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內文：

Low-grade fibrosarcoma of dental follicle of an unerupted third molar without clinical evidence of any follicular lesion

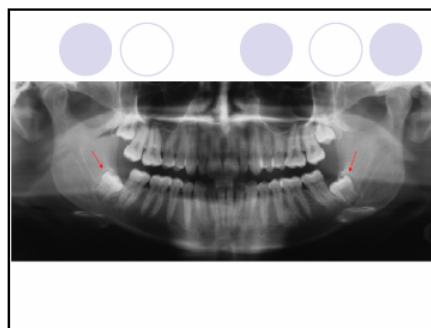
Journal of cranio-maxillofacial surgery (2007) 35, 48-51

Introduction

- Percentage: less than 1% of all malignant head and neck tumors.
- Treatment: depend on location, size, systemic manifestation, and histological differentiation.

Case report

- Patient: 23 y/o female.
- Diagnosis: imminent dental crowding.
- Treatment: extraction of 4 unerupted third molars under general anesthesia.
- Panorax finding: increased size in dental follicle of lower L't third molar.



Result

- Histomorphology: mesenchymal neoplasia in which cells arrange in interlacing fascicles and mitosis is rare.
- Immunohistochemistry:
 - actin: (-)
 - S100: (-)
 - QBEND-10: (-)
 - vimentin: (-)
 - pancytokeratin: (-)
 - PGM-1: (-)
 - desmin: (-)

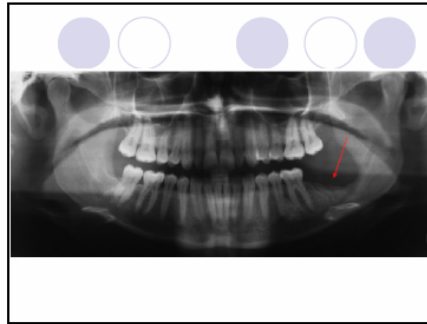
Final diagnosis:
Low-grade malignant fibrosarcoma

Histomorphology: ↑ ✓

Immunohistochemistry: (actin) →

Further treatment

- Resection with a 1cm safety margin.
- Extraction of lower L't second molar.
- Orthodontic splinting.



Discussion

- Clinical behavior:
 - 1.local recurrence: high
 - 2.lymphadenopathy: low
 - 3.distant metastases: low
- Pathologic changes:
 - 1.Rakprasikul: 61/104(59%)
 - 2.Glosser and Campbell: 40/96(42%)
 - 3.Adelsperger: 34/100(34%)

Discussion

- Kim and Ellis
 - 1.improper diagnosis: 20% (N=847)
 - 2.cause: non-specialist pathologist's lacking of normal and abnormal structure in tissues.

Conclusion

- According to literature, pathologic changes of unerupted third molars without any follicular lesion was high.
- Further prospective studies are needed to establish the incidence of pathologic changes of unerupted third molars without any follicular lesion.

Thank you for your attention

Slide 1: Introduction

- 1.percentage: fibrosarcoma 佔所有頭頸部惡性腫瘤的比例不到 1%(Weber).
- 2.treatment: 根據 fibrosarcoma 的位置,大小,腫瘤細胞的表現和組織病理學上的分級來決定治療方式(Chen).治療方式通常是 wide excision(Mendenhall).但是頭頸部的腫瘤受限於口腔的大小.要做出 safe margin(1.5cm)可能會喪失很多組織.所以可能會並用 RT 和 CT.如果 fibrosarcoma 的組織病理學上的分級是 high grade.也會並用 RT 和 CT(Colville).
 臨床上還會使用 CT. scintigraphic bone scanning, ultrasound 和 chest radiography 來協助分級診斷.

Slide 2: Case report

- 1.patient: 23 歲的女性.
- 2.diagnosis: imminent dental crowding.
- 3.treatment:在 GA 下.拔去 4 顆 third molars.
- 4.panorax finding:左下 third molar 的 dental follicle 相較於右下 third molar 有擴大的情形.最後有送檢.

Slide 3: Result

- 1.histomorphology: 細胞排列成一束束.並且相互交錯.細胞分裂則不常見.
- 2.immunohistochemistry:用 anti-actin.S100.QBEND-10.vimentin.pancytokeratin.PGM-1 和 desmin 反應.結果都是陰性

Ps:

- 1.S100: cells derived from neural crest. Chondrocyte. Adipocyte. Myoepithelial cell. Macrophage. Langerhans cell. Dendritic cell. Keratinocyte.
- 2.PGM-1(anti-CD68): macrophage only.
- 3.desmin: subunit of intermediate filaments in skeleton m. smooth m. and cardiac m tissue.

Slide 4: Further treatment

- 1.做出一個 1cm 的 safety margin 的切除.
- 2.拔掉坐下 second molar.
- 3.爲了避免 mandibular fracture.所以用 orthodontic splinting 固定.

Ps: lingual n 和 inferior alveolar n 有被保留下來.

Slide 5: Discussion

1.Clinical behavior: fibrosarcoma 的臨床表現有高的 local recurrence rate.但是卻比較少有 LAP 和遠處轉移.

1.size and infiltration: contrast-enhanced CT.

2.metastasis: chest radiography. scintigraphic bone scanning. abdominal ultrasound 和 CT.

2.Pathologic changes: 皆無 follicular lesion 的臨床表徵

1.Rakprasikul 檢查了 104 顆 unerupted third molars.發現有 61 顆有 pathologic change.有 53 顆是 dentigerous cyst.5 顆是發炎組織.2 顆是 odontogenic keratocyst.1 顆是 ameloblastoma.

2.Glosser and Campbell 檢查了 96 顆 unerupted third molars.其中有 40 顆有 pathologic change.全部都是 dentigerous cyst.

3.Adelsperger 檢查了 100 顆 unerupted third molars.其中有 34 顆有 pathologic change.其中還有些檢體有 squamous metaplasia.

Slide 6: Discussion

1. Kim 和 Ellis 回顧了從 1970 到 1988 的 847 個由 general 或是 non-specialist 所診斷的 case. 發現其中的 71% 和 impacted third molar 有關. 在 847 個 case 中只有 53.4% 是 correct diagnosis: 16.9% 只有組織學的描述或是只列出鑑別診斷; 9.8% 沒有組織學的診斷; 20% 則是下了不適當的診斷. 這些不適當的診斷包括 odontogenic cyst, odontogenic myxoma, odontogenic fibroma, ameloblastic fibroma, odontoma 和 ameloblastoma.
2. 原因則是因為非專科的病理學家對於口腔和顎骨正常及不正常結構的不熟悉

Slide 7: Conclusion

題號	題目
1	下列關於 dentigerous cyst 的敘述何者錯誤? (A) 會包住整顆牙齒 (B) 常發生在下顎智齒和上顎犬齒 (C) 可能會 neoplastic transformation 成 ameloblastoma (D) 在 X ray 上, dentigerous cyst 是 well-defined corrugated border
答案(A)	出處: Oral & Maxillofacial pathology, P493
題號	題目
2	下列關於 odontogenic keratocyst 的敘述何者錯誤? (A) 可能會從 dentigerous cyst 或 radicular cyst 轉變而來 (B) 臨床上有 multiple OKC, 可能和 basal cell nevus bifid rib syndrome 有關 (C) 用 enucleation 的再發率低 (D) 在 X ray 上, OKC 有 well-defined border
答案(C)	出處: Oral & Maxillofacial pathology, P497