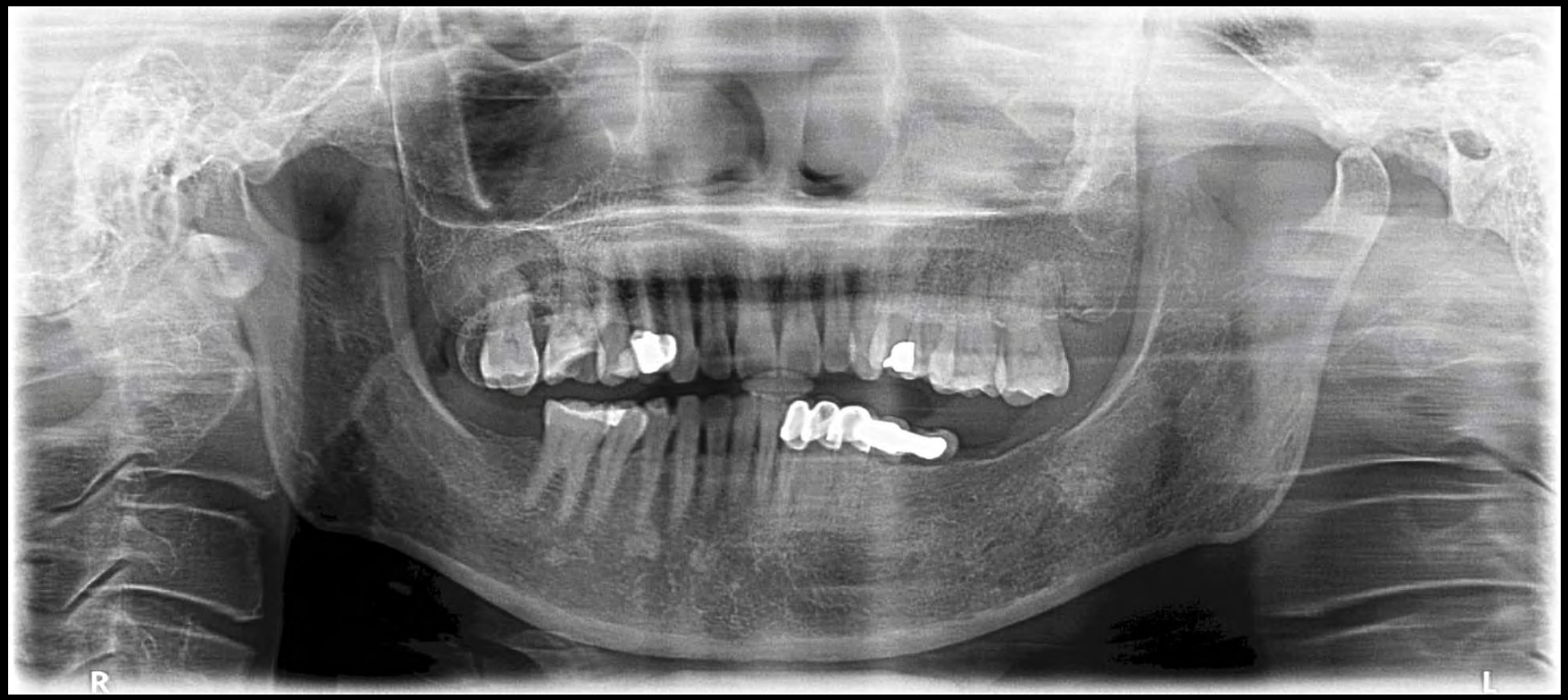
Intraoral Examination-2

- A large mass was noted
  →Site : Right upper posterior hard palate area and adjucent to right side of torus (from tooth 24 mesial side to 27 distal side)
  → Color : Pinkish with areas of bluish color
  →Mobility : Fixed
  →Shape : Dome
  →Size : 4X3cm
  →Surface : Smooth
  →Consistency : Firm
  →Pain : (-)
  →Tenderness : (-)
  →Induration : (-)

