

# *Case Report*



Intern E組

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# General data

- Name : 盧 X X
- Sex : Female
- Age : 70 y/o
- Native : 高雄市
- Martial status : 已婚
- Attending V.S.: 陳中和醫師
- First visit : 95/09/13



# Chief Complaint

- A swelling mass over right side of mouth floor for one year, with painful sensation for 1 month





# Present illness

- A swelling mass over right side of mouth floor was found one year ago and didn't make her uncomfortable. She didn't go for help.
- One month ago, she felt painful sensation of the mass, went to 第一門診 and was referred her to our OPD .

# Present illness

- Besides, she didn't feel uncomfortable of right submandibular region during meal time.
- The patient had lost all teeth 28 years ago . The latest CD was fabricated at 苓雅門診 5 years ago. When the CD was delivered and adjusted, the patient didn't felt uncomfortable when wearing denture.

# Past history

## ■ Past Medical History

- Left breast cancer: operation at veterans hospital 802H 10 years ago without C/T and R/T. F/U for 3 years.
- Stroke 2 years ago: routine medication with Aspirin
- Denied any drug or food allergy

## ■ Past Dental History

- OD, Endo, Extraction
- Wearing CD from 42 y/o



# Personal history

- Risk factors related to malignancy
  - Alcohol : (-)
  - Betel quid : (-)
  - Cigarette : (-)
- Other oral habits: avoid sour foods

# OMF Examination

- A swelling mass over right side of mouth floor
  - 1.5 cm x 2.5 cm
  - Red
  - Mild depression of central portion
  - Tenderness(+)
  - Firm
  - fixed to underlying tissue
- Saliva secretion of Wharton's duct: clear
- No paresthesia of right side of tongue border





# Image finding – Panorex (95/09/13)



# Panorex image finding

- This panorex shows edentulous alveolar ridge with general horizontal resorption, especially in maxilla (only basal bone left) and the trabecular density of maxilla decrease.
- There is an elevated dome shape soft tissue image over r't mandible, extending from the posterior ½ of mandible body to the anterior region of ramus, measuring approximately 2.8cm in diameter.
- Sinus: NP
- Condyle: NP

# Peripheral or Intrabony Origin

- Bony destruction (-)
- Mucosal lesion (+)

**Peripheral Origin**



# Inflammation, Neoplasm or Cyst

- Fever or local heat (-)
- Fluctuation (-)
- Lymphadenopathy (-) / (+)
- Induration (-)
- Long duration (1 year)

**Neoplasm**

# Benign or Malignant

- Pain (+)
- Tenderness (+)
- Induration (-)
- Lymphadenopathy (+)/(-)
- Well-defined margin
- Ulceration(+)

**Benign or low grade malignant**

## Differential Diagnoses

Mesenchymal

Fibroma  
Rhabdomyoma  
Lipoma

Metastasis

Breast cancer

Salivary gland

Mucoepidermoid ca.  
Mixed tumor  
Acinic cell adenocarcinoma

**Teachers' comments: We suggest the differential diagnosis should only include malignance without considering whether it is of low-grade (this is a matter of histology). So, the malignancies of mesenchymal origin such as fibrosarcoma, rhabdomyosarcoma, etc should be considered. For salivary gland origin, PLGA, adenocystic carcinoma should be included**



# Working diagnosis

- Mucoepidermoid carcinoma
- Pleomorphic tumor
- Acinic cell adenocarcinoma
- Fibroma
- Rhabdomyoma

# Mucoepidermoid carcinoma

	Our case	Mucoepidermoid carcinoma
age	70	20-70
gender	female	female
frequency		Most common salivary gland malignancies
site	L` t mouth floor	<b>Parotid gland</b> , minor salivary gland
Growth rate	1 year	1 year
大小	1.5*2.5	< 3cm
color	red	Blue or red
mobility	fixed to underlying tissue	movable
pain	+	+
induration	-	-
LAP	-	-
P.S		Lower lip, floor of mouth, tongue, retromolar pad中最常見的salivary tumor

