

口腔診斷學 Seminar

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Part 1 – Basic Information



General Data

- Name: XXX
- Gender: Female
- Age: 26 y/o (93年)
- Native: 高雄市
- Marital status: Married
- Occupation: 教
- First visit: 93/XX/XX



Chief Complaint

- A mass over buccal gingiva of left maxillary premolar (1st & 2nd) area for 1~2 months.



Present Illness

- This 26 y/o female patient noted that she had a mass over buccal gingiva of tooth 24 & 25 in the beginning of the March this year. And at 3.13 she did the biopsy examination. After a period of time, she found a mass at the same site, so she went to OS OPD for excisional biopsy at 4.17. And the specimen was sent for H-P examination.



Past History

- Past medical history
 - Nettle rash (+)
 - Hospitalization(-)
 - Denied any systemic disease
 - Denied any drug allergy
 - Pregnancy for 30 weeks**
- Past dental history
 - no record.



Family History and Allergy History

- Family history: not contributory
- Food allergy history: pineapple



Personal History- Oral Habits

- Risk factor related to Malignancy
 - Alcohol (-)
 - Betel nut (-)
 - Cigarette (-)
- No any special habits.



Part 2 – Clinical Examination



Intraoral Examination

- A dome-shaped swelling mass with ulcerative surface, measured 1.6×1.2 cm in diameter located over 24 and 25 buccal gingival area.
- Pedunculated base, red surface color with firm consistency.
- The mass is easily bleeding.
- Calculus and plaque deposition. (poor oral hygiene)



Oral and Maxillofacial Examination

- Dome-shaped swelling
- Reddish color
- Ulcerated (+)
- Fixed (+)
- Firm (+)
- Tenderness (+)
- Bleeding tendency (++)
- Fluctuation (-)
- Induration (-)
- Pulsation (+)
- Pain (?)
- Lymphadenopathy (?)
- Calculus and plaque deposition

Radiographic Examination (periapical film)



- Crowding: 26, 27.
- Supra-eruption: 27.
- No other abnormalities were observed

Part 3 – Differential Diagnosis



Differential Diagnosis

- Inflammation? Cyst? Neoplasm?

--Fluctuation (-)

--Firm(+)



Rule out cyst

Differential Diagnosis

- Central? or Peripheral?



- (1). **Pedunculated (+)**
- (2). Bone expansion (-)
- (3). Root resorption (-)
- (4). mucosa lesion (+)

Peripheral

Differential Diagnosis

- Inflammation? or Neoplasm?

Reddish swelling (+)

Bleeding tendency (++)

Tenderness (+)

Ulcerated (+)

If Fever or local heat(+)

Poor oral hygiene (+)

rapid recurrent(+)

If Fever or local heat(-)

Lymphadenopathy(?)



Differential Diagnosis

- If Neoplasm →

Benign?

or

malignant?

Induration (-)

Irregular bone resorption (-)

Well defined margine (+)

smooth surface (+)

Ulceration (+)

Rapid growth (+)



Benign??

Differential Diagnosis

- **If Inflammation→**

1. Pyogenic Granuloma (Pregnancy tumor)
2. Ulcerative peripheral giant cell granuloma
3. Peripheral ossifying fibroma
4. Epulis granulomatosum



Site: any gingival area

Rule out **Epulis granulomatosum** → extraction socket



Differential Diagnosis

- If Benign tumor→
 - 1.Exophytic capillary hamangioma
 - 2.Peripheral odontogenic tumor



Part 4 – Working Diagnosis



Working Diagnosis

From higher compatible to less compatible:

- **Pyogenic granuloma (Pregnancy tumor)**
- **Peripheral ossifying fibroma**
- **Ulcerative peripheral giant cell granuloma**
- Exophytic capillary hemangioma
- Peripheral odontogenic tumor
- Epulis granulomatosum



Pyogenic granuloma

Higher compatible

Clinical---

- Color : pink to red to purple
- Bleeding easily , ulceration
- Mobility : fixed
- Shape : lobulated 、 Pedunculated
- 目視有搏動感(pulsation) : full of capillaries
- Site : free gingiva 、 interdental papilla
(maxillary> mandibular ; ant.>post.)
→ Pyogenic tumor , Granlomatous stage
- Rapid growth

