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.
This 57 y/o male is a victim of pleomorphic adenoma over left cheek, tracing his history:

- **1997.03.04 (at 小港 H )**
  HP: epithelial hyperplasia, L’t BM

- **1997.04.02**
  HP: fibrous tissue, left BM, cutaneous tissue

- **1997.04.10**
  Water’s view:
  1. left chronic maxillary sinusitis
  2. suspicous 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 cm³

• 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 lager and lager 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 頭 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 form 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.
There is an ill-defined radiolucence over left maxillary, extending form 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.
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 6.0x4.2x5.0 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: (2 weeks)
- Texture: (Firm)
- Redness: (-)
- Fixed → Neoplasm
Benign or Malignant?

- Pain (+)(1-2/10)
- Tenderness (+)
- Duration: (2 weeks)
- Lymphadenopathy (-)
- Ulceration (-)
- Induration (-)
- Paresthesia (-)

Benign but maybe malignant change
Peripheral or Intrabony?

- On the left check mucosa
- No bony expansion

Peripheral Neoplasm
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

<table>
<thead>
<tr>
<th>Our Case</th>
<th>Carcinoma ex mixed tumor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>male</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>57 y/o</td>
</tr>
<tr>
<td><strong>S / S</strong></td>
<td>Painless swelling (dull pain)</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td>irregular shape, Smooth surface, firm, fixed</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>6x4x5cm</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>Zygomatic arch perforation, sinus involve</td>
</tr>
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Carcinoma ex mixed tumor

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<tr>
<td><img src="image1.jpg" alt="Image" /></td>
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## Pleomorphic adenoma

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<th>Pleomorphic adenoma</th>
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<tr>
<td><strong>Gender</strong></td>
<td>Female&gt;Male (slightly)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>30-60 y/o</td>
</tr>
<tr>
<td><strong>S / S</strong></td>
<td>Usually painless swelling, progression time is many months or years</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Most common salivary gland tumor</td>
</tr>
<tr>
<td></td>
<td>53-77% parotid gland tumor</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td>firm, movable at beginning</td>
</tr>
<tr>
<td><strong>Size</strong></td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td>Zygomatic arch perforation, sinus involve</td>
</tr>
</tbody>
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- **Gender**: Male
- **Age**: 57 y/o
- **S / S**: Painless swelling (dull pain)
- **Site**: Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch
- **Features**: Irregular shape, smooth surface, firm, fixed
- **Size**: 6x4x5cm
- **Others**: Zygomatic arch perforation, sinus involve
# Pleomorphic adenoma

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*Image*
# Ossifying fibroma

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<tr>
<td>Gender</td>
<td>male</td>
</tr>
<tr>
<td>Age</td>
<td>57 y/o</td>
</tr>
<tr>
<td>S / S</td>
<td>Painless swelling (dull pain)</td>
</tr>
<tr>
<td>Site</td>
<td>Left masticator and buccal spaces with invasion of left maxillary sinus and left zygomatic arch</td>
</tr>
<tr>
<td>Features</td>
<td>irregular shape, Smooth surface, firm, fixed</td>
</tr>
<tr>
<td>Size</td>
<td>6x4x5cm</td>
</tr>
<tr>
<td>Others</td>
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# Ossifying fibroma

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*Image*
## Chondrosarcoma

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

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

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

Our Case

Mucoepidermoid carcinoma

Image
# Acinic cell adenocarcinoma

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<td>male</td>
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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 and 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

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。為了病患好，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?
病人的安全

- Oral care experiences with 181 nasopharyngeal carcinoma patients receiving radiotherapy in a Taiwanese hospital.
- Wang WC, Chen YK, Lin LM

<table>
<thead>
<tr>
<th></th>
<th>With</th>
<th>Without</th>
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<tbody>
<tr>
<td>3~6 months</td>
<td>61.8%</td>
<td>18.8%</td>
</tr>
<tr>
<td>6~12 months</td>
<td>5.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Lost follow up</td>
<td>32.8%</td>
<td>72.9%</td>
</tr>
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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，因爲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端，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，呼籲民眾掌握三「應」原則（響應、回應、反應），讓自己也成爲照護自己健康的團隊成員之一，為自己的就醫安全把關。
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。

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Thank you for your attention!