



## Case report

指導老師：口腔病理科全體醫師

報告組別：實習E組

報告人員：林建明 吳宗勳 李惠娜 陸弘志

報告日期：101.01.30

# General Data

- Name: 呂XX
- Chart number: 2xxxxxx81
- Gender: male
- Age: 57 y/o
- Native: Kaohsiung
- Marital status: Married
- Birthday: 43.12.10
- First visit: 97.3.19
- Attending VS: 陳中和

# Chief Complaint

- 民國一百年: Swelling in left face for 2 weeks.

# Present Illness

- This 57 y/o male is a victim of pleomorphic adenoma over left cheek, tracing his history:
  - 97.03.04 (at 小港 H )  
HP: epithelial hyperplasia , L't BM
  - 97.04.02  
HP: fibrous tissue, left BM , cutaneous tissue
  - 97.04.10  
Water's view :
    - 1.left chronic maxillary sinusitis
    - 2.suspecious left chronic mastoidits

# Present Illness

- 97.04.10

CT scan :

consider a benign mass in left masticator space and infratemporal fossa with compression of posterior wall of left maxillary sinus .

Sized 6.0 \* 4.2 \* 5.0 cm<sup>3</sup>

- 97.04.17

OP:excision

HP: pleomorphic adenoma, left buccal subcutaneous tissue

# Present Illness

- 97.10 ~ 100.10  
lost f/u until p't found a mass over left cheek got larger and larger in these 2 weeks
- 100.12.08  
CT scan:  
enlargement of the mass (pleomorphic adenoma) in the left masseter and buccal space with invasion to left maxillary sinus and zygomatic arch, malignant transformation needs to be excluded
- 100.12.29  
Arrange OP (frozen section examination and excision or WE + partial maxillectomy)

# Past History

## ● Past medical history

- Denied any systemic disease
- Denied any drug and food allergy
- Pleomorphic adenoma over left cheek (S/P tumor excision at 97/04/17)
- Gastrorrhagia and duodenal ulcer

## ● Past dental history

- Prosthesis fabrication
- OD treatment
- Scaling
- Extraction

# Personal History

- Oral risk factors:

- Alcohol drinking: (+) seldom

- Betel nut chewing: (+) 10 顆 over 10 years, now quit

- Cigarette smoking: (+) ½ PPD

- Denied other specific oral habits

- Attitude toward dental treatment: uncooperative



# Extraoral Examination

- Swelling over left face

- Size: 5x5 cm
- Consistency: rubbery and hard
- Pain: (+)
- Tenderness: (+)



# Intraoral Examination

- Size: 5x4 cm
- Consistency: rubbery and hard
- Fluctuation: (-)
- Induration(-)
- Pain: (+)
- Tenderness: (+)