Pyogenic granuloma

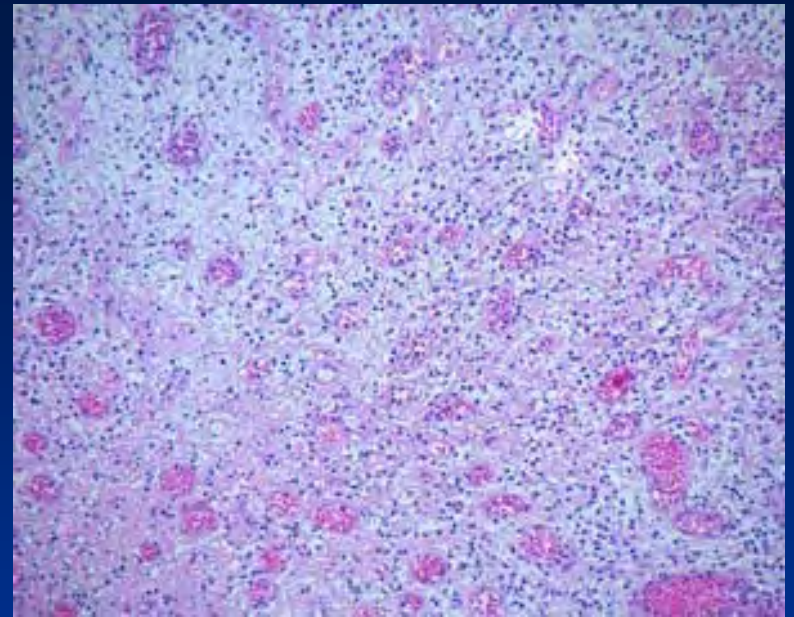
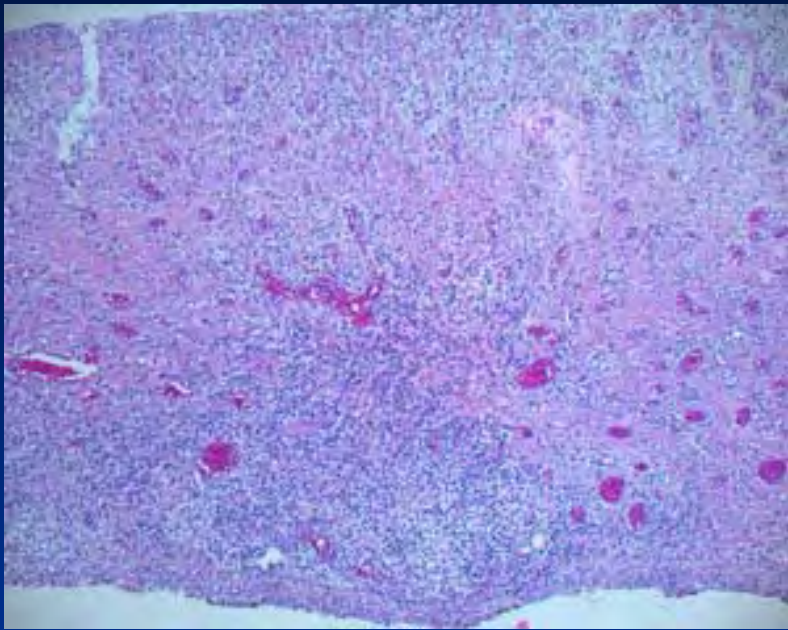
Clinical---

- Young pyogenic granuloma are highly vascular in appearance, older one become more collagenized and pink
- Painless
- Gingival irritation and inflammation due to poor oral hygiene may be a precipitating factor
- 任何年齡都可能, 好發於小孩子和年輕人, 可能因為hormone的關係 女性較容易有, 尤其在懷孕女性的前三個月 (Increasing levels of estrogen and progesterone)

Radiographic---

No special finding (not involved hard tissue)





Reddish (young lesion)



Pink (older lesion)

Peripheral ossifying fibroma

- Higher compatible :