102.01.02

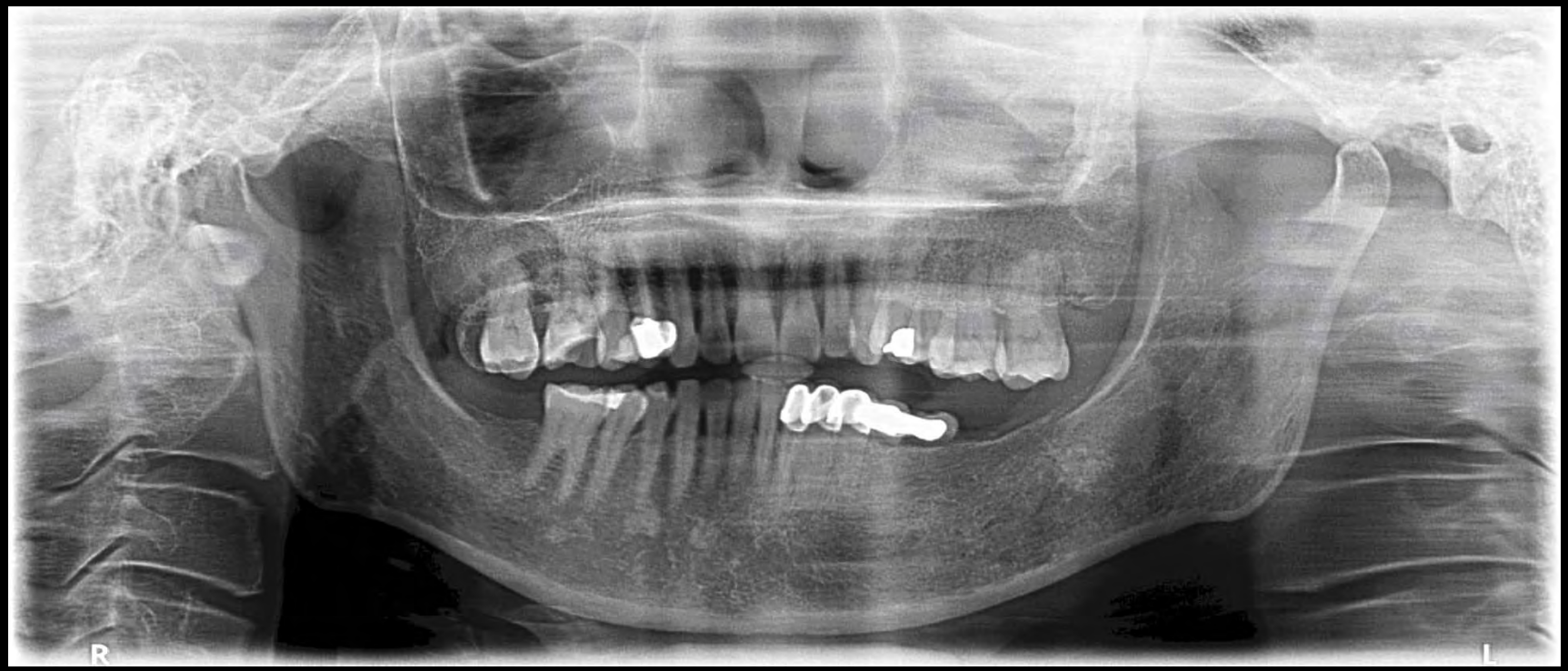


Panorex view (102.01.02)



There is a well-defined oval shaped radiolucency with corticated margin over right palatal molar region, extending from tooth 16 mesial side to 17 distal side, and from 17 occlusal side to 17 apical side, measured approximately 2x1.5 cm in diameter.