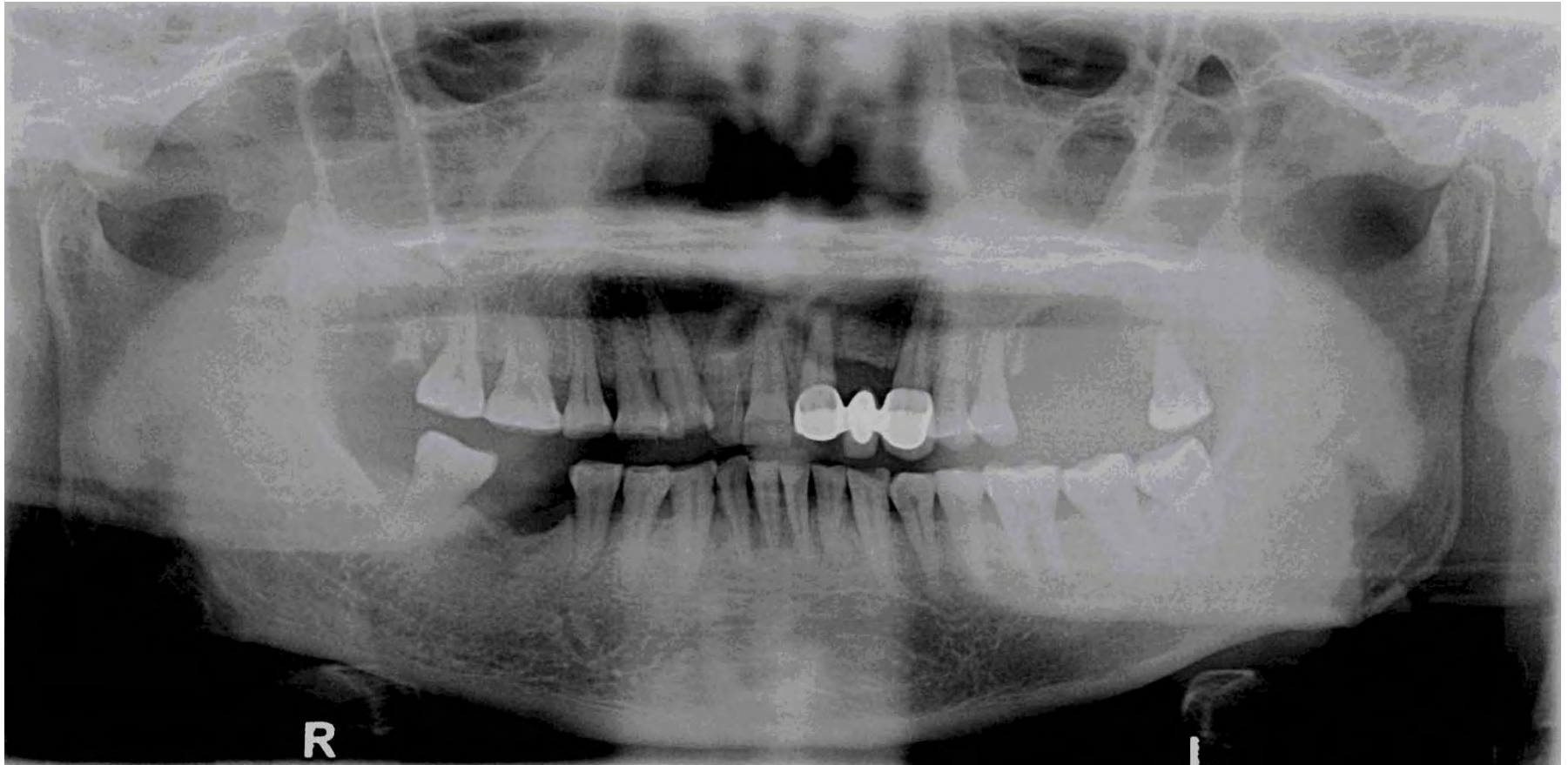
# Intraoral Examination

- Missing : tooth 14.15.46.48
- Residual root : tooth 18

# Dental Examination

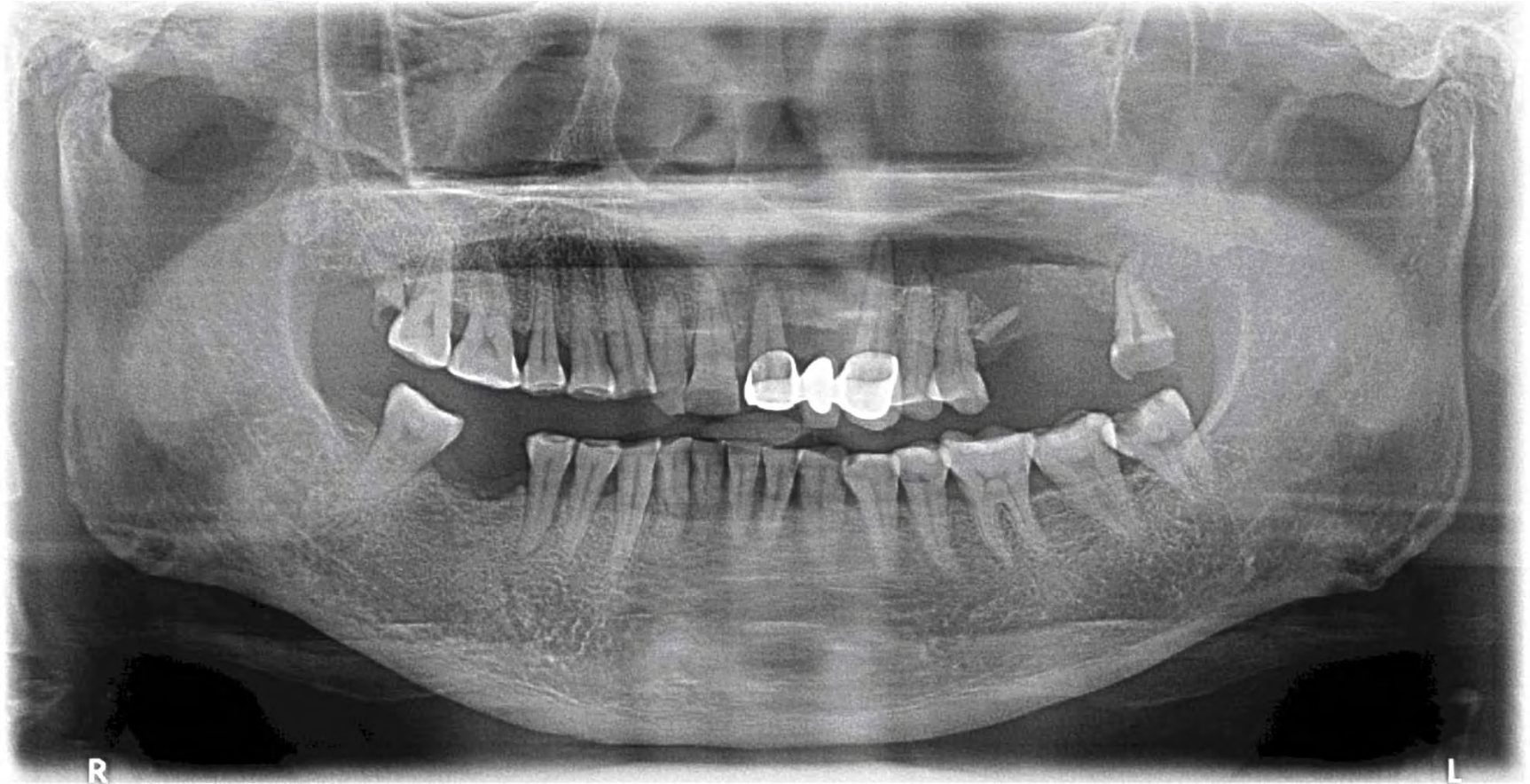
- Missing: tooth 26,27,46,48
- Caries: tooth 28,38
- Residual root: tooth 18
- Crown and bridge: tooth 21-X-23