# Mixed tumor

	Our case	Mixed tumor
age	70	<b>30-50</b>
gender	female	female
frequency		Most common
site	L` t mouth floor	<b>Parotid gland</b> , submandibular
Growth rate	1 year	Slow, months to years
consistency	firm	firm
mobility	fixed to underlying tissue	Movable, 變大 → less mobility
pain	+	-
induration	-	-
LAP	-	-



# Acinic cell adenocarcinoma

	Our case	Acinic cell adenocarcinoma
age	70	20-70
gender	female	female
frequency		<b>Much less</b>
site	L` t mouth floor	<b>Parotid gland</b> , Submandibular gland
速度	一年	Slow, months to years
大小	1.5*2.5	< 3 cm
mobility	fixed to underlying tissue	<b>movable</b>
pain	+	+ / -
tenderness	+	+ / -

# Fibroma

	Our case	fibroma
age	70	<b>40-60</b>
gender	female	female
site	L` t mouth floor	Anywhere in mouth, <b>Buccal mucosa</b>
Growth rate	一年	slow
大小	1.5*2.5	<b>&lt; 1.5 cm</b>
surface	Smooth	smooth
base	sessile	sessile
color	red	<b>pink</b>
consistency	firm	firm
mobility	fixed to underlying tissue	fixed
pain	+	+ / -
tenderness	+	-
induration	-	-
LAP	-	-

# Rhabdomyoma

	Our case	rhabdomyoma
age	70	Middle-aged and older p` t
gender	female	male
site	L` t mouth floor	Pharynx, oral cavity, laynx (Mouth floor, soft palate, base of tongue)
consistence ncy	firm	
pain	+	+



# Biopsy

- 9/13 arrange to Oral Surgery for biopsy
- Incisional biopsy was performed over right mouth floor

**Before going into biopsy, a clinical impression should be provided, such as  
Clinical impression: Mucoepidermoid carcinoma, right posterior mouth floor**

# 一般血液檢驗 (95/9/20)

項目	結果值	參考標準值	單位
WBC	5.35	4.0-10.0	*1000/ul
RBC	<b>3.89</b>	4.0-5.5	*10 <sup>6</sup> 次方/ul
Hgb	12.0	12-16	g/dl
Hct	38.2	37-47	%
MCV	98.2	79.0-101.0	fl
MCH	30.8	26.0-35.0	Pg
MCHC	31.4	31.0-37.0	g/dl
PLT	233	130.0-500.0	*1000/ul
NEUT	59.2	37.0-75.0	%
EOSIN	1.7	0.0-4.0	%
BASO	0.4	0.0-1.0	%
LYMPH	35.3	12.0-50.0	%
MONO	3.4	0.0-10.0	%
RDW-CV	12.0	11.5-14.5	%
RDW-SD	42.9	36.0-46.0	fl