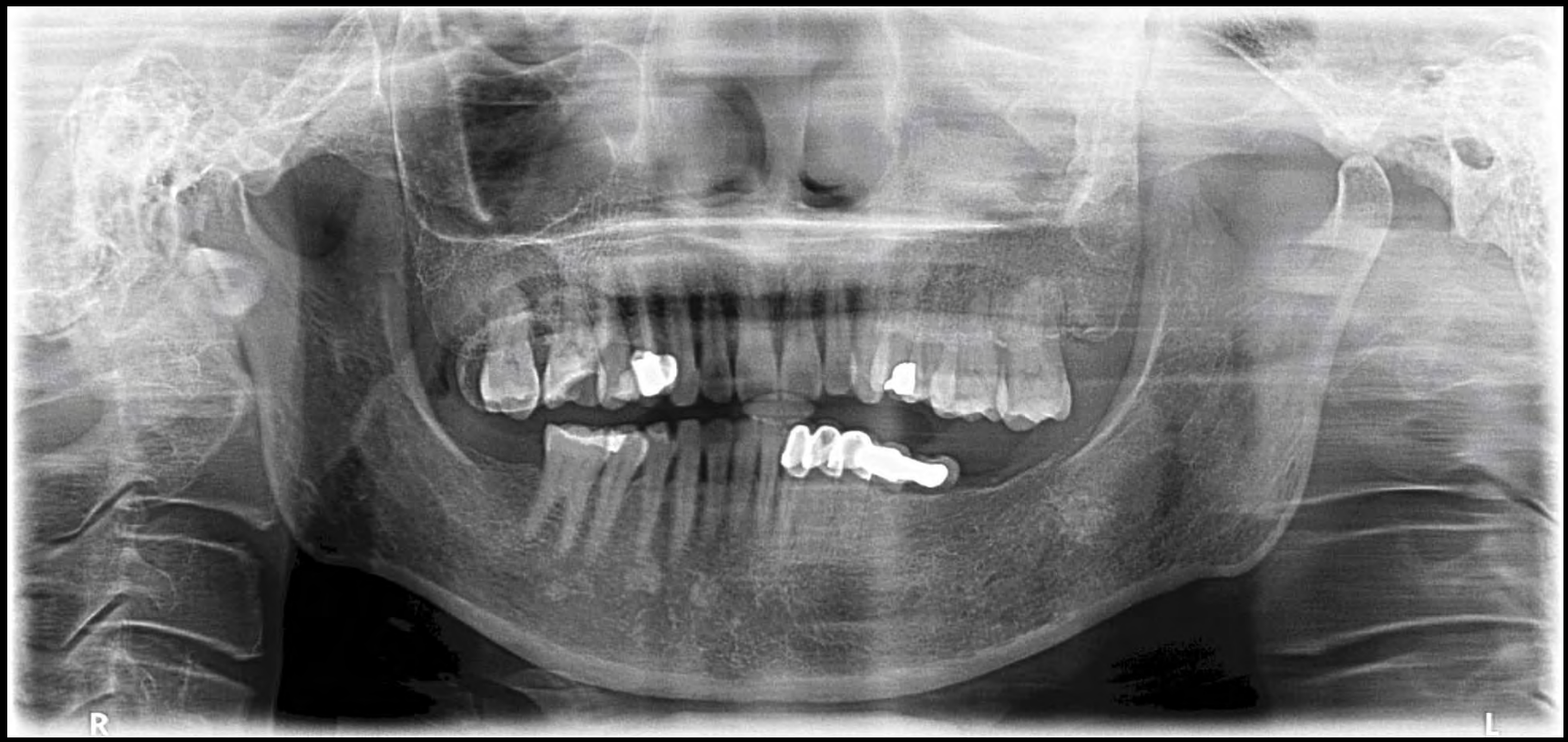
Panorex view (102.01.02)



Dental findings

- ✓ Missing tooth : 18,28,32,33,34,35,36,37,38,47,48
- ✓ Prosthesis : 1) Crown : 14
- ✓ 2)Crown and bridge : 31-x-x-x-x
- ✓ OD : 24(O),35(D)
- ✓ Periodontal condition : Horizontal bony resorption

Image Finding-Panorex(102.01.02)



- TMJ: N/P bilateral
- Idiopathic osteosclerosis was noted over 42,44,45(root apex area) and left posterior mandibular body

Differential Diagnoses

Classification of the lesion

- Inflammation, neoplasm or cyst
- Benign or malignant
- Intrabony or peripheral

Classification of the lesion

- Our case features :
  - Site : Hard palate
  - Gender : Female
  - Age : 55
  - Consistency : Firm
  - Progressive **:** Slow

Inflammation ? Neoplasm ? Cyst ?

