

口診 seminar

指導老師：陳玉昆醫師

報告者：D92 第三組

報告日期：96/11/16

組員名單

9202031 王崇憲

9202034 孫婉菁

9202036 黃靖凌

9202038 黃華卿

9202049 楊祐倫

9202032 陳建晟

9202035 施賢駿

9202037 侯奕睿

9202045 林詩詠

9202050 高郁菁

General Data

- Name : ?
- Sex : male
- Age : 52y/o
- Native : 高雄市
- Marital status : married
- Occupation : 工
- Attending V.S. : ?
- First visit : ?

Chief complaint

- Ulceration over inner aspect of upper left lip · upper central incisor area and left mandibular molar area for 2~3 weeks

Present illness

- 2~3 weeks ago , p't found there was ulceration on upper left mucosa of lip 、 palatal side of 1 | 1 and buccal gingiva of tooth 36 、 37 , and the lesion became more serious 。 He feels painful at all lesions 。 The lesion smells foul 。

Past history

- Past Medical History
 - drug allergy : panadol 、 Ceplialexin
Acefaininoplun 、 soma
 - heart disease
 - hypertention
 - hospitalization(+) 骨傷
- Past Dental History
 - protho(RPD 、 metal crown)
 - endo

Personal history

- Risk factors related to malignancy
 - alcohol : denied
 - Betel quid : denied
 - cigarette : denied

Intraoral examination

- Labial & palatal gingival area of Tooth 22 , 21
- Yellow ulcerative lesion
- 2 X 2 cm in dimension
- Tenderness(+)
- Pain(+) → dull
- Crater-like appearance
- Rubbery consistency



Intraoral examination(cont.)

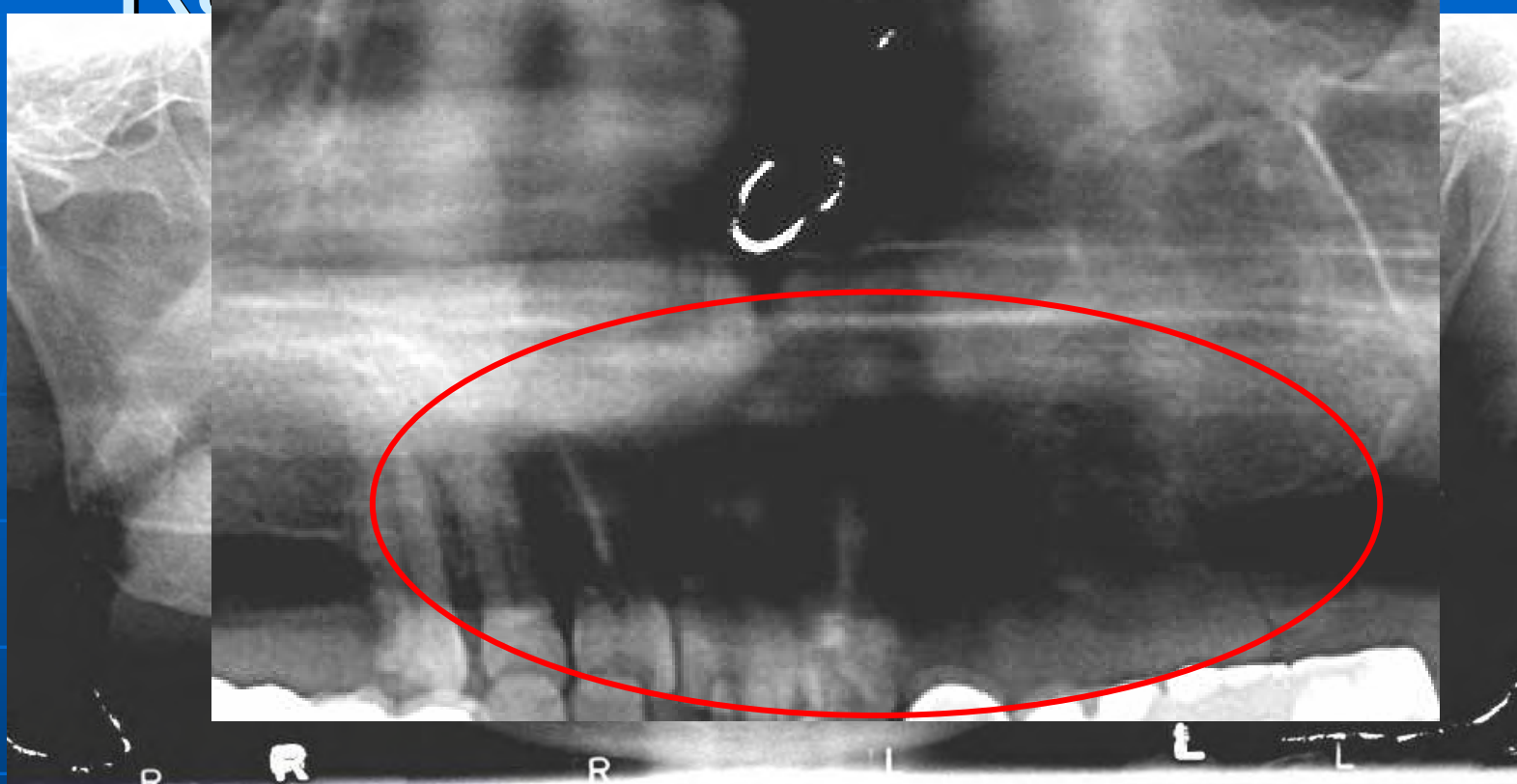
- Buccal gingival area of tooth 36,37
- Yellow ulcerative lesion
- 3X2.5cm in dimension
- Tenderness(+)
- Pain(+) → dull
- Crater-like appearance
- Rubbery to firm consistency



