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內文：

Abstract

1. A case report of a rare case of angiomyxoma intraorally in the upper posterior alveolar mucosa

Introduction

1. Frequent local recurrences and lack of metastatic potential
2. Three types: *aggressive, superficial (cutaneous myxoma) and angiomyofibroblastoma*
3. Truly intraoral case are really rare with 4 previously reported cases occurring in the buccal mucosa and floor of the mouth

Table 1: Reported cases of intraoral superficial angiomyxoma.

Reference	Site	Age	Gender	Race	Size (mm)	Presentation	Clinical impression
Chen et al. [4]	Right buccal mucosa	19 yrs	Male	Chinese	50 × 35 × 30	Slow growing painless lump present for 2 years	Soft tissue tumor
Gardner [3]	Floor of the mouth	69 yrs	Female	European	10 × 12 × 12	Slow growing painless lump present for 3 years	Lipoma
Meer and Beavon [2]	Right buccal mucosa	37 yrs	Female	African	45 × 32 × 20	Slow growing painless lump present for 2 years	Lipoma
Mokhtar et al. [5]	Floor of the mouth	6 months	Male	Malaysian	50 × 36 × 26	Slow growing swelling noticed when patient was 5-month-old	Soft tissue tumor/cystic swelling
Present case	Upper posterior alveolar region	30 yrs	Male	Indian	30 × 30	Slow growing painless swelling present for 1 and a half years	Soft tissue tumor

Case report

Present illness:

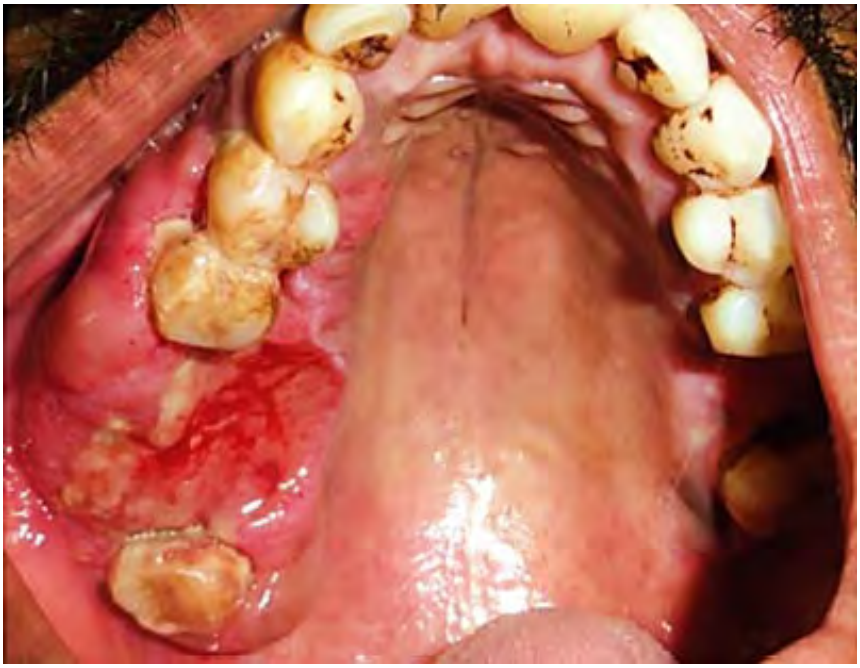
1. A 30-year-old male with a slow-growing mass over right upper posterior area for 2 years, pain when eating. In the same region about 1.5 year ago a tooth got extracted since mobility, and the swelling continued to grow after extraction.

Medical and dental history:

1. Non-contributory

Oral examination:

1. Diffuse, reddish, slightly ulcerated,
2. Rubbery to firm, tender(+), bleeding on palpation
3. No specific finding in radiographs



Biopsy Findings :

1. Epithelium overlying loose myxoid stroma accompanied by a prominent vasculature (F.2)
2. Myxoid stroma showed a scattered *spindle to stellate-shaped cells* which had distinct borders and oval nuclei (F.3)
3. No cellular or nuclear atypia or hyperchromasia and mitotic activity an necrosis
4. Small, thin-walled curvilinear bold vessels were prominent throughout the stroma
5. Mild inflammatory infiltrated was present predominantly *neutrophils*
6. Imunohistochemical staining done by *vimentin and CD34 antigens*, most of the stromal tumor cells were immunopositve for vimentin and the endothelial cells of the blood vessels displayed immunoreactivity for CD34 (Figures.4 & 5)

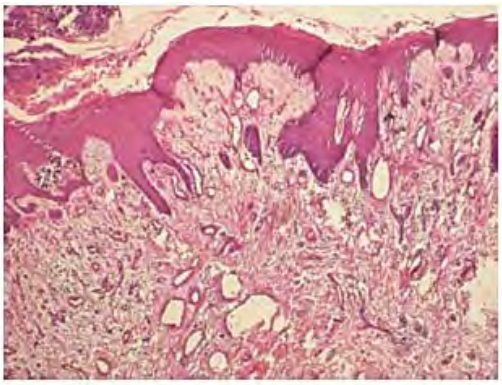


FIGURE 2: Photomicrograph showing stratified squamous epithelium overlying myxoid connective stroma with prominent vasculature (hematoxylin and eosin stain, 4x).