	Our case	Inflammation	Neoplasm	Cyst
Color	Pinkish	Red	Variable	Yellow or white
Fever or local heat	(-)	(+)	(-)	(-)
Consistency	Firm	Rubbery	Variable	Rubbery
Ulceration	(-)	(-)	(-)/(+)	(-)
Duration	More than 5 years	Days to Months	Months to years	Years
Mobility	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)	Fixed (in palate)
Pain	(-)	(+)	(-)/(+)	(-)

→ Neoplasm!

Benign or Malignancy ?

	Our case	Benign	Malignancy
Surface	Smooth	Smooth	Rough
X-ray margin	Well-defined	Well-defined	Poor-defined
Progressive	Slow-progressing	Slow	Variable
Pain	-	+/-	+/-
Induration (in palate)	-	Hard to define	Hard to defined
Mobility (in palate)	Fixed	Fixed	Fixed

→ **Benign** should be considered

Peripheral or intrabony?

	Our case	Peripheral	Intrabony
X-ray margin	Well-defined	-	Well-defined
Bony destruction or expansion	+	-	+

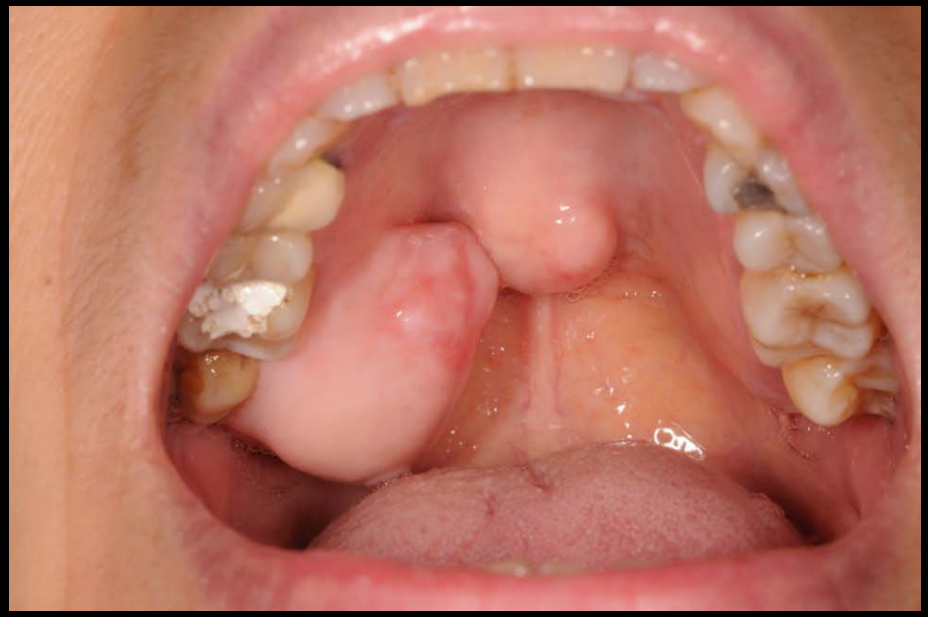
→ Intrabony

Differential diagnosis

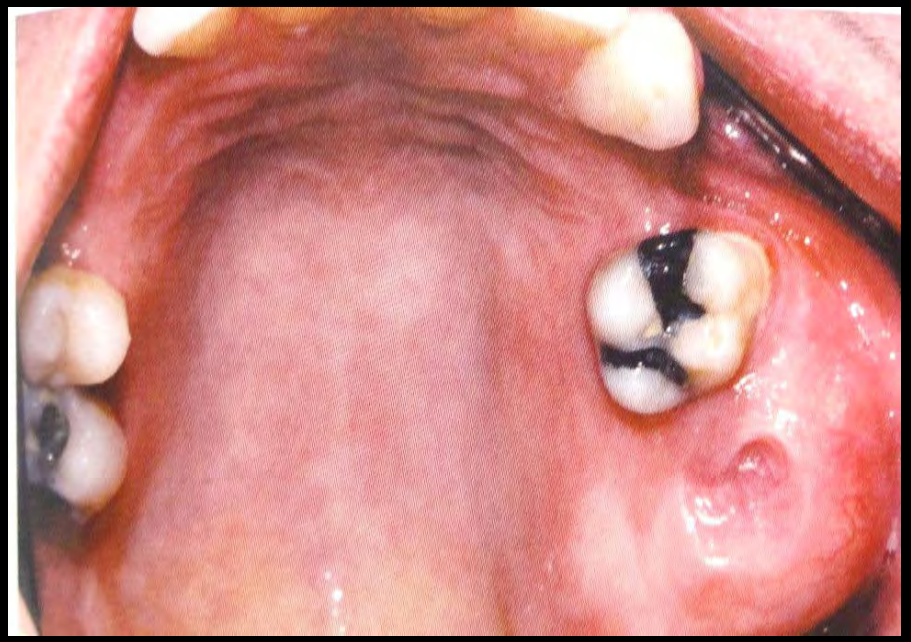
- 1) Cemento-ossifying fibroma (early stage)
- 2) Unicystic intraosseous ameloblastoma
- 3) Central giant cell granuloma (early stage)
- 4) Fibrous dysplasia (early stage)