Intraoral examination(cont.)

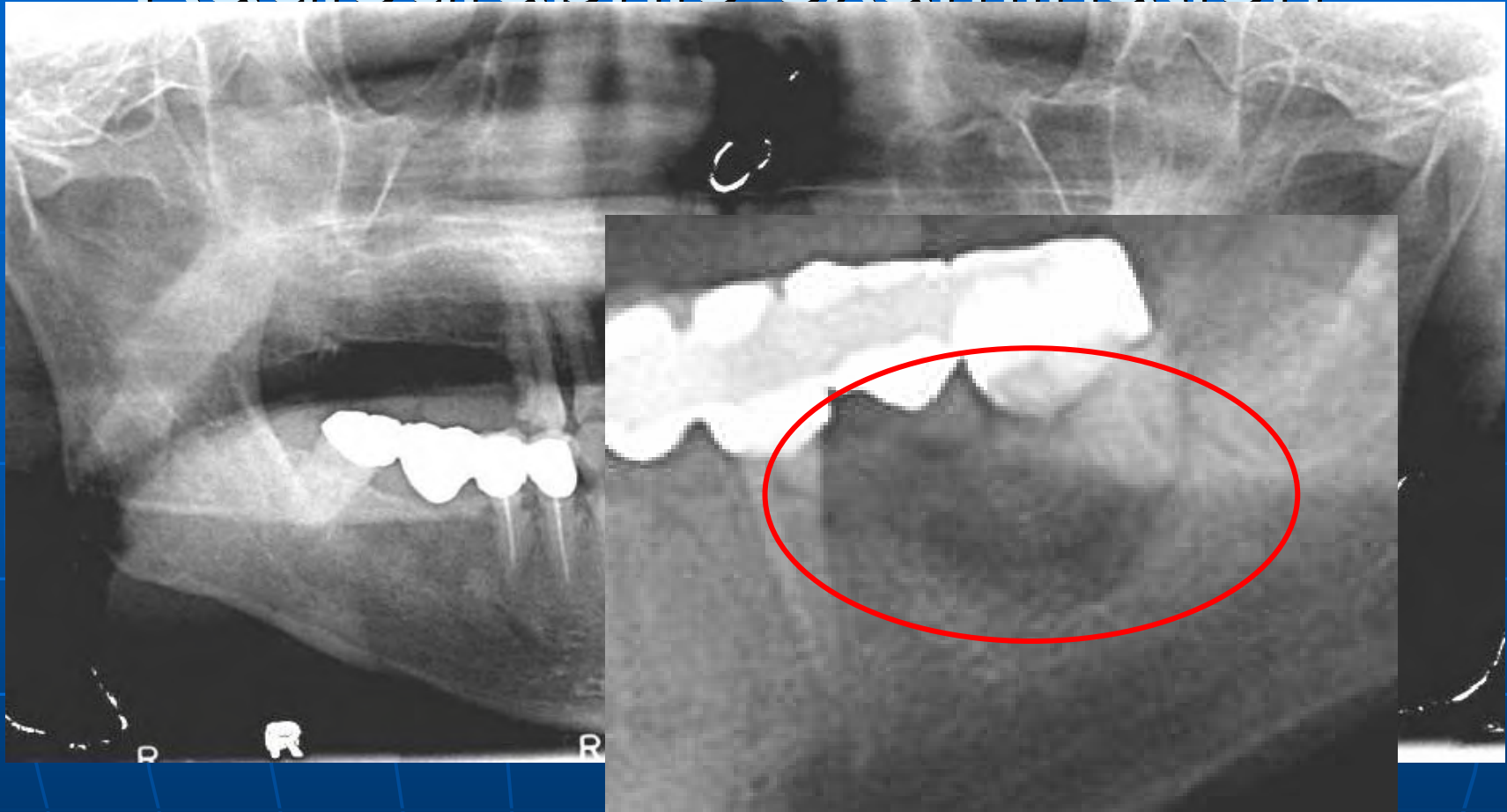
- missing tooth: 14, 15, 16, 17, 23, 24, 25, 26, 27, 34, 36, 46
- restoration (e.g. C & B): upper RPD, C&B 33X35X37, C&B 44 45X47
- residual root: 32