# Radiographic Examination (2008,03,19)



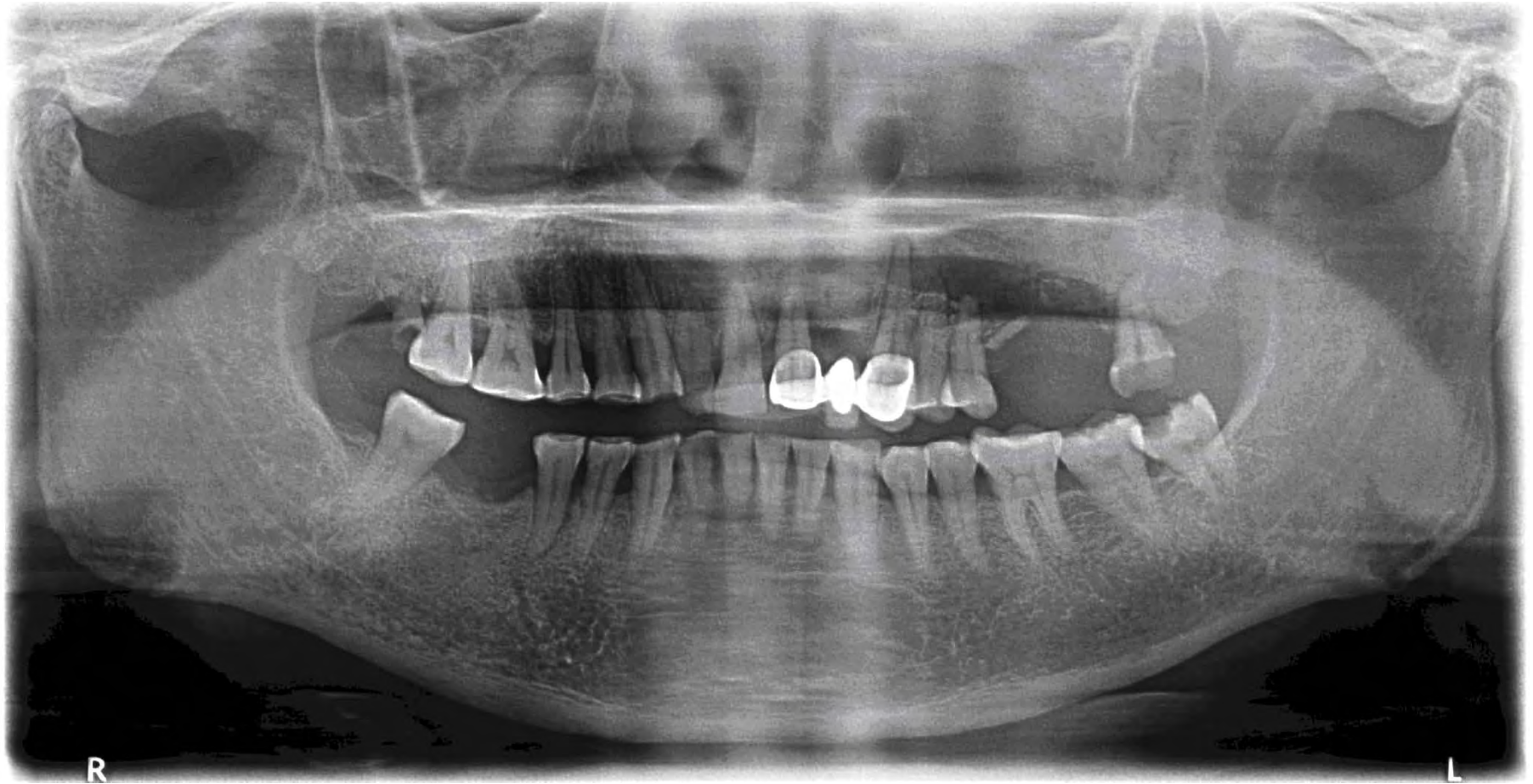
There is an ill-defined radiolucence over left maxillary, extending from distal side of tooth 25 to mesial side of tooth 28, and from alveolar crest to the floor of left maxillary sinus, measuring approximately 2.5 cm X 1.5 cm.