# 一般生化檢驗 (95/9/20)

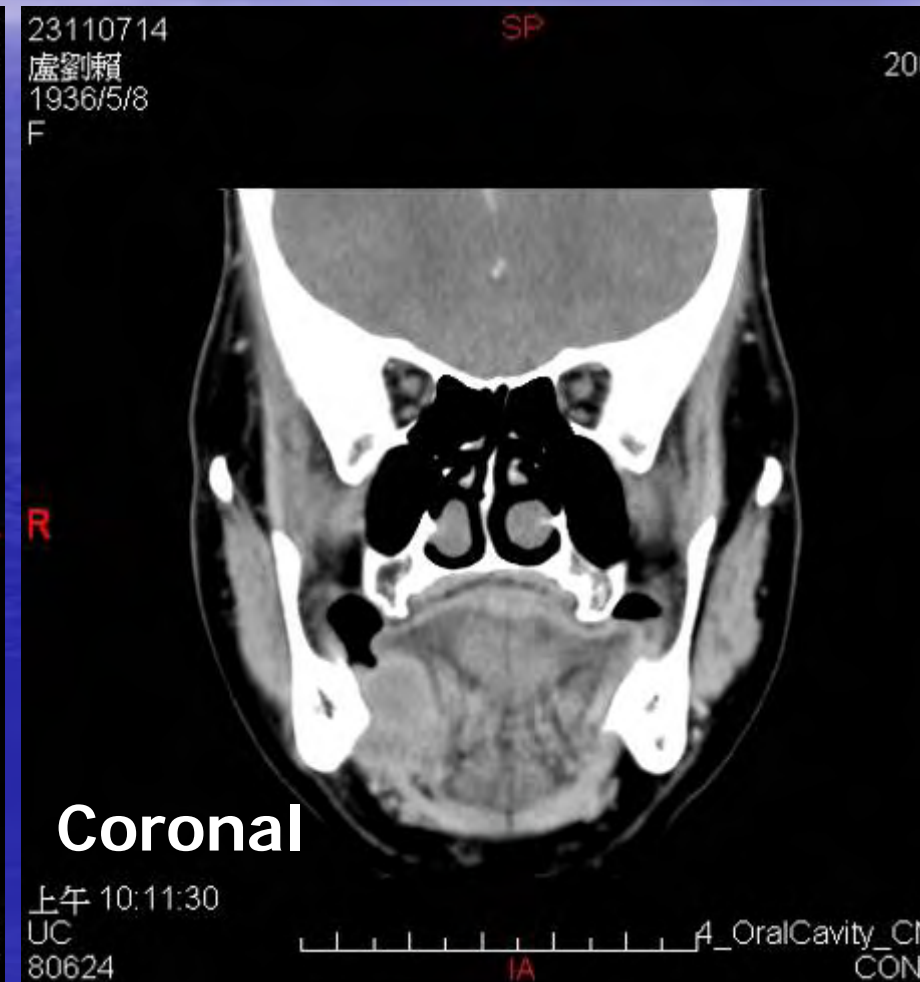
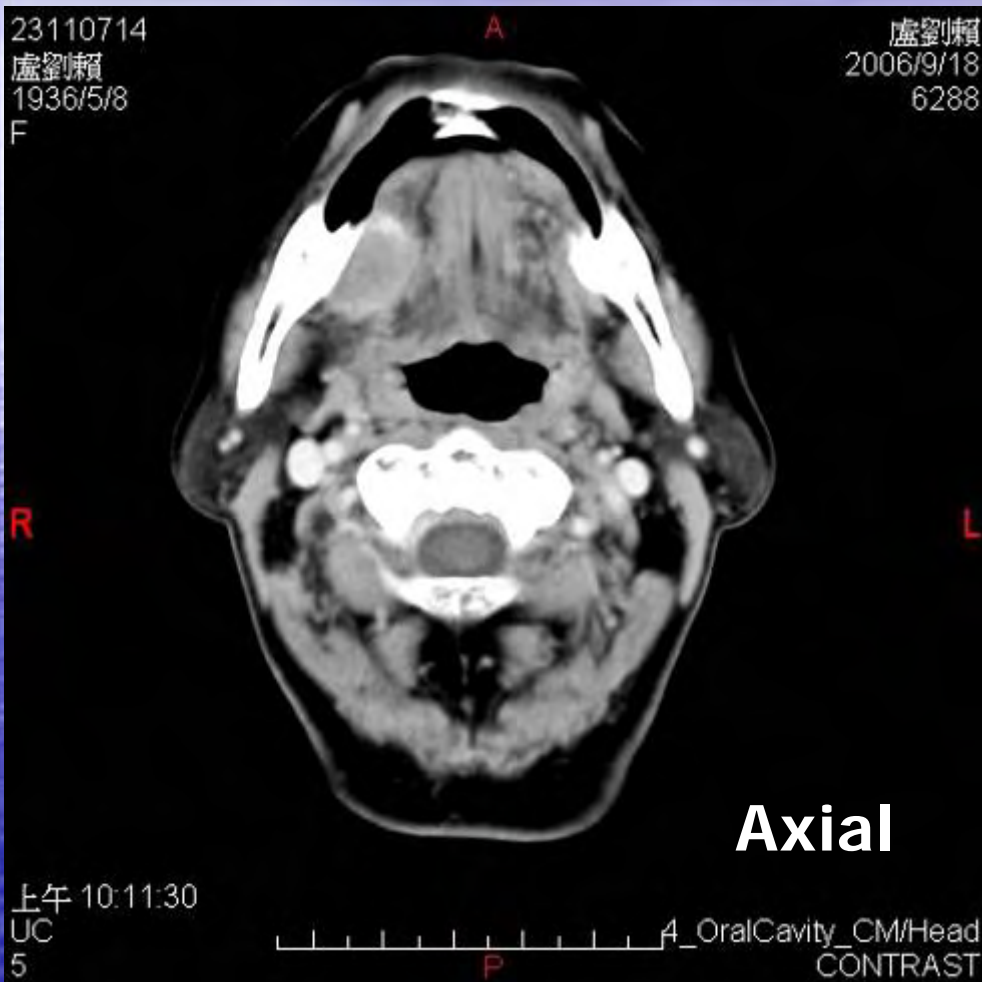
項目	結果值	參考標準值	單位
Protein	7.5	6.0-8.3	gm/dl
Bil(Total)	<b>1.56</b>	0.2-1.0	mg/dl
GOT(AST)	16	10-42	IU/L
GPT(ALT)	13	10-40	IU/L
ALP	61	32-92	IU/L
UN	9.1	7.0-18.0	mg/dl
Creatinine	0.7	0.6-1.3	mg/dl
NA	141	136-145	mmol/L
K	4.2	3.5-5.1	mmol/L
CL	<b>109</b>	98-107	mmol/L
GGT	11	7-64	U/L
Sugar	91	70-105	mg/dl
Albumin	4.23	3.5-5.0	gm/dl
A/G	<b>1.3</b>	1.50-2.01	



