

原文題目(出處)：	Unicystic ameloblastoma of the mandible - an unusual case report and review of literature. Head Neck Oncology 2010; 2:1
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內文：

Introduction

- ◆ Most common odontogenic tumor is ameloblastoma.
- ◆ Features:
 1. Slow growing
 2. Persistent
 3. Locally aggressive
- ◆ Incident: 3rd to 4th decades.
- ◆ Location: Mandible, angle and ramus
- ◆ Three forms:
 1. Multicystic ameloblastoma: 86%
 2. Peripheral ameloblastoma: solely in the soft tissue, counter part.
 3. Unicystic ameloblastoma: mural, luminal, ameloblastoma; dentigerous cyst.
- ◆ Often associated with 3rd molar
- ◆ Complete excision and appropriate reconstruction.

Case report

- ◆ General data: 41 y/o, female
- ◆ Present illness: Slowly growing swelling on the right side of the face since 1 year ago.
- ◆ Physical examination:
 1. Pain (-)
 2. Trismus (+)
 3. Hard, nontenderness mass
 4. Size: 8 x 5 cm
 5. Site: Involving ramus, angle and body, upto the 44.
 6. Mucosa: normal
- ◆ Radiography:
 1. Pano

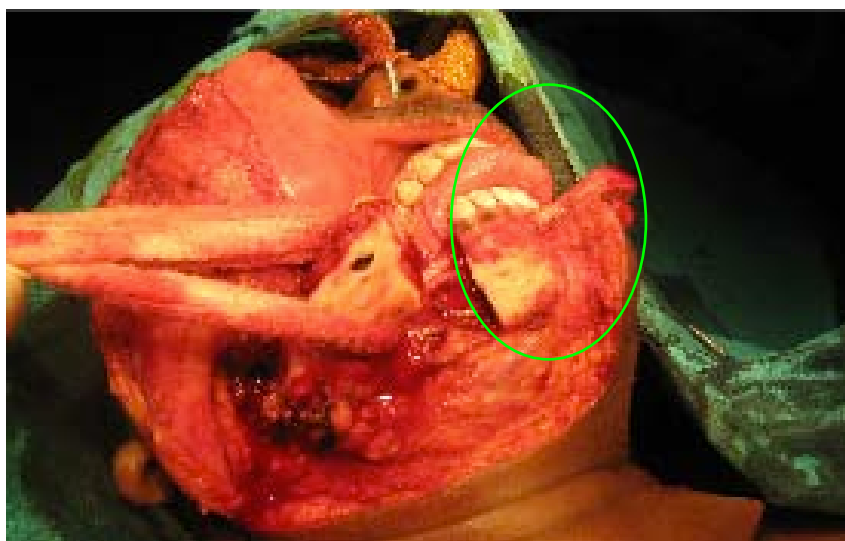


2. CT



◆ Treatment

1. Under GA
2. Segmental mandibulectomy, via lip split incision
3. Primary closure.



Discussion

- ◆ UA : 6% in ameloblastoma
- ◆ Age: 2nd decade
- ◆ Site: 90% mandible
- ◆ General feature
 1. 50 - 80%: impaction associated, esp. 3rd molar
 2. Dentigerous type: 8 year earlier than non-dentigerous
 3. Facial asymmetry
 4. Pain (+-)
 5. Ulceration (+-)
- ◆ Histological feature of UA
 1. A single cystic sac lined by odontogenic (ameloblastomatous) epithelium often seen only in focal areas.
 2. Should be dentigerous differentiated from odontogenic cysts
 3. Classifications:
 - (A) Ackman et al., 2004
 - (1) Group 1: Luminal UA
Confined to the luminal surface of the cyst
 - (2) Group 2: Intraluminal/ plexiform UA
Nodular proliferation into the lumen
 - (3) Group 3: Mural UA
Tumor islands invade the connective tissue wall
 - (B) Philipsen and Reichart, 2004
 - (1) Subgroup 1: Luminal UA
 - (2) Subgroup 1.2: Luminal + intraluminal UA
 - (3) Subgroup 1.2.3: Luminal + intraluminal + intramural UA
 - (4) Subgroup 1.3: Luminal + intramural UA
 4. Treatment, of classification B
 - (1) Conservative (enucleation): 1 and 1.2
 - (2) Progressive (radical resection): 1.2.3 and 1.3
- ◆ Surgery method
 1. Enucleation: should not vigorous curettage
 2. Chemical cauterization: Carnoy's solution, conservative
- ◆ Recurrence
 1. Average 7 years
 2. Related to subtype: 6.7% vs 35.7%
 3. Related to initial treatment:
 - (a) Radical: 3.6%
 - (b) Enucleation alone: 30.5%
 - (c) Enucleation with cauterization: 16%
 - (d) Marsupialization with enucleation: 18%

題號	題目
1	What is the most common histopathologic patterns of multicystic ameloblastoma ? (A) Basal cell type (B) Acanthomatous type (C) Desmoplastic type (D) Follicular type
答案(C)	出處：Oral and Maxillofacial Pathology, 2nd edition.

題號	題目
2	Which type of cyst is believed to be the most common origin of unicystic ameloblastoma?
	(A) Primordial cyst (B) Dentigerous cyst (C) Radicular cyst (D) Residual cyst
答案(B)	出處：Oral and Maxillofacial Pathology, 2nd edition.