# Radiographic Examination (2011,12,21)



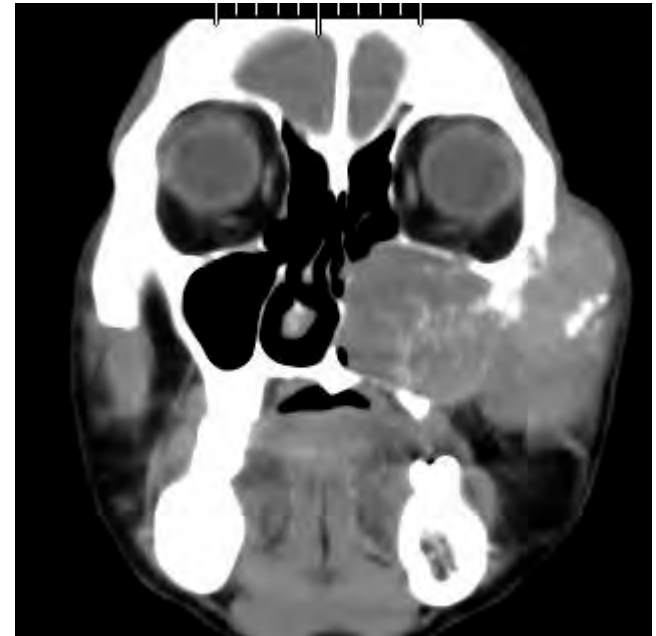
There is an ill-defined radiolucence over left maxillary, extending from apex of tooth 23 to mesial side of tooth 28, and from alveolar crest to the left maxillary sinus, measuring approximately 4.0 cm X 5.0 cm. The left maxillary sinus seems cloudy compared to right maxillary sinus, and the floor of left maxillary sinus is extremely thin, and the left zygomatic arch is invaded.

# Radiographic Examination (2011,12,30)



# CT Examination(2011.12.08)

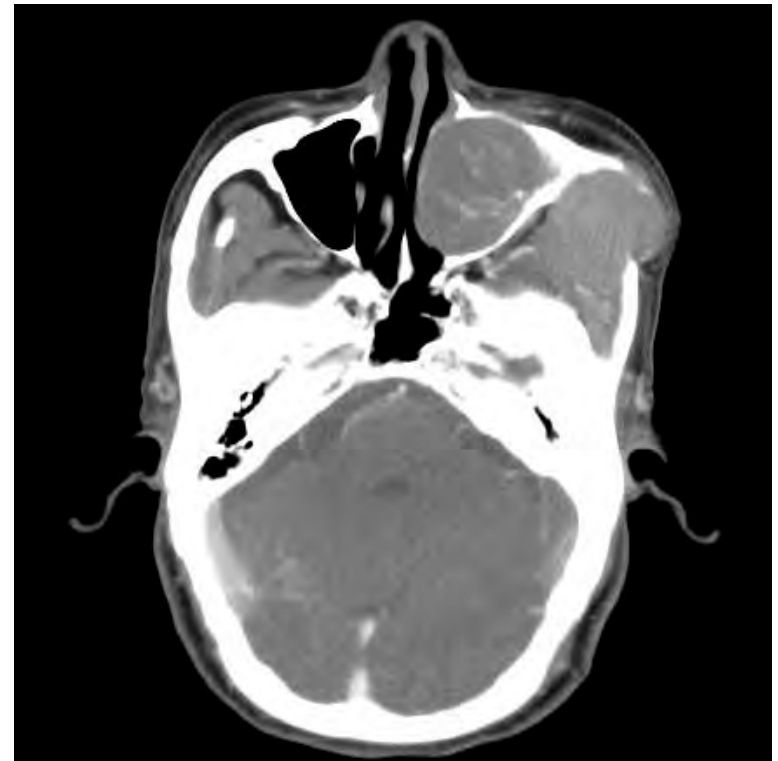
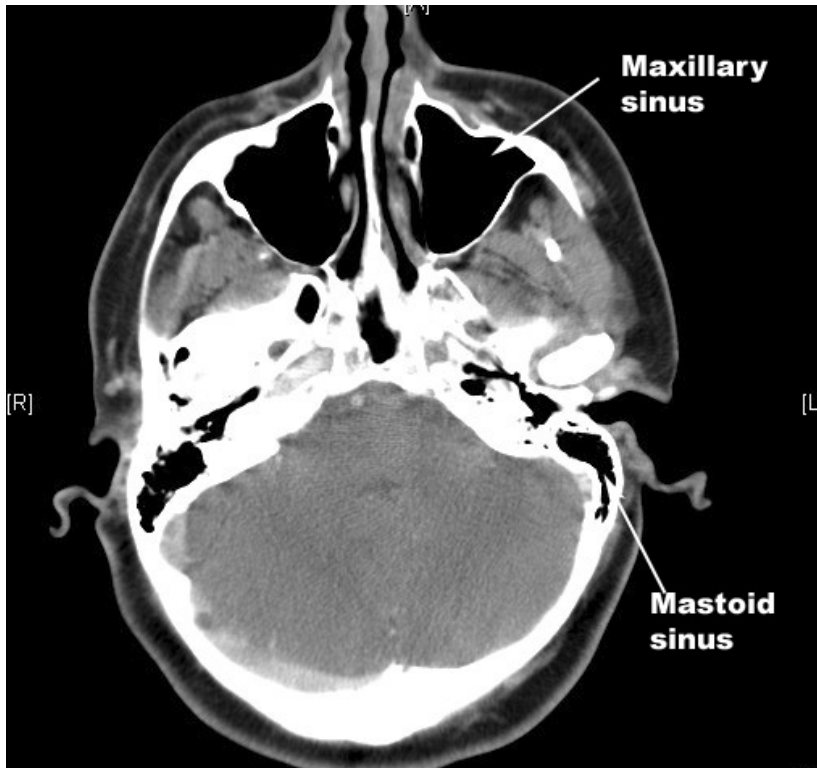
- There is an enlarging soft tissue mass in the left masticator and buccal space with invasion of left maxillary sinus and zygomatic arch. The size is about  $6.0 \times 4.2 \times 5.0 \text{ cm}^3$ .
- Calcification