# Image finding – CT of Oral Cavity (95/09/22)

- A focal oval homogeneous tumor (2.32cm x 1.92cm x 2.75cm) with mild ring enhancement is found in the right aspect of the mouth floor.
- No regional lymph node enlargement could be identified.
- The adjacent bony structure is essentially intact.
- The visible portion of brain parenchyma is unremarkable.
- Low attenuation soft tissue component is found within the sphenoid sinus.

# Image – CT of Oral Cavity (95/09/22) (with contrast)



# Image finding – CT of Oral Cavity (95/09/22)

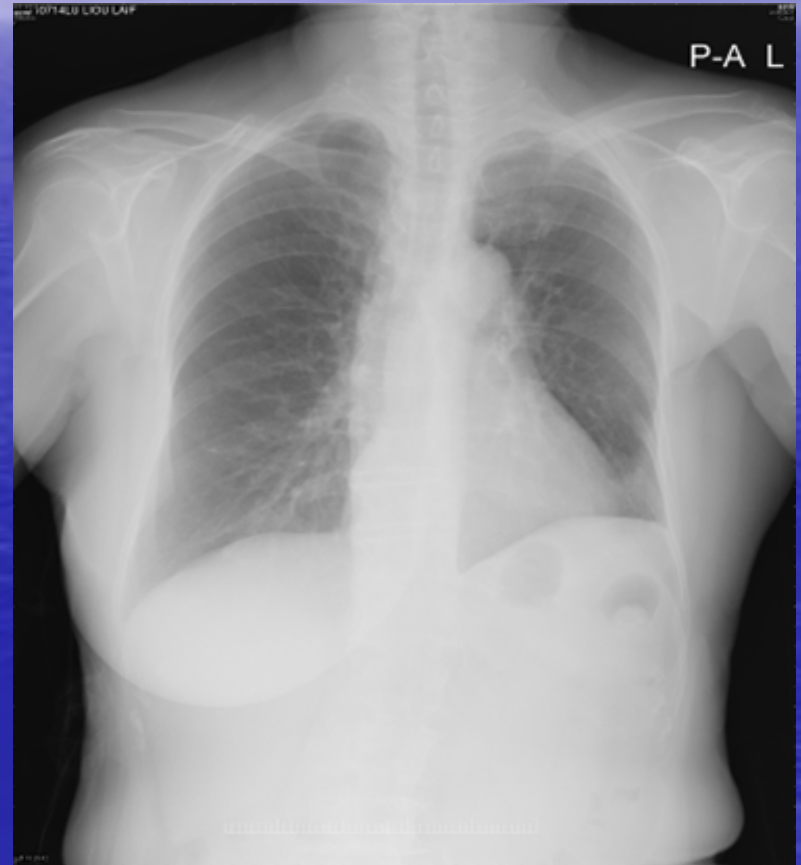
- Impression :
  1. homogeneous tumor (2.32cm x 1.92cm x 2.75cm) in the right aspect of mouth floor, consistent with mixed tumor.
  2. Sphenoid sinusitis.