1.Cemento-Ossifying fibroma

	Our case	COF
Gender	Female	Female
Age	55	20-40
Site	Hard palate	Posterior mandible
Pain	(—)	(—)
Ulcer	(—)	(—)
Consistency	Firm	Firm
Bone expansion	(+)	(+)



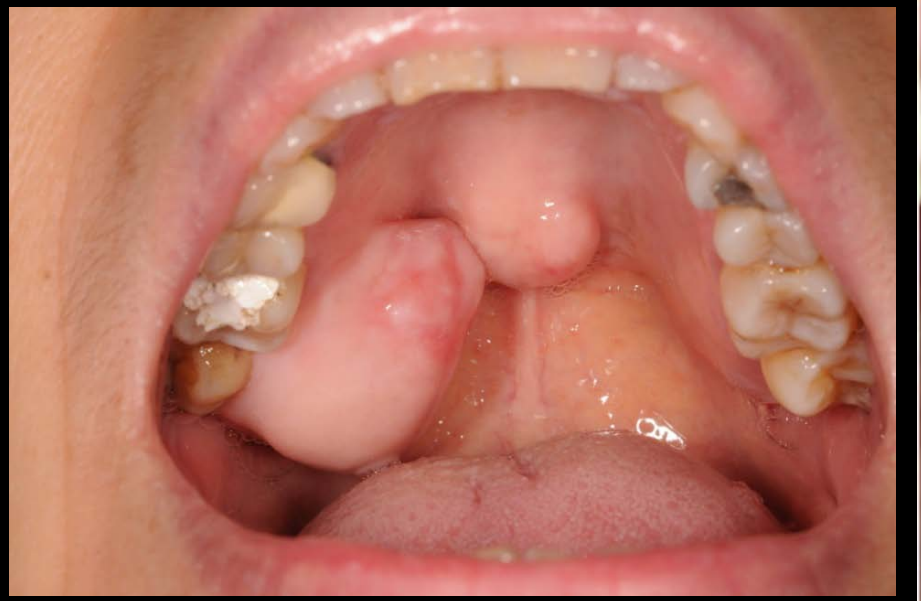
Our case



COF

2. Unicystic Ameloblastoma

	Our case	Ameloblastoma
Gender	Female	none
Age	55	20~70
Site	Hard palate	Posterior mandible
Pain	(—)	(—)
Ulcer	(—)	(—)
Consistency	Firm	Firm
Bone expansion	(+)	(+)



