

原文題目(出處)：	The peripheral adenomatoid odontogenic tumour: a case report. Oral Surg 2012;5: 45-8
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內文：

#### I. Introduction

1. Adenomatoid odontogenic tumour( AOT) is a benign lesion of odontogenic origin
2. 3 clinical variants: follicular, extra-follicular, peripheral type
3. Peripheral odontogenic tumours (histological characteristics): intraosseous counterparts but occur exclusively in the soft tissue

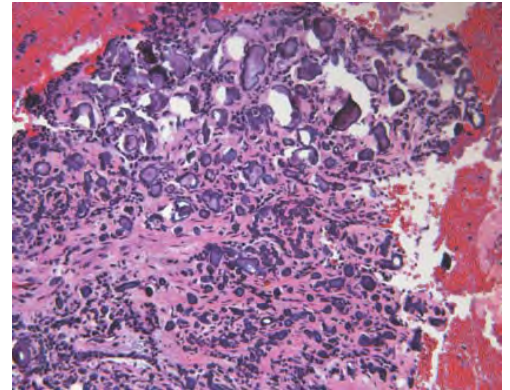
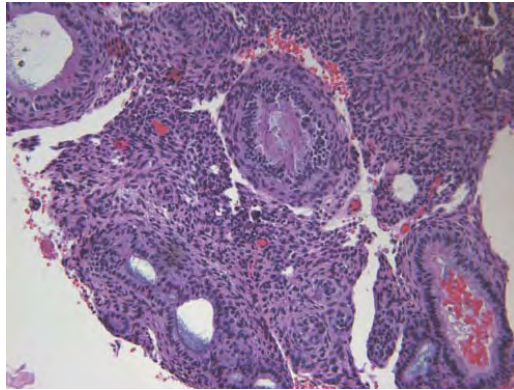
#### II. Case report

1. An 11-year-old male presented for evaluation of a ‘red marginal lesion’ of 1 year’s duration.
  - i. 6 months prior to evaluation
  - ii. Removed by electrosurgery
  - iii. Returned 6 months later
2. Examination:
  - i. A firm erythematous, raised lesion
  - ii. Facial gingiva associated with tooth 21
  - iii. Normal radiographic presentation



3. Diferentail diagnosis:
  - i. Epulis
  - ii. Pyogenic granuloma
4. Surgical flap:
  - i. Removed the tissue along with associated gingiva
  - ii. Lesion was attached to the facial flap
  - iii. Not associated directly with the tooth
  - iv. Facial bone expansion was observed, no perforation was noted
  - v. 7 mm root exposed from mesiofacial to distofacial line angle

## 5. Histological examination:



- i. Encapsulated lesion
- ii. Proliferation cystic odontogenic epithelium
- iii. Well-ductal structures
- iv. Scattered small calcospheritic masses
- v. The histological findings were consistent with a well-encapsulated PAOT.
- vi. The tissue appeared completely healed at 6 weeks

## III. Discussion

1. WHO: defined AOT:
  - i. 1971: A tumour of odontogenic epithelium with duct-like structures and with varying degrees of inductive change in the connective tissue
  - ii. 2005: composed of odontogenic epithelium in a variety of histoarchitectural patterns, embedded in a mature connective tissue stroma characterized by slow but progressive growth
2. Peripheral type:
  - i. Lowest frequency of 3types, 2.3% and 4.5 % of all AOT
  - ii. Distinct male: female ratio, 1:2 ~ 1:14
  - iii. Lowest Mean Age of all AOT: 11.9 ~ 14 y/o
  - iv. Area: most in anterior maxilla
3. Clinical appearance of PAOT:
  - i. Painless
  - ii. Slow-growing gingival swelling
  - iii. May protrude associated teeth
  - iv. Bony defect may be associated with lesion
  - v. Radiographic appearance may reveal superficial erosion of bone
4. Histological features of AOT:
  - i. Cuboidal/ columnar cell of odontogenic epithelium
  - ii. Nest/ rosette-like structures
    1. Eosinophilic amorphous material (often)
  - iii. Duct-like structure
    1. Polarized away from space
    2. Eosinophilic material/ cellular debris/ without content
    3. convoluted cords in complicated patterns often show invaginations
    4. dystrophic calcification(may be dentinoid/ cementum)
5. PAOT: like intraosseous lesion, usually solid, unencapsulated
  - i. This case: cystic component, relatively thick capsule
6. PAOT was proposed to be an erupted AOT

- i. Both peripheral and central components
- 7. AOT is rarely detected radiographically
- 8. Tx: excision; There have been no reports of recurrence of this lesion

題號	題目
1	Which of the following is adenomatoid tumour most seen in? (A) Anterior mandible (B) Anterior maxilla (C) Posterior mandible (D) Posterior maxilla
答案 (A)	出處：Oral and Maxillofacial Pathology 3rd edition Ch 15 odontogenic cysts and tumors p.713, fig.15-84
題號	題目
2	Which of the following about AOT is true? (A) Aggressive tumor (B) Common in a patient over 30 y/o (C) Usually encapsulated (D) Easily differentiate radiographically from the more common dentigerous cyst
答案 (C)	出處：Oral and Maxillofacial Pathology 3rd edition Ch 15 odontogenic cysts and tumors p.71