OM case report

Reporter：Intern G 組
中山正雄
林哲生
張綺真
楊理涵
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 医师
- 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
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: (-)
A large mass was noted

- **Site:** Right upper posterior hard palate area and adjacent 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:** (-)
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
- 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
<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>Inflammation</th>
<th>Neoplasm</th>
<th>Cyst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Color</strong></td>
<td>Pinkish</td>
<td>Red</td>
<td>Variable</td>
<td>Yellow or white</td>
</tr>
<tr>
<td><strong>Fever or local heat</strong></td>
<td>(-)</td>
<td>(+)</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td>Firm</td>
<td>Rubbery</td>
<td>Variable</td>
<td>Rubbery</td>
</tr>
<tr>
<td><strong>Ulceration</strong></td>
<td>(-)</td>
<td>(-)</td>
<td>(-)/(+)</td>
<td>(-)</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>More than 5 years</td>
<td>Days to Months</td>
<td>Months to years</td>
<td>Years</td>
</tr>
<tr>
<td><strong>Mobility</strong></td>
<td>Fixed (in palate)</td>
<td>Fixed (in palate)</td>
<td>Fixed (in palate)</td>
<td>Fixed (in palate)</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>(-)</td>
<td>(+)</td>
<td>(-)/(+)</td>
<td>(-)</td>
</tr>
</tbody>
</table>

→ Neoplasm!
## Benign or Malignancy?

<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>Benign</th>
<th>Malignancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surface</strong></td>
<td>Smooth</td>
<td>Smooth</td>
<td>Rough</td>
</tr>
<tr>
<td><strong>X-ray margin</strong></td>
<td>Well-defined</td>
<td>Well-defined</td>
<td>Poor-defined</td>
</tr>
<tr>
<td><strong>Progressive</strong></td>
<td>Slow-progressing</td>
<td>Slow</td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>-</td>
<td>+/-</td>
<td>+/-</td>
</tr>
<tr>
<td><strong>Induration (in palate)</strong></td>
<td>-</td>
<td>Hard to define</td>
<td>Hard to define</td>
</tr>
<tr>
<td><strong>Mobility (in palate)</strong></td>
<td>Fixed</td>
<td>Fixed</td>
<td>Fixed</td>
</tr>
</tbody>
</table>

→ **Benign** should be considered
Peripheral or intrabony?

<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>Peripheral</th>
<th>Intrabony</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-ray margin</td>
<td>Well-defined</td>
<td>-</td>
<td>Well-defined</td>
</tr>
<tr>
<td>Bony destruction or expansion</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

→ 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

<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>COF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Age</td>
<td>55</td>
<td>20-40</td>
</tr>
<tr>
<td>Site</td>
<td>Hard palate</td>
<td>Posterior mandible</td>
</tr>
<tr>
<td>Pain</td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td>Ulcer</td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
<td>Firm</td>
</tr>
<tr>
<td>Bone expansion</td>
<td>(+)</td>
<td>(+)</td>
</tr>
</tbody>
</table>
## 2. Unicystic Ameloblastoma

<table>
<thead>
<tr>
<th></th>
<th>Our case</th>
<th>Ameloblastoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>none</td>
</tr>
<tr>
<td>Age</td>
<td>55</td>
<td>20~70</td>
</tr>
<tr>
<td>Site</td>
<td>Hard palate</td>
<td>Posterior mandible</td>
</tr>
<tr>
<td>Pain</td>
<td>(—)</td>
<td>(—)</td>
</tr>
<tr>
<td>Ulcer</td>
<td>(—)</td>
<td>(—)</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
<td>Firm</td>
</tr>
<tr>
<td>Bone expansion</td>
<td>(+)</td>
<td>(+)</td>
</tr>
</tbody>
</table>
Our case

Ameloblastoma
### 3. Central giant cell granuloma

<table>
<thead>
<tr>
<th></th>
<th><strong>Our case</strong></th>
<th><strong>Giant cell tumor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>55</td>
<td>&lt;30 (60%)</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Hard palate</td>
<td>Mandible</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td><strong>Ulcer</strong></td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td>Firm</td>
<td>Firm</td>
</tr>
<tr>
<td><strong>Bone expansion</strong></td>
<td>(+)</td>
<td>(+)</td>
</tr>
</tbody>
</table>
## 4. Fibrous dysplasia

<table>
<thead>
<tr>
<th></th>
<th><strong>Our case</strong></th>
<th><strong>Fibrous dysplasia</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Female</td>
<td>none</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>55</td>
<td>0~20</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Hard palate</td>
<td>Maxilla</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td><strong>Ulcer</strong></td>
<td>(−)</td>
<td>(−)</td>
</tr>
<tr>
<td><strong>Consistency</strong></td>
<td>Firm</td>
<td>Firm</td>
</tr>
<tr>
<td><strong>Bone expansion</strong></td>
<td>(+)</td>
<td>(+)</td>
</tr>
</tbody>
</table>
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

- **Lesion 1:**
  Torus palatinus over midline of hard palate

- **Lesion 2:**
  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

- 初診日期為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

是否因為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
没有先 biopsy，选择直接手术

没有先做切片确定诊断，而是决定直接排手术治疗

如果 OP 完之后的结果发现并非临床诊断的良性病灶，是否有可能因此延迻治疗

病灶在临床表徵上看起来应该是良性的，故选择直接手術摘除
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，故推測為良性的病灶，突然變差的機率較低
Thanks for your attention !!!