# CT Examination(2011.12.08)

- The bilateral mastoid aeration is decreased.




# CT Examination (2011.12.08)

- No enlarged lymph node can be identified.
- Impression
  - Enlargement of the mass (pleomorphic adenoma) in the left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch. Malignant transformation needs to be excluded.
  - Decreased bilateral mastoid pneumatization.

# Differential Diagnosis

- Inflammation, cyst or neoplasm?
- Benign or malignant?
- Peripheral or intrabony?

# Inflammation, Cyst or Neoplasm?


- Pain: (+)(1-2/10)
- Tenderness (+)
- Swelling: (+)
- Duration: (2weeks)
- Texture: (Firm)
- Redness: (-)
- Fixed                                            Neoplasm

# Benign or Malignant?

- Pain (+)(1-2/10)
- Tenderness (+)
- Duration: (2weeks)
- Lymphadenopathy (-)
- Ulceration (-)
- Induration (-)
- Paresthesia(-) → Benign but maybe malignant change

# Peripheral or Intrabony?

- On the left check mucosa
- No bony expansion

Peripheral Neoplasm  Peripheral

# Working diagnosis

The List(more possible→less)

- Carcinoma ex mixed tumor
- Pleomorphic adenoma
- Ossifying fibroma
- Chondrosarcoma
- Mucoepidermoid carcinoma
- Acinic cell adenocarcinoma

# Carcinoma ex mixed tumor

	Our Case	Carcinoma ex mixed tumor
Gender	male	Female>Male (slightly)
Age	57 y/o	15 year older than PA 60-80 y/o
S / S	Painless swelling(dull pain)	Recent rapid growth with associated pain or ulceration(Not all)
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	80% in the major salivary gland , especially in parotid gland
Features	irregular shape ,Smooth surface, firm, fixed	Dome or nodular , smooth or ulceration , firm , fixed
Size	6x4x5cm	Variable
Others	Zygomatic arch perforation , sinus involve	Risk for malignant change in a PA increases with the duration

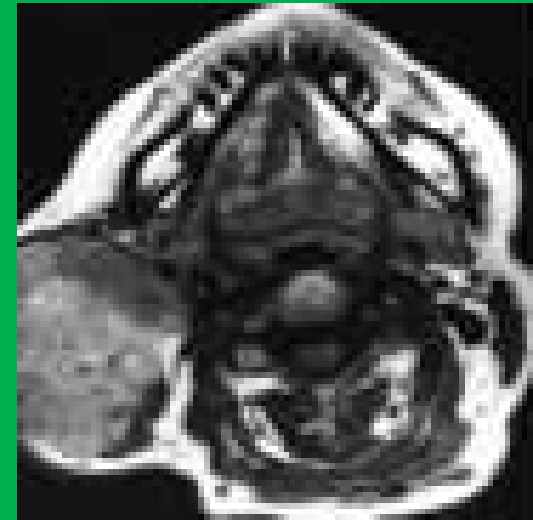
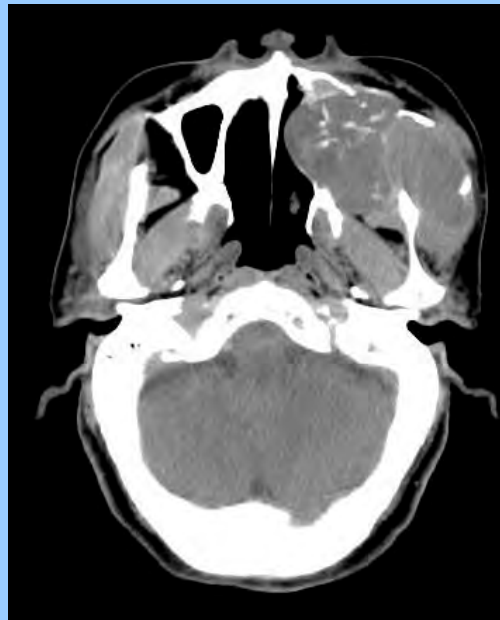