Clinical ---

- Red ,ulcerated lesion (early stage)
- Site-- gingiva, usually emanate from interdental gingiva (maxillary > mandibular ; ant. >post.)
PS : >50% occur in incisor-cuspid region
- Childless and young adults, female predilection



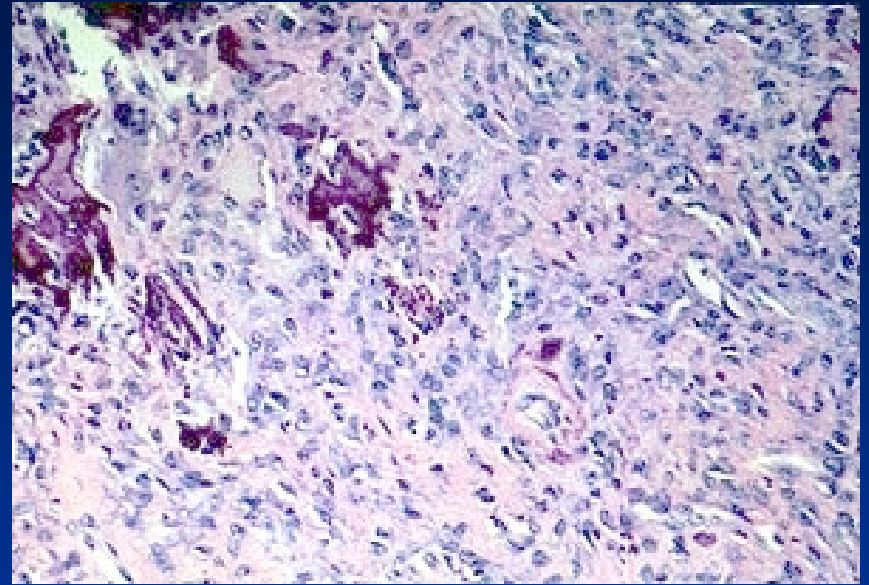
Peripheral ossifying fibroma

- Less compatible :

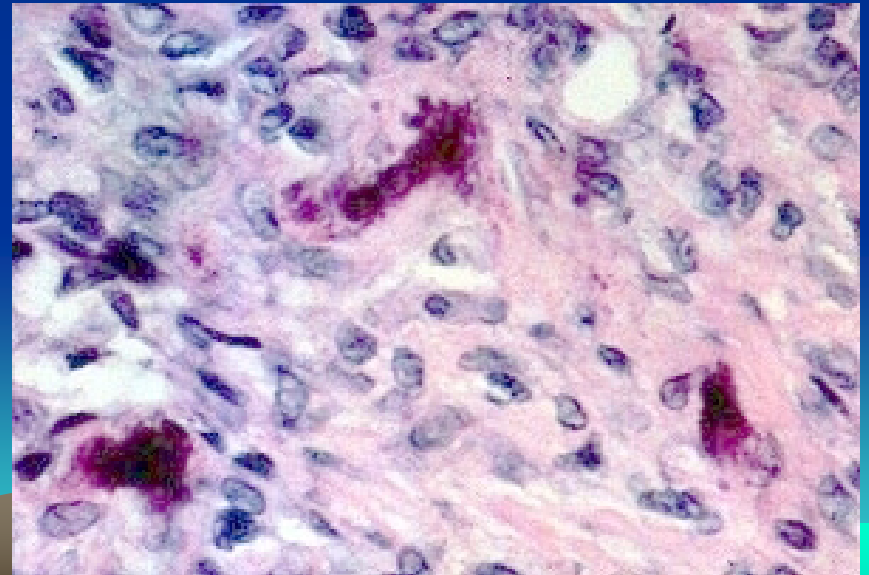
Clinical---

- nodular mass
- pink, non-ulcerated lesion (older stage)





numerous fibroblasts,
sparse collagen and
basophilic mineralized
material.