Radiographic examination



- There is an ill-defined unilocular radiolucence with an irregular non-corticated margin over anterior region of maxilla, extending from the mesial aspect of tooth 12 to about premolar region of the left maxilla, and from alveolar crest superior to the lower border of nasal cavity which may extend into the nasal cavity, measuring 7X3 cm in diameter.

Radiographic examination



- There is an well-defined unilocular radiolucence with an regular non-corticated margin over tooth 36, 37. It is extending from the distal aspect of tooth 35 to the mesial aspect of tooth 37, and from alveolar crest inferior to the apex of tooth 37, measuring 2X1 cm in diameter.

Radiographic examination



■ Dental finding :

- missing tooth: 14, 15, 16, 17, 23, 24, 25, 26, 27, 34, 36, 46
- endodontic condition: 11, 22, 44, 45
- restoration (e.g. C & B): upper RPD, C&B 33X35X37, C&B 44 45X47
- residual root: 32

Working diagnosis

A: lesion at upper jaw

B: lesion at lower jaw

A & B ■ inflammation or neoplasm ?

1. fever or local heat? (-)
2. swelling(-)
3. dull pain(22/21/36/37)
4. purulent drainage?(-)
5. **destruction of cortical plate** without expansion(+)

Rule out inflammation & cyst

→ neoplasm

Working diagnosis(cont.)

- benign or malignant ?
 - duration: 2-3 weeks
 - encapsulated or not?
 - → not well-encapsulated
 - A: cannot be certain
 - B: well-defined
 - **→ malignant**

Working diagnosis(cont.)

- peripheral or intrabony?
adjacent mucosa seems abnormal,
induration(+)

→ peripheral

Result of working diagnosis

→ peripheral malignant neoplasm

- 1. Langerhans Cell Histiocytosis
- 2. metastatic tumor
- 3. Angiocentric T-cell lymphoma
- 4. squamous cell carcinoma
- 5. non-Hodgikin lymphoma
- 6. leiomyosarcoma

Langerhans Cell Histiocytosis

- **High compatible**
- Male >female
- Solitary or multiple
- Dull pain & tenderness
- Sharply punched out ill-defined radiolucency without cortical margin
- Mandible usually occurs in the posterior area, “scooped out” appearance
- Alveolar bone involvement caused teeth to appear as “floating in the air”
- lesions can occur within the mandible or the maxilla

Langerhans Cell Histiocytosis

- **Less compatible**
- Wide age range
- Skull, ribs, vertebrae, mandible are the most frequent sites
- Ulcerative or proliferative mucosal lesions

metastatic tumor

- **More compatible**
- Middle-aged and older adults
- Male > women
- Appears as a surface ulceration
- Ill or well-defined and no cortication
- Multiple R-L lesion
- CC主要是pain以及麻痺感
- **Less compatible**
- Uncommon < 1%
- Metastases to oral jaw bone (2/3) ; to soft tissue :
gingival > 50%

