口腔病理診斷科

CASE REPORT

報告日期：97/12/26

指導老師：林立民教授 陳玉昆主任
王文岑醫師 陳靜怡醫師

報告者：Intern-B組
General data

- Name: 劉民 X
- Sex: 男
- Age: 83 y/o
- Native: 高雄市
- Marital status: 已婚
- Attending V.S.: 沈也雄 醫師
- First visit: 97.12.09
- 初診日期: 97.12.09
Chief complaint

- Pain and discomfort over the L’t lower edentulous ridge for months
Present illness

- This 83 y/o male suffered from the episode above, so he went to 正安LDC for help. The dentist found pus discharge from L’t lingual side of the ridge, then referred him to our OPD for further examination.

- Denied radiotherapy, complicated extraction.
Past history

- Past Medical History
  - arthropathy
  - osteoporosis
  - fracture
  - calculus of the kidney
  - Parkinson's disease

- Past Dental History
  - Extraction
  - Prosthodontic treatment
  - Endodontic treatment
Personal habits

- Risk factors relate to malignancy
  - Alcohol: no record
  - Betel quid: no record
  - Cigarette: no record
OMF examination

- Size: 2 X 2 cm
- Surface: unknown
- Base: unknown
- Shape: nodule
- Consistency: unknown
- Color: yellow (ulceration)
- Pain: (+)
- Tenderness: (+)
- Induration: unknown
- Lymphadenopathy: unknown
Image finding
Panorex Findings

- C&B: 14x16x, cantilever
  23, 24x26
  11, 21, 22
- Endodontic Tx: 12, 13, 16
- Caries: tooth 24, 26, 27
Occlusal film findings

There is an ill-defined, irregular shaped radiolucence with mild radiopaque lesion extending from lower midline to left premolar lingual region, measuring about 3.5 X 0.5 cm in diameter.
There is an ill-defined, irregular shaped radiolucence with mild radiopaque fragment in the central lower anterior lingual area, measuring about 0.5 X 0.5 cm in diameter. Also, there is a well-defined radiolucence with less radiopaque prominence next to the fragment, measuring about 0.5X1 cm in diameter.
Disease origin:
1. Intra-Bony or peripheral origin
2. Inflammation or neoplasm
3. Benign or malignant

Differential diagnosis
Peripheral or Intra-bony origin?

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

Intra-bony origin
(but cannot rule out peripheral origin)
Neoplasm or Inflammation?

- Fever or Local heat: unknown
- Pain: (+)
- Lymphadenopathy: unknown
- Pus discharge: (+)
- Duration: for months

Neoplasm
(but cannot rule out Inflammation)
Neoplasm: Benign or malignant?

- Mobility: unknown
- Ulceration: (+)
- Induration: unknown
- Duration: months
- Pain: (+)

- Facial n. palsy: unknown
- Lymphadenopathy: unknown
- Margin: poor-defined

Malignant
Working diagnosis

- Osteosarcoma
- Metastatic carcinoma
- Osteomyelitis
<table>
<thead>
<tr>
<th></th>
<th><strong>Our Case</strong></th>
<th><strong>Osteosarcoma</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
<td>Slight male predominance</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>83 y/o</td>
<td>33 y/o</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td>Uncommon in jaws (6~8%)</td>
</tr>
<tr>
<td><strong>Symptom</strong></td>
<td>Pain, pus discharge, sequestrum formation</td>
<td>Swelling, pain, loosening of teeth, paresthesia, nasal obstruction</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Mandible</td>
<td>Mandible and maxilla</td>
</tr>
<tr>
<td><strong>Color</strong></td>
<td>Yellow</td>
<td>?</td>
</tr>
<tr>
<td><strong>Shape</strong></td>
<td>?</td>
<td>Irregular</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>0.2*0.2 cm</td>
<td>?</td>
</tr>
<tr>
<td><strong>Surface</strong></td>
<td>ulcerative</td>
<td>?</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Several months</td>
<td>?</td>
</tr>
</tbody>
</table>
Our case

Osteosarcoma
# Metastatic Tumor

<table>
<thead>
<tr>
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<th>Ours case</th>
<th>Metastatic tumor</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>83 y/o</td>
<td>Mid-age or elderly</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Lower anterior mandible</td>
<td>Uncommon in jaws</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If in jaw, 80% in mandible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gingiva &gt; tongue</td>
</tr>
<tr>
<td><strong>Primary tumor</strong></td>
<td>?</td>
<td>yes</td>
</tr>
<tr>
<td><strong>Clinical feature</strong></td>
<td>Pain, pus discharge Nodular mass sequestrum formation</td>
<td>Asymptomatic, pain, swelling, mass, paresthesia, numb-chin syndrome</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X-ray features</strong></td>
<td></td>
<td>More often shows ill-defined, “moth-eaten” appearance Mixed R-O and R-L</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Effects on adjacent structure</strong></td>
<td>?</td>
<td>Bony expansion Bony destruction Loosening of teeth</td>
</tr>
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</table>
metastatic tumor

Our case
## Osteomyelitis

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<tr>
<td><strong>Gender</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>83 y/o</td>
</tr>
<tr>
<td><strong>Symptom</strong></td>
<td>Pain, pus discharge, sequestrum formation</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>L’t mandible</td>
</tr>
<tr>
<td><strong>Color</strong></td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>0.2*0.2 cm</td>
</tr>
<tr>
<td><strong>Surface</strong></td>
<td>Ulcerative</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Several months</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>All ages</td>
</tr>
<tr>
<td><strong>Symptom</strong></td>
<td>Swelling, pain, sinus formation, purulent discharge, sequestrum formation, tooth loss, pathologic fracture</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Mandible</td>
</tr>
<tr>
<td><strong>Color</strong></td>
<td>?</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>?</td>
</tr>
<tr>
<td><strong>Surface</strong></td>
<td>Ulcerative</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Few month</td>
</tr>
</tbody>
</table>
Our case

Osteomyelitis
Impression

- Osteosarcoma over lingual side of anterior region of mandible
- Osteomyelitis (If inflammation origin)
Good-Bye...

Thanks For your Attention!!
Debridement of necrotic bone over lower anterior alveolar ridge was performed in OS dept. on 97/12/08.

1 specimen, containing 1 hard tissue fragment and 3 soft tissue fragments, for HP report.

Check HP report on 97/12/22.
Main findings in HP report

Section A: soft tissue
- Granulation tissue with some atypical cells

Section B: hard tissue
- Prominent new bone formation perpendicular to the cortical bone
- Multinucleated osteoclast-like cells along the margin of the bone trabeculae was noted
- Chronic inflammation was noted
Parosteal osteosarcoma with osteomyelitis, bone, mandible, anterior lingual, incision