Ulcerative peripheral giant cell granuloma

- Higher compatible :

Clinical---

- Color may be bluish or red to pale pink
- Polypoid or nodular
- Ulcerative surface
- Posterior gingiva or edentulous alveolar ridge
- Rapid growth
- Female > male



Ulcerative peripheral giant cell granuloma

- Less compatible :

Clinical---

- Rubber to soft on palpation
- 30 to 70 age
- Mandibular > maxillary



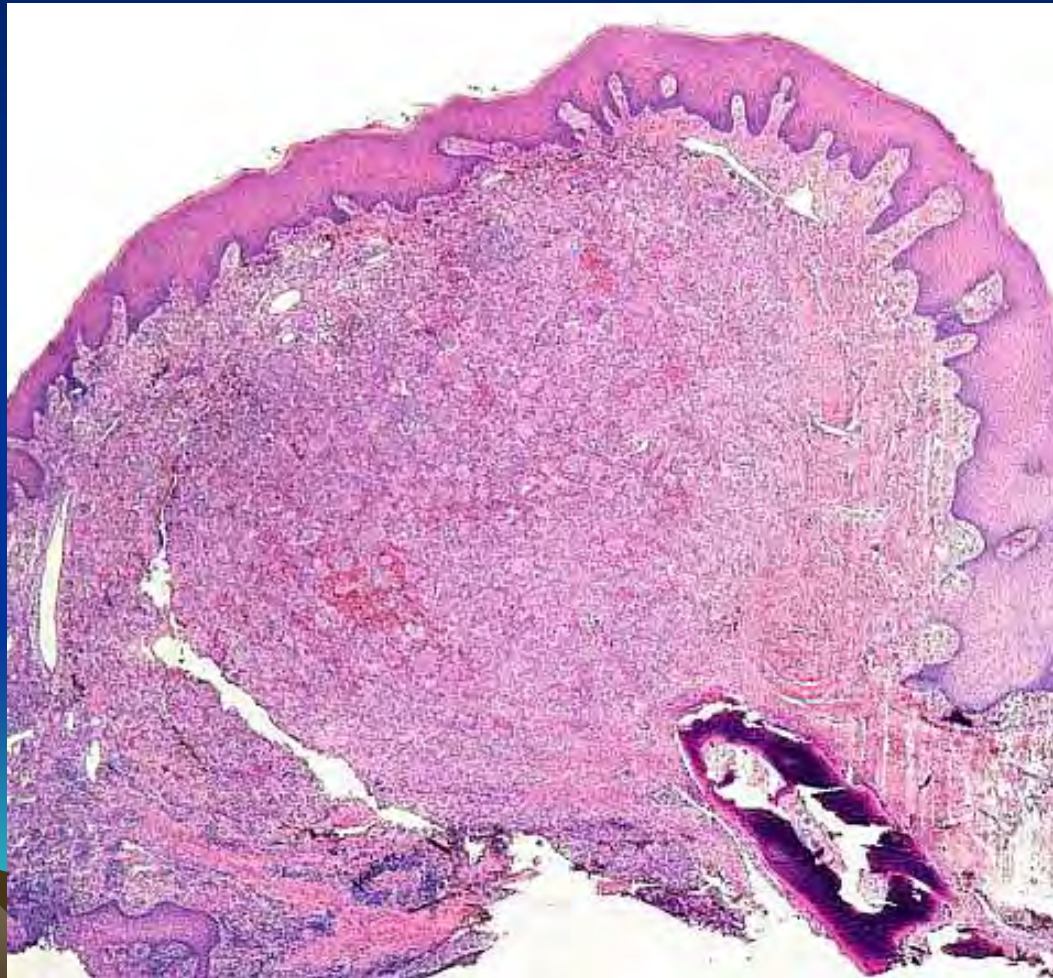
Ulcerative peripheral giant cell granuloma