# Carcinoma ex mixed tumor

Our Case

Carcinoma ex mixed tumor

Image



# Pleomorphic adenoma

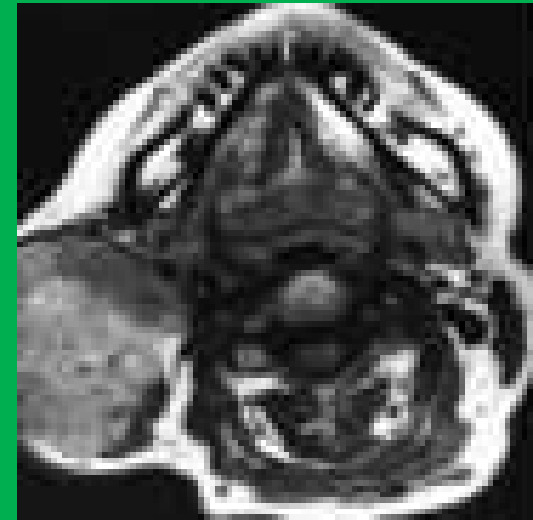
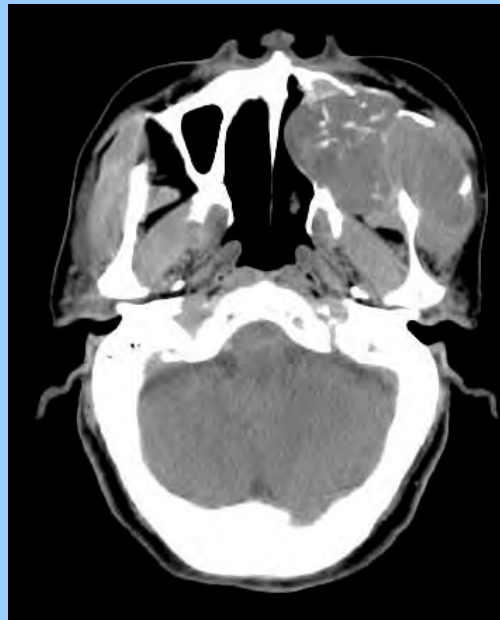
	Our Case	Pleomorphic adenoma
Gender	male	Female>Male (slightly)
Age	57 y/o	30-60 y/o
S / S	Painless swelling(dull pain)	Usually painless swelling , progression time is many months or years
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	Most common salivary gland tumor 53-77% parotid gland tumor
Features	irregular shape ,Smooth surface, firm, fixed	firm ,movable at beginning
Size	6x4x5cm	Variable
Others	Zygomatic arch perforation , sinus involve	

# Pleomorphic adenoma

Our Case

Pleomorphic adenoma

Image

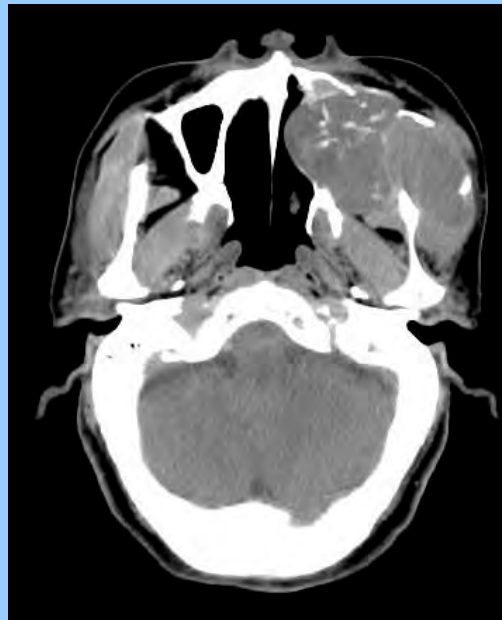


# Ossifying fibroma

	Our Case	Ossifying fibroma
Gender	male	Female>male (slightly)
Age	57 y/o	30-50
S / S	Painless swelling(dull pain)	Painless swelling
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	Mandible premolar and molar area
Features	irregular shape ,Smooth surface, firm, fixed	Fixed ,firm ,smooth
Size	6x4x5cm	Variable
Others		