Our case

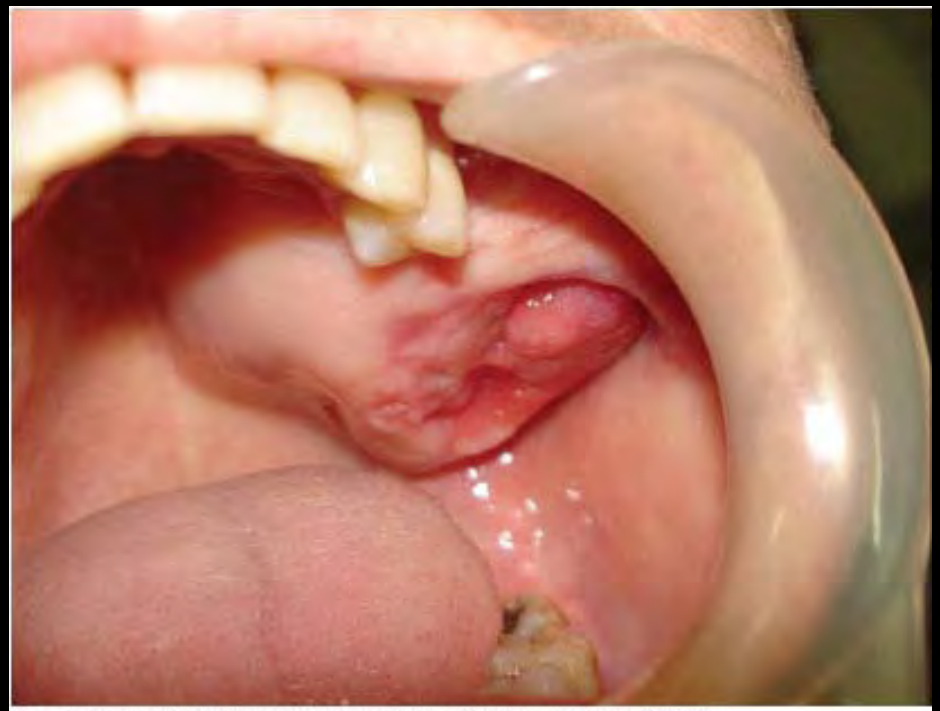


Fig. 1. Tumoral lesion with areas of ulceration in the left maxilla.