Angiocentric T-cell lymphoma

More compatible

Highly aggressive destruction of the midline (palate) and nasal fossa

- Most in Asian , Guatemalan , Peruvian
- observed in adults

Less compatible

- Include nasal stuffiness(鼻阻塞) + epistaxis(鼻出血)
- Swelling of soft and hard palate(before deep necrotic ulceration forming)
- Create an oronasal fistula
- Life-threatening hemorrhage(some case)

- 通常是長在硬顎的中線處.而且在生成前通常會有軟硬顎的腫脹.另外課本形容他是很惡性的.生長速度很快.且會破壞臨近組織.所以到後來會造成口鼻腔相通.若病人沒有接受治療.通常會死與大量的出血跟二次感染..以前的名字又叫midline lethal granuloma(但現在已不用~因為那只能描素長在硬顎中線的病的現像~而其實有一些病都會有這些現像).本病例片子看起來可能有侵犯到鼻腔.所以列入鑑別診斷之內.

Squamous Cell Carcinoma

More compatible

Most common malignant ulcer of oral mucosa

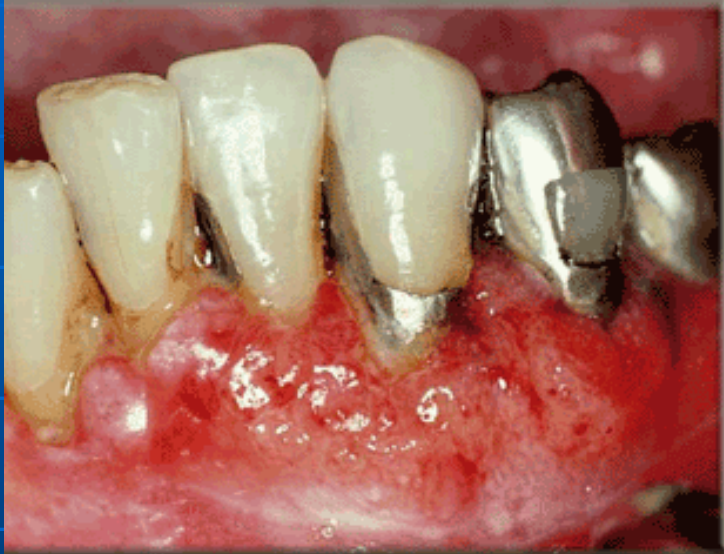
- Male > female
- Older than 50 years
- Minimal pain during the early growth phase (delayed seeking help)
- Lesions exhibit central ulceration (initially as white or red patchy lesion)
- Clinical features : Foul smell, pain
- X-ray : ill-defined border (invasion)
- No periosteal reaction (D.D. with osteomyelitis)

Squamous Cell Carcinoma

Less compatible

- chief risk factors are smoking and alcohol use
- Multiple is rarely without betel chewing
- extrinsic risk factors : ultraviolet sunlight exposure , Human papilloma virus , chemical carcinogens
- commonly occurs on the lip, floor or roof of the mouth, tongue, soft palate

Squamous cell carcinoma



Non-Hodgkin's Lymphoma

More compatible

- Primarily in adults
- Extranodal lymphomas : 50% in Eastern
- Usually appears as extranodal in oral cavity
- Malignancy may develop in the oral soft tissue, centrally within the jaws
- Most affect : buccal vestibule, post. Hard palate, gingiva
- Vague pain (dull pain)
- Ill-defined or ragged radiolucency

Non-Hodgkin's Lymphoma

■ Less compatible

- Commonly develops in lymph nodes
- Nontender mass
- Slowly enlarging for months
- Local lymph node collection
- Diffuse swellings, boggy consistency
- Erythematous or purplish
- Erythematous or purplish
- Might be mistaken for a toothache
- Paresthesia
- Expansion of bone, if untreated
- Perforating the cortical plate
- Soft tissue swelling
- Pain isn't present in most cases

leiomyosarcoma

More compatible

- middle-aged or older
- may or may not painful
- secondary ulceration

Less compatible

most common in uterine

- half in the jaw bone
- enlarged mass

Clinical impression

- Langerhans Cell Histiocytosis over labial & palatal gingival area of tooth 21,22 and buccal gingival area of tooth 36,37