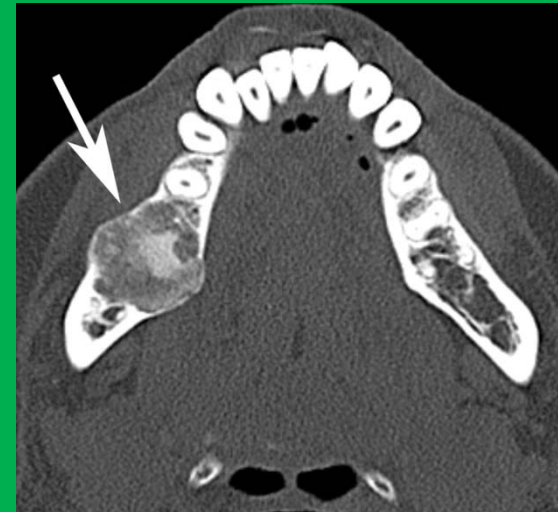
# Ossifying fibroma

Our Case



Image

Ossifying fibroma



# Chondrosarcoma

	Our Case	Chondrosarcoma
Gender	male	
Age	57 y/o	any age but has a peak incidence in the 30- to 40-year-old age Group
S / S	Painless swelling(dull pain)	Lesions are expansile masses. Pain and paresthesia may occur. In the anterior maxilla: nasal obstruction and breathing difficulties
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	jaws, usually of the anterior maxilla
Features	irregular shape ,Smooth surface, firm, fixed	Dome , smooth surface , fixed
Size	6x4x5cm	Variable
others	Zygomatic arch perforation , sinus involve	Widening of the periodontal membrane of associated teeth

# Mucoepidermoid carcinoma

Our Case



Image

Mucoepidermoid carcinoma



Chondrosarcoma. Computed tomography of large lesion of left maxilla containing flecks of radiopacities.

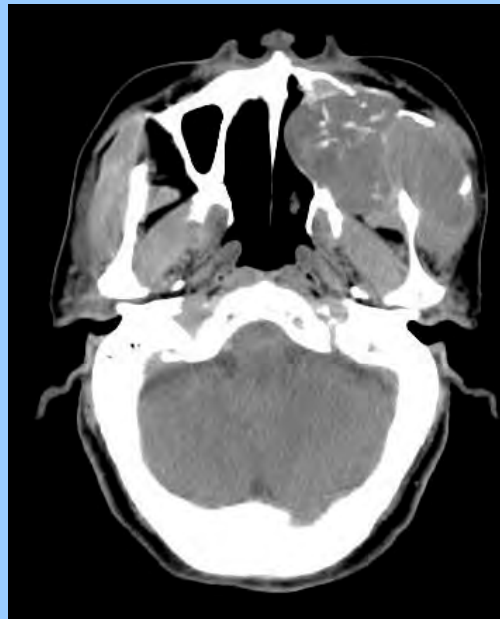
# Mucoepidermoid carcinoma

	Our Case	Mucoepidermoid carcinoma
Gender	male	Female>Male (slightly)
Age	57 y/o	Wide range (20~70 y/o)
S / S	Painless swelling(dull pain)	usually asymptomatic swelling(but pain may develop) , progress time<1year
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	Most common in parotid gland (preauricular & cheek)
Features	irregular shape ,Smooth surface, firm, fixed	Dome , smooth surface , firm , Fluctuation(not all) , fixed
Size	6x4x5cm	Variable , smaller than 4 cm in diameter
others	Zygomatic arch perforation , sinus involve	If distant metastasis : Lymphadenopathy



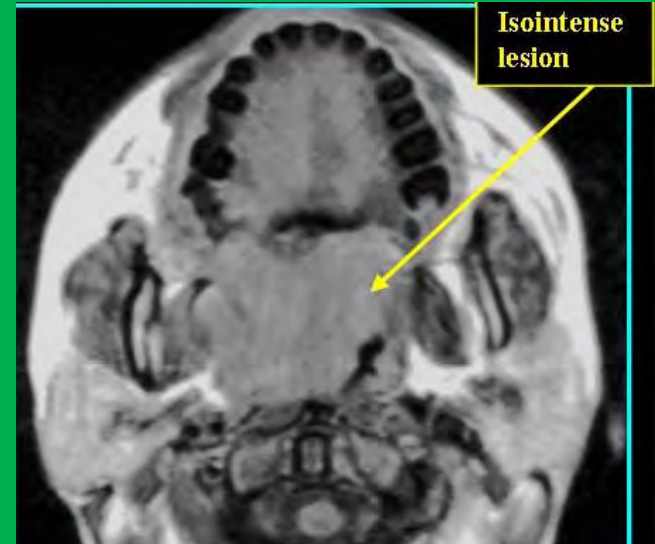
# Mucoepidermoid carcinoma

Our Case



Image

Mucoepidermoid carcinoma



# Acinic cell adenocarcinoma

	Our Case	Acinic cell adenocarcinoma
Gender	male	Female>Male (60 %)
Age	57 y/o	Wide range (20~70 y/o) mean 40
S / S	Painless swelling(dull pain)	Slowly growing mass, mostly asymptomatic
Site	Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch	Most common in parotid gland (85%) Minor salivary gland (9%) Submandibular gland (2.7%~4%)
Features	irregular shape ,Smooth surface, firm, fixed	Large,firm
Size	6x4x5cm	variable
others	Zygomatic arch perforation , sinus involve	Better Prognosis