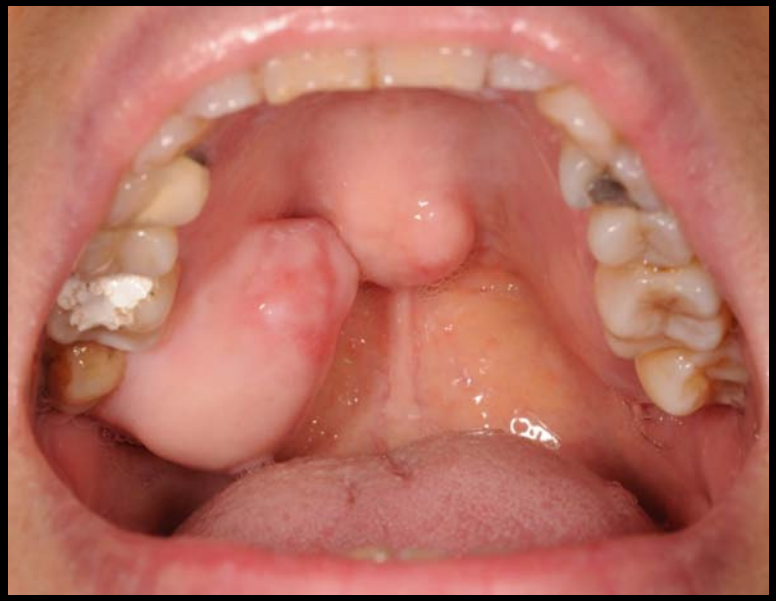
Ameloblastoma

3. Central giant cell granuloma

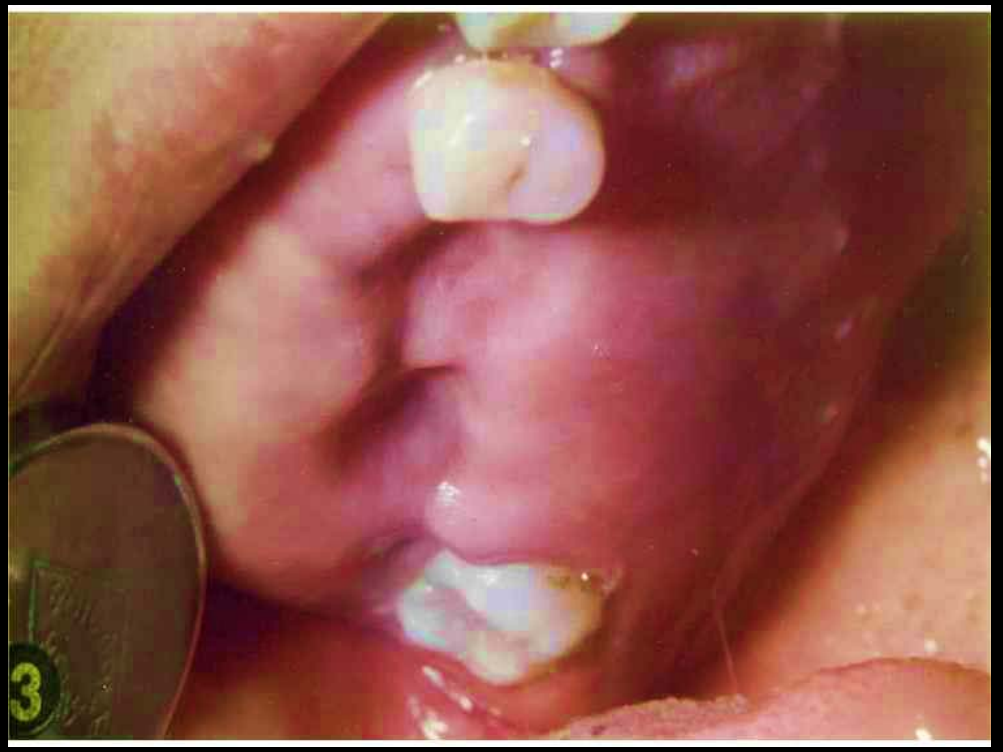
	Our case	Giant cell tumor
Gender	Female	Female
Age	55	<30(60%)
Site	Hard palate	Mandible
Pain	(—)	(—)
Ulcer	(—)	(—)
Consistency	Firm	Firm
Bone expansion	(+)	(+)

4. Fibrous dysplasia

	Our case	Fibrous dysplasia
Gender	Female	none
Age	55	0~20
Site	Hard palate	Maxilla
Pain	(—)	(—)
Ulcer	(—)	(—)
Consistency	Firm	Firm
Bone expansion	(+)	(+)



Our case



Fibrous dysplasia

Clinical impression

- Lesion 1:

  Torus palatinus

  over midline of hard palate
- Lesion 2:

  Cemento-ossifying fibroma (early stage) over right posterior palate

Treatment course

- 102.1.2 First visit -at KMTTH
- Arranged OP on 102/03/07
- 102.3.7 OP: Remove bone tumor and Torus palatinus and 17 ext
- 102.3.22 f/u

Final Diagnosis

- Lesion1:

  Torus palatinus

  over midline of hard palate
- Lesion2:

  Osteolipoma

  over right hard palate

醫學倫理與病人安全

醫學倫理

- 一種道德思考、判斷和決策，以倫理學的觀點出發，以期能做出對病人最有利益、最能符合道德倫理規範的醫療決策

本案例可能會碰到的問題

- 病人發現病灶有增大現象 => 第一門診就診 => 轉診至大同 => 轉診至高醫
  - 是否因爲轉診而造成診斷延遲
  - 轉診是否可以讓病人獲得較好的治療
- 初診日期爲2/1，並無先做biopsy，而至2/22才排3/7 OP處理病人的問題
  - 是否因爲間隔時間較長而拖延到治療時間

轉診

- 病人就診過程之中有轉診至數間醫院
  - 是否因爲耗費較多時間在各個醫院轉診過程之中，而造成病灶較慢被診斷
    - 病人的病灶已經持續很長一段時間，若沒有突然急遽的變化應該對診斷影響不大
  - 病人由門診轉至地區醫院再轉至教學醫院，是否可以因此獲得較精確的診斷與較好的治療
    - 病人應該可以藉由轉診獲得專科醫師較專業的建議與比較完整的治療評估

沒有先biopsy，選擇直接手術

- 沒有先做切片確定診斷，而是決定直接排手術治療
  - 如果OP完之後的結果發現並非臨床診斷的良性病灶，是否有可能因此延遲治療
    - 病灶在臨床表徵上看起來應該是良性的，故選擇直接手術摘除

手術和就診日期間隔較長

- 初診日期和實際手術時間相差1個月
  - 間隔時間較長，如果病灶有突然加速加劇的變化可能影響到病人的治療及預後
    - 病人在就診之前病灶已經持續有5年以上的時間，都沒有明顯的變化，最近病人覺得有變化也是緩慢的，故推測爲良性的病灶，突然變差的機率較低

Thanks for your attention！！