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原文作者姓名：	Javiera Deichler, René Martínez, Sven Niklander, Heraldo Seguel, Maureen Marshall, Alfredo Esguep
通訊作者學校：	Av Valparaíso 1560 Viña del Mar, Chile
報告者姓名(組別)：	周厚江 Int D 組
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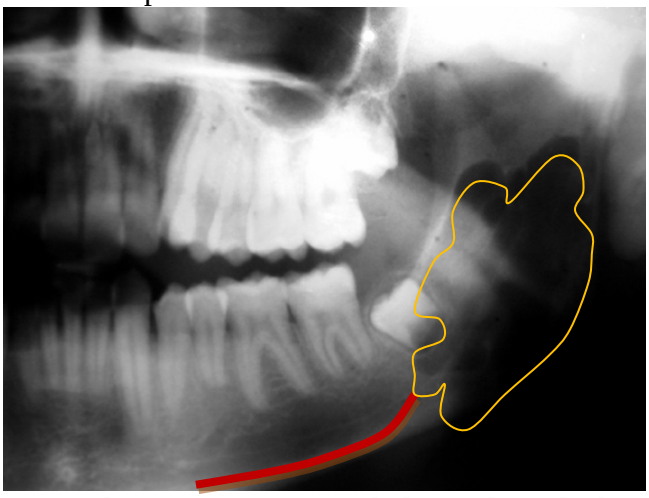
內文：

I .Introduction:

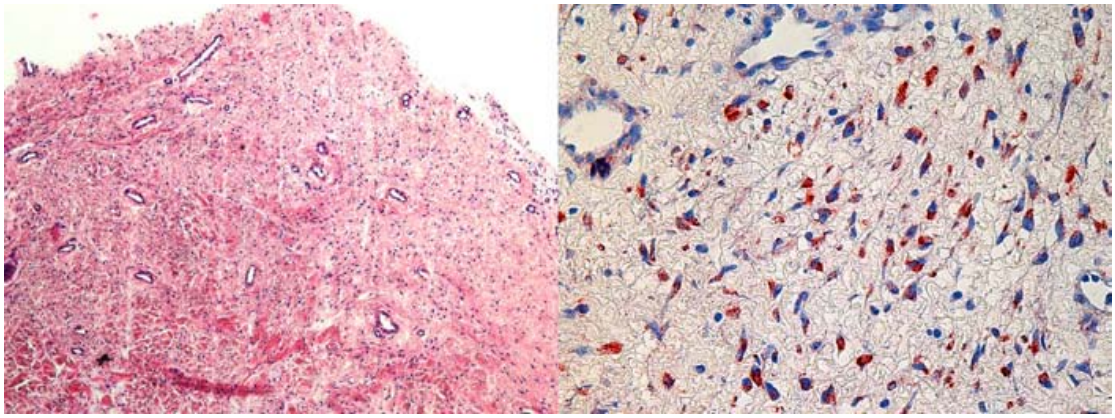
1. Neurofibroma is a benign neoplasm derived from peripheral nerves. Most of these are associated with *Neurofibromatosis* but may also occur as solitary lesions.
2. When found on the head and neck they are generally located in the soft tissue. (buccal mucosa .tongne) Intraosseous location is very rare.
3. The tumor may be composed of a varying number of cells, among which are Schwann cells, perineural cells, fibroblasts and intermediate cells.

II.Case report:

1. A 14-year old male p't consulted for orthotontic treatment. In the initial evaluation an orthopantomograph was taken. It revealed a unilateral radiolucency in the right mandible ramus, extending verticaly up to the basal border of the mandible. Horizontaly, the lesion occupied the whole width of the ramus. The radio-graphically boundaries were well defined, not corticalized, with scalloped borders, The lesion was partially proyected over the follicle of the 38 tooth. There was no vertical displacement of the mandibular canal or the tooth germ 38.



2. Intraoral examination revealed no clinical changes associated with the lesion. Bone outlines were normal to palpation and the patient reported no symptoms.
3. Ketarocyst, ameloblastoma and ameloblastic fibroma were proposed as provisional diagnosis. A surgical excision was planned under general anesthesia, for curetage and histopathologic study.
4. Microscopic study with hematoxilyn-eosin (HE) showed a tumour mass formed by regular spindle cells, with wavy, hiperchromatic nuclei and scanty cytoplasm, in a richly vascularized myxoide stroma, with presence of collagen fibers and conective tissue cells. There were also nerve bundles cut transversely
5. Immunohistochemistry showed that tumor cells were positive for vimentin, NSE (Fig. 2) and negative for S-100 protein. The residual nerve fibers were positive for S-100 protein and NSE.



6. Intraosseous neurofibroma was diagnosed., even though it might be controversial the fact that it was negative to immunostaining for S-100. It is important to considerer the differential diagnosis with other neoplasm arising from peripheral nerve sheath, such as schwannoma, perineuroma, neurofibrosarcoma .

III. Discussion

1. Neurofibroma is the most common type of peripheral nerve neoplasm.The average age is 27.5 years, ranging between 14 and 45 years old. There is no clear evidence as to the sex distribution.

2. 90% of the neurofibromas are associated with neurofibromatosis type 1(Von Recklinghausen's disease of skin), so the presence of a solitary case requires physical examination and family history so as to exclude the disease.

3. Although positivity for neuroespecific enolase(NSE) shows the presence of nerve tissue, negativity fo S-100 protein rules out the neural origin of cells observed in the tumor. This may be because the cells have a maturity level in which do not reflect the characteristics immunophenotype of neural origin cells.

題號	題目
1	下列何種疾病在免疫組織學染色下不會呈現 S-100(+)? (A) Schwannoma (B) Melanoma (C) Neurofibroma (D) Hemangioma
答 案 (D)	出處：Oral and maxillofacial pathology 3rd edition P.433~437,526~528
題號	題目
2	下列有關 Neurofibroma 的敘述何者為是? (A) 常與 Neurofibromatosis type2(NF II)有關 (B) 好發於 Skin,若發生在口腔則好發於 tongne 及 buccal mucosa (C) 組織學上可見 spindle-shaped cell with wavy nuclei 是為 perineural fibroblast (D) 免疫螢光染色呈現 S-100(-)
答 案 (B)	出處：Oral and maxillofacial pathology 3rd edition P.526~528 Solitary intraosseous neurofibroma of the mandible. Apropos of a case (*Oral Medicine and Pathology*)