# Acinic cell adenocarcinoma

Our Case



Acinic cell  
adenocarcinoma



Image

# Clinical impression

- Carcinoma ex mixed tumor over the left buccal mucosa
- Pleomorphic adenoma over the left buccal mucosa

# Salivary gland tumor treatment

1. Depend on frozen :

Benign → excision biopsy ◦

Malignant → Wide excision and RT

2. Prophylactic neck LND:

a) Not for parotid gland tumor (Seldom meta) ◦

b) Usually for submandibular gland (Much easier lymph node meta) ◦

c) AND high-grade mucoepidermoid carcinoma 、 malignant mixed tumor 、 adenocarcinoma 、 squamous cell carcinoma 、 facial skin cancer ◦

# Radiotherapy

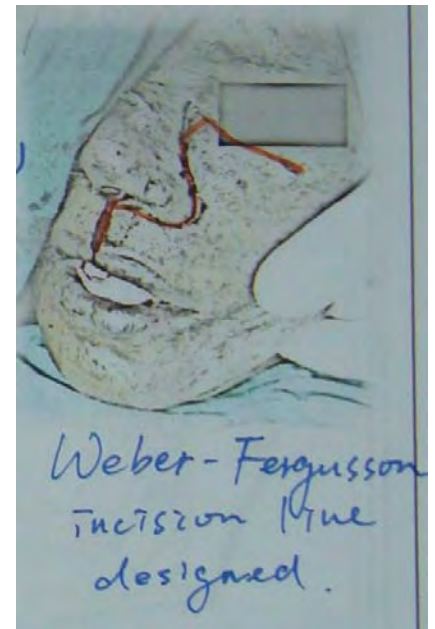
- Radiotherapy:
- 1. Benign:
  - encase nerve 、 recurred 、 tumor unclear
- 2. Malignant:
  - low-grade or low-stage do not need RT

# Chemotherapy

- Chemotherapy:
- 1. High-grade mucoepidermoid carcinoma 和 un-differentiated tumor ◦ (5-FU; CDDP; MTX)
- 2. Metastasis adenoid cystic carcinoma

# Treatment Plan

- Impression : pleomorphic adenoma ,left masseter and buccal space with invasion to left maxillary sinus and zygomatic arch
- Treatment plan :Weber-Ferguson incision + Wide excision + sinus debridement





# 醫學倫理討論

# 病人安全

- 2008/07/24 12:00 華視新聞 地區：新竹市報導
- 新竹市開整形診所的醫師，曾鼎昌，今年五十六歲，已經執業二十多年，跟別的醫師不一樣的是，他用是存證信函來催促病人回診。日前就有一名台商，左胸長了惡性腫瘤，在診所進行局部切除後，台商就說傷口已經好了，打電話也不接，曾醫師只好寄出存證信函，內容寫著，憂慮傷口變化，如要到其他醫院治療或要回診，請告知，好讓本人放心。還有一名三歲小妹妹，在樓梯摔倒，上唇裂傷，曾醫師交代縫合後一定要來換藥，一星期後拆線，但一樣沒看到人，曾醫師擔心之下，又寄出存證信函，希望家長趕快帶小妹妹回診檢查，以免延誤病情。

其他曾醫師的病患，也都說沒碰過這麼積極熱心的醫生。爲了病患好，擔心會有後遺症，曾醫師以嚴謹的態度，寄存證信函追蹤回診，讓病患及家屬感受到醫師關心病人的責任感。  
(記者莊明憲報導)

# 病人安全

- **【2006/08/11 民生報】**
- 林太太疑似罹患乳癌，醫師建議做電腦斷層和磁振造影檢查，由於醫事人力不足，排檢時間長，加上病患自己未準時回診，所有檢查拖了半年才完成，癌症從二期拖到三期。

# 病人安全

- 病人沒有回診，醫護人員需要主動聯繫嗎？
- 是否有方法可以提高病人回診率？

# 病人安全

- Oral care experiences with 181 nasopharyngeal carcinoma patients receiving radiotherapy in a Taiwanese hospital.
  - Wang WC, Chen YK, Lin LM
- Fluoride tray deliver vs follow up period

	With	Without
3~6 months	61.8%	18.8%
6~12 months	5.3%	1.9%
Lost follow up	32.8%	72.9%

# 病人安全

- 製備手術後張口練習器
- 押金，回診後退款
  - 是否符合法規
  - 增加醫事人力成本
- 存證信函

# 病人安全

- 隨時追蹤身體狀況，有不舒服立刻反應。回應醫師的問題才能寶貝自己的身體，因為沒好好把握健康可是會稍縱即逝。
- 行政院衛生署與財團法人醫院評鑑暨醫療品質策進會推動本項病人安全活動，推廣對象也由醫療機構與醫護專業人員延伸至民眾，期將手術安全的觀念深植於民眾，建立醫護人員及民眾對於手術安全的自我意識，呼籲民眾掌握自己「應」原則（響應、回應、反應），讓自己也成為照護自己健康的團隊成員之一，為自己的就醫安全把關。



**Thank you for your attention!**