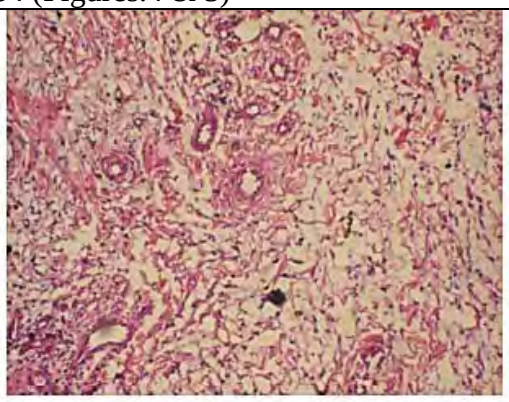


FIGURE 3: Photomicrograph showing loose collagenous myxomatous stroma permeated by spindle shaped cells and nonarborizing blood vessels (hematoxylin and eosin stain, 10x).

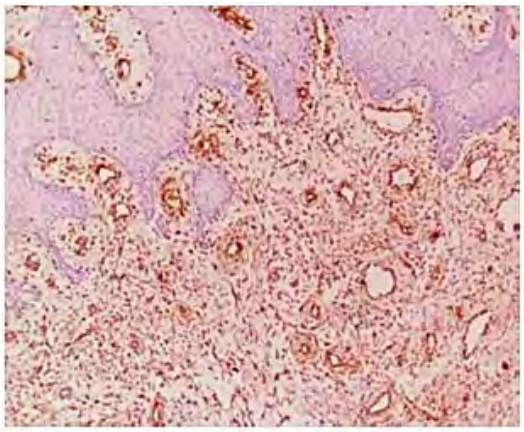


FIGURE 4: Many tumor cells stained strongly for vimentin (10x).

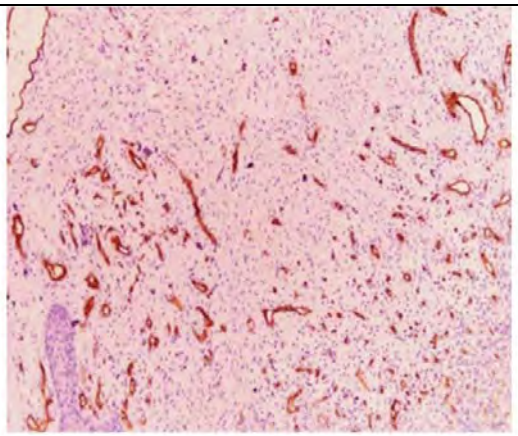


FIGURE 5: The endothelial cells of the blood vessels stained strongly for CD34 (10x).

Treatment Outcome:

1. Treatment was not done due to patient unwillingness

DISCUSSION

1. Predilection
   - A. Rare distinctive, benign, cutaneous soft tissue lesions
   - B. Male predilection, most in middle age
   - C. Predilection for the trunk, head, and neck, lower extremities, genital area
2. Distinctive hisological features for diagnosis :
   - A. Multilobular growth pattern composed of spindle to satellite-shaped cells in a copious myxoid stroma
   - B. Small, thin-walled vessel (mainly)
   - C. Stromal inflmmatory cells (esp. neutrophils)
3. Differential diagnosis
   - A. Aggressive angiomyxoma
     - i. Prominent and large vascular components in myxoid stroma
   - B. Soft tissue myxoma
   - C. Angimyolipoma
     - i. Composed of a mixture of thick-walled blood vessels, smooth muscle, and adipose tissue found mostly in the kidney
   - D. Myxoid nerve sheath tumor(neurothekeoma)
     - i. Smaller individual nodules
     - ii. Less vascular
     - iii. Contains occasional eosinophilic histiocytic cells
   - E. Myxoid neurofibroma
     - i. Cells are typically slender with wavy nuclei and intra-lesional nerve bundles
   - F. Oral focal mucinosis
     - i. Acellular with very few blood vessels
     - ii. Lack of a lobular architectural pattern
     - iii. No stromal inflammation
   - G. Myxofibrma or odontogenic myxoma
     - i. Diffuse an non-lobulated

ii. No stromal inflammation
iii. May contain odontogenic epithelial rests

4. Treatment is by *localized surgical excision*, with careful follow up owing to its high rate of local recurrence between 20% and 40%
5. Good prognosis as this lesion stays superficial

題號	題目
1	Which range of age for the patients with odontogenic myxomas ? (A) 5~10 years old (B) 25~30 years old (C) 35~40 years old (D) No age predilection
答案(B)	出處：Oral and maxillofacial pathology third edition P.730
題號	題目
2	How to differential diagnosis between angiomyxoma and myxoid neurofibroma?
	(A) Myxoid neurofibroma is composed of interlacing bundles of cells that often exhibit spindle- to satellite-shaped nuclei (B) Angiomyxoma is immunohistochemically positive reaction for S-100 protein (C) Myxoid neurofibroma is uncommon intraorally (D) None of above
答案(D)	出處：Oral and maxillofacial pathology third edition P.528