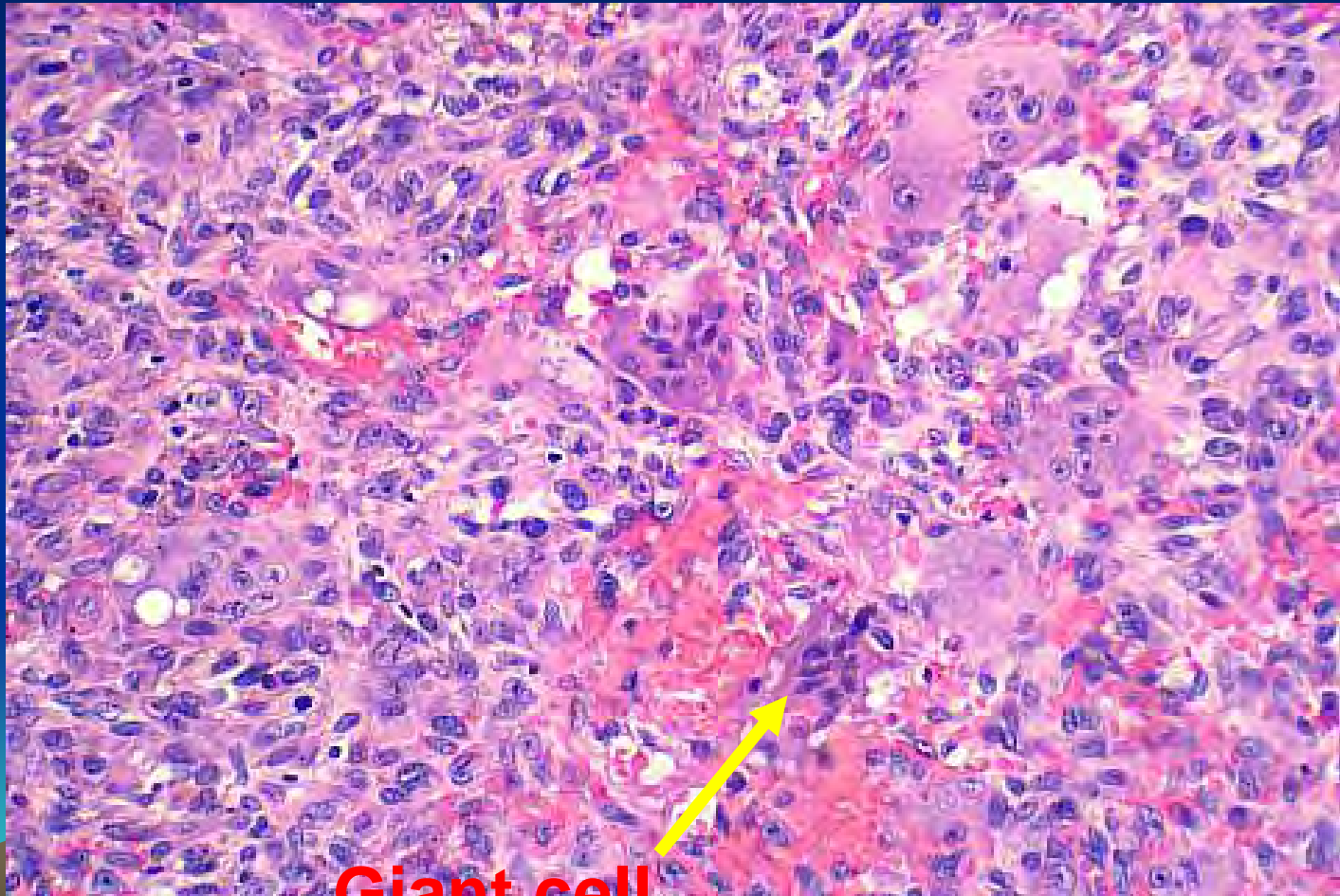
Ulcerative peripheral giant cell granuloma



