原文題目(出處):	Gardener syndrome: A rare case report. Dentistry 2014, 4:5
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內文:

Introduction

- 1. First described in 1951, Gardner's syndrome is a fairly rare condition sharing similarity with polyposis(息肉) coli
- 2. Gardner syndrome (GS) is a group of diseases

(1) Familial adenomatous polyposis:

- A. presence of large numbers of adenomatous polyps(20 decades) in the colon with a marked tendency to malignant transformation(40 decades)
- B. APC (Adenomatous Polyposis Coli) gene, located on chromosome 5 (30% of individuals with FAC have a new dominant mutation)
- C. Early diagnosis in at-risk individuals is usually performed by colonoscopy for detection of intestinal polyposis

(2) osteoma:

- A. is necessary for the diagnosis of Gardner syndrome
- B. appears in : mandible, skull, long bone, paranasal sinus
- C. Osteomas usually precede the intestinal polyposis by often as much as 10 years
- (3) ocular lesions (90%)
- (4) several dental abnormalities
 - A. odontoma
 - B. supernumerary teeth
 - C. impacted teeth
- (5) abdominal desmoid tumors(10% in all,3 times more frequent in female)
- (6) epidermoid cyst of skin

→FAC with osteomas and benign tumors of the soft tissues is referred to as Gardner's syndrome

- 3. Prevalence: varies from 1: 8,300 to 1: 16,000 live births in <u>varying literatures</u> (不分種族)
- 4. Early identification and surgical intervention of the disease are important to prolong the life of the patient

Case report

A 64 year old patient

- 1. C.C.: Swelling on the right lower part of face for past 6 years and in front of right ear region for past 3 months
- 2. History:

Swelling had <u>gradually increased</u> from small in size to attain the present size. The swelling was <u>painless</u> upon palpation and <u>not difficulty in mouth opening</u>. Patient also complained of another swelling in **right temple region** 請看下方 A 圖



3. Intra Oral Examination:

Revealed two oval well circumscribed swellings measuring approximately 2.5 x 2.5cms and approximately 1.5 x 1.5 cms, seen on the <u>buccal aspect of 46, 47</u> and <u>35, 36 with obliteration of the buccal sulcus</u>. Overlying mucosa was normal in color and texture 請看上方 B 圖

4. X-ray findinds:

Pano

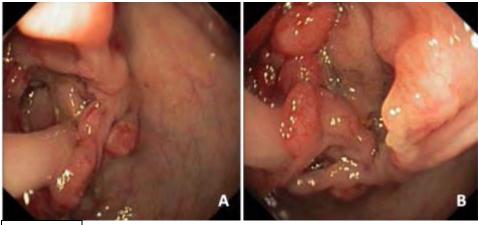
There is three well defined dense radio-opaque masses at right condyle region, right body of the mandible and in the region of lower border of the mandible on left side, measuring approximately 2 x 1.5 cms, 2.5 x 2 cms, and 0.3 x 0.3 cms respectively (Figure 2)



Water's view, obtained to inspect other facial regions, revealed a <u>radio-opaque mass</u> in the left frontal sinus measuring approximately 0.2 x 0.2 cms (Figure 3)



5. Colonoscopy showed <u>sessile polyps</u> in the <u>rectum and descending colon</u> (Figure 4a and 4b). Biopsy revealed benign growths and no features of malignancy



Discussion

- 1. Familial adenomatous polyposis (FAP) is an autosomal dominant colon cancer syndrome characterized by the presence of polyps in the colon and rectum
- 2. Gardner syndrome (GS) is a variant of FAP showing extracolonic manifestations such as **osteomas**, **dental anomalies**, **epidermoid cysts** and congenital hypertrophy of the **retinal pigmented epithelium**
- 3. The intestinal polyps carry as high as 100% potential of malignant change, and early diagnosis is therefore essential
 - →Several of these extra-colonic manifestations occur in the oral and maxillofacial region precede the colonic polyps and may be discovered during routine dental examination
- 4. Dental abnormalities:
 - (1) Tooth extraction is likely difficult
 - A. thickening of interdental cortical bone
 - B. extensive hypercementosis
 - (2) multiple impacted permanent teeth, supernumerary teeth and root anomalies
 - (3) Odontomas and cementomas are also frequent
 - →as seen in our case at mandible regions and also in frontal sinus
- 5. Skeletal abnormalities
 - (1) Osteomas:
 - A. slow, continuous growth, and occur most frequently in the mandible, the outer cortex of the skull and the paranasal sinuses
 - B. peripheral exostoses are detectable only radiographically
 - C. two type radiography

localized radiopaque lesion with a sharp border

a large and diffuse radiopaque cotton-wool-like area widespread radiopaque lesion (in either jaw)

(2) mandible angle→facial deformity

→as seen in our case localized radiopaque lesion with a sharp border

- 6. The limitation mouth opening caused by
 - (1) <u>osteoma of the condyle</u>
 - (2) <u>maxilla in close proximity to the ascending ramus</u>, the <u>external body of the mandible</u>, the <u>coronoid process</u>, and the <u>inferior border of zygomatic arch</u>
 - →no seen in our case
- 7. Epidermoid cysts
 - (1) precede the intestinal polyposis
 - (2) multiple and asymptomatic
 - (3) limbs, face, and scalp

→no seen in our case

8. Congenital hypertrophy of the retinal-pigmented epithelium (CHRPE) is reported in 80% of patients with GS and occurs early after birth so it <u>may represent the</u> first detected sign of the syndrome

→no mention in our case

- 9. Desmoid tumours
 - (1) histologically benign
 - (2) may behave aggressively and can cause death
 - →no found in our case
- 10. neoplasms:

hepatocellular carcinoma, desmoid tumor, fibromas, lipomas, leiomyomas, neurofibromata, and pigmented skin lesions

→no found in our case

- 11. In addition, several studies have reported an association between GS and **endocrine disorders** like Cushing's syndrome, thyroid gland nodules, craniopharyngioma, and thyroid cancer
- 12. **Prophylactic colectomy** is usually recommended. (良性時)
- 13. Removal of jaw osteomas and epidermoid cysts for cosmetic reasons sometimes may be indicated, **but the long term prognosis depends on the behavior of the bowl adenocarcinomas** (惡性變化時)

1	題目	
1	Gardner syndrome 的 clinical finding 下列何者不屬之?	
	(A) Supernumerary teeth	
	(B) Colonic polyps	
	(C) Oral ulcer	
	(D) Osteoma over mandible angle	
答案(C)	出處: Oral and Maxillofacial PATHOLOGY,3rd edition, Neville, et	
	al P.651	
2	題目	
2	Gardner syndrome 的 osteoma 可以在以下哪些部位發現?	
	(A) Long bone	
	(B) Mandible	
	(C) Maxillary sinus	
	(D) Skull bone	
答案(A)	出處: Oral and Maxillofacial PATHOLOGY,3rd edition, Neville, et	
	al P.651	