# Image finding – Chest PA View

(95/09/22)

- The heart size enlarged.
- Atherosclerotic plaque of aorta is visualized.
- Mild linear increased densities in upper lungs are present.
- bony density decreased.
- Peribronchial thickening at lower lungs are also present.
- Thoracolumbar spurs.

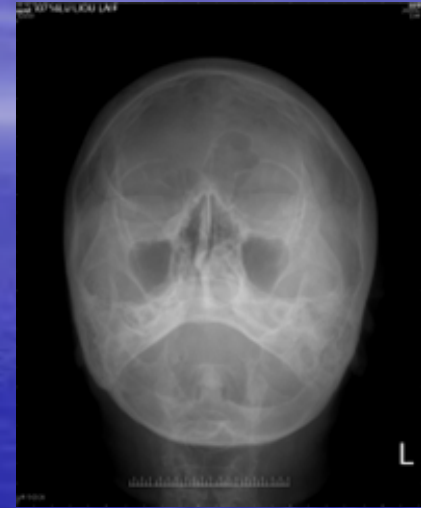
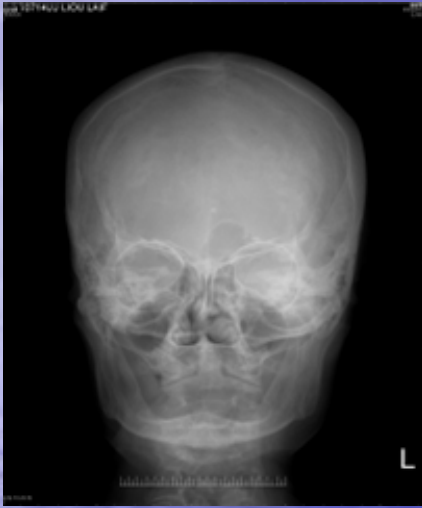


# Image finding – Chest PA View

(95/09/22)

- Impression :
  1. Cardiomegaly and atherosclerosis of aorta.
  2. Suspect chronic bronchitis in lower lungs.
  3. Mild postinflammatory fibrosis at upper lobes.
  4. Thoracolumbar degenerative spondylosis.

# Image finding –Skull PA, Lat and Waters' Views (95/09/23)



- Mild mucosal thickening at bilateral maxillary sinuses is identified.
- Mild nasal septal deviation is also present.
- The nasal turbinates are prominent.
- The calvarium appears intact.
- There is teeth defect.



# Image finding –Skull PA, Lat and Waters' Views (95/09/23)

- Impression :
  1. R/O chronic rhinitis and mild maxillary sinusitis.
  2. Nasal septal deviation.

# Biopsy

- 9/28 arrange to Oral Surgery for wide excision
- Wide excision was performed over right mouth floor





*Thanks for your attention !*