Ulcerative peripheral giant cell granuloma



Ulcerative peripheral giant cell granuloma



Giant cell

Exophytic capillary hamangioma

Higher compatible

Clinical---

- Female:male 3:1
- 80%是單一的病灶
- 好發在頭頸部
- bright-red color in early lesion



Exophytic capillary hamangioma

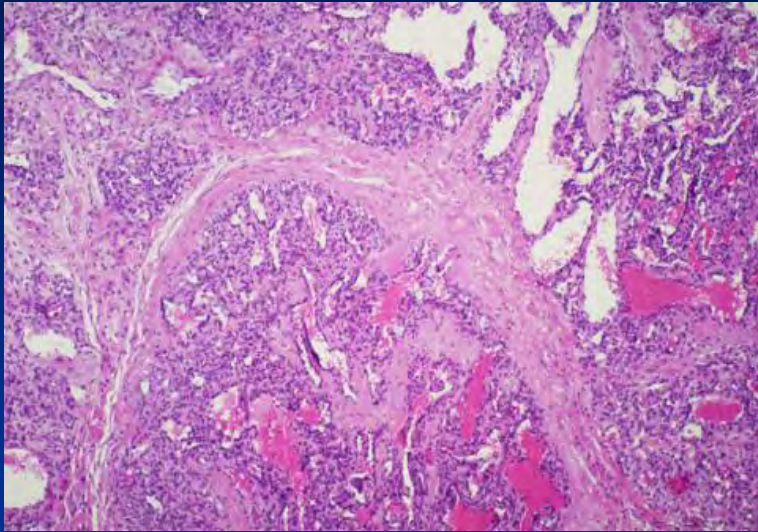
- **Less compatible**

Clinical---

1. 在六到九個月中急速長大，然後就停止長大而慢慢消退
(change to dull-purple)
2. bosselated
3. Blood cannot be evacuated by applying pressure
4. 臨床上可以長在任何部位



Exophytic capillary hamangioma



Peripheral odontogenic fibroma

Higher compatible

Clinical---

- Most on facial gingiva
- Does not involve the underlying bone
- Reddish color



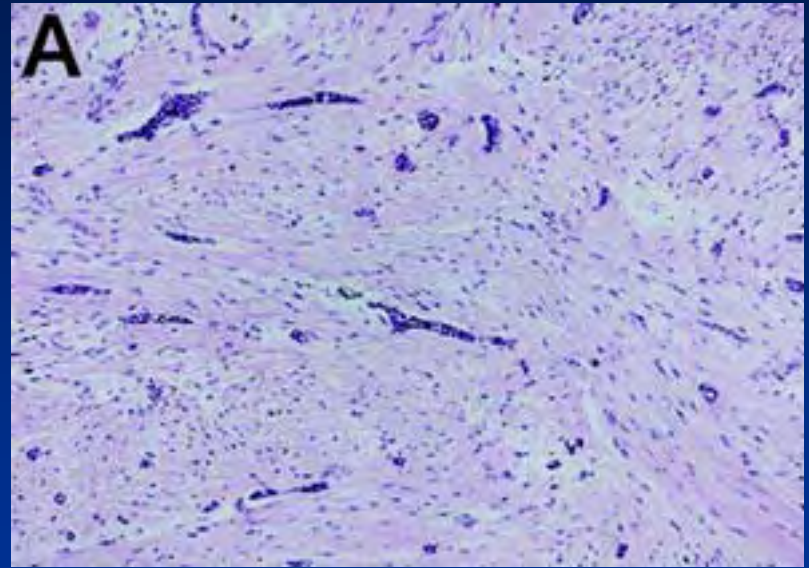
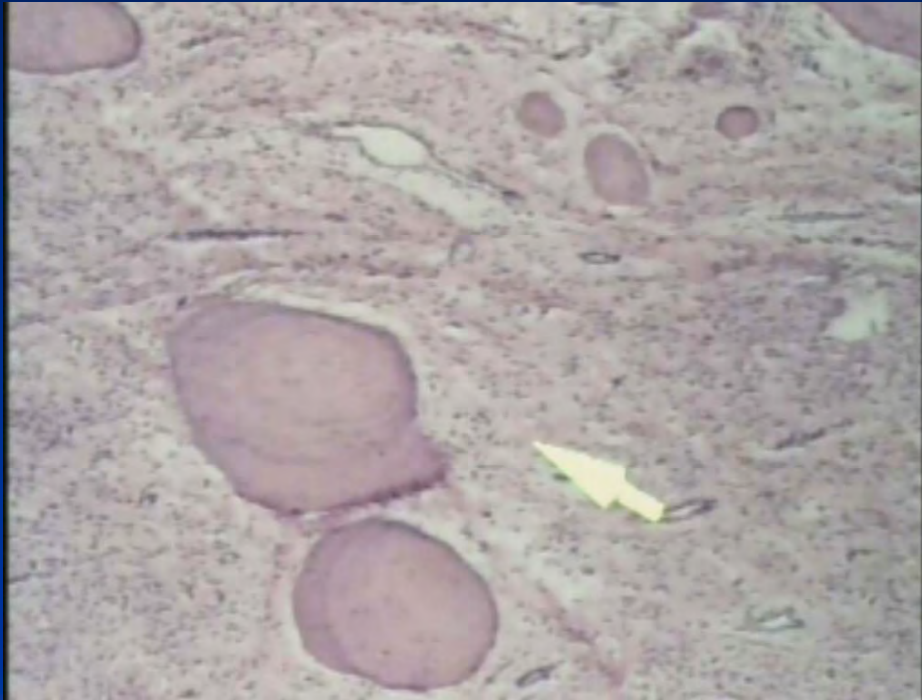
- Less compatible

Clinical---

1. Firm ,slow-growing,and usually sessile gingival mass
2. Most on mandible
3. They infrequently cause displacement of the teeth
- 4.各年齡都可能從20~70



Peripheral odontogenic fibroma



Epulis granulomatosum

- Epulis granulomatosum

*When a **pyogenic granuloma** follows tooth extraction, it is an "epulis granulomatosum". In this setting they are usually caused by a bone fragment or a piece of calculus being left in the socket.*

Higher compatible

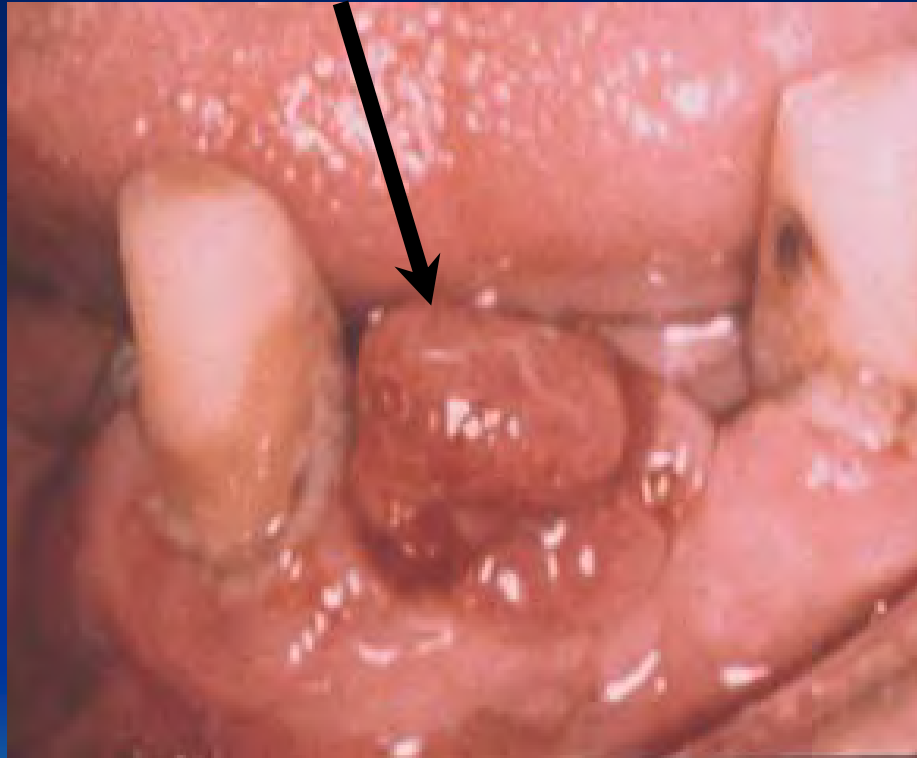
- Color : red
- Bleeding easily , ulceration
- Mobility : fixed
- Shape : dome shape 、 Pedunculated
- 目視有搏動感 : full of capillaries

Less compatible

- Site : extraction socket



Excess granulation tissue from extraction socket



D.D : SITE

Part 5 – Clinical Impression & Treatment



- Clinical Impression:
 - ***pyogenic granuloma***
- Treatment:
 - Conservative surgical excision and biopsy.
 - For lesions that develop during pregnancy, usually treatment should be deferred unless significant functional or esthetic problem develop.
- Need biopsy and H-P examination for final diagnosis.



***Thanks For Your
Attention***

