D92 第八組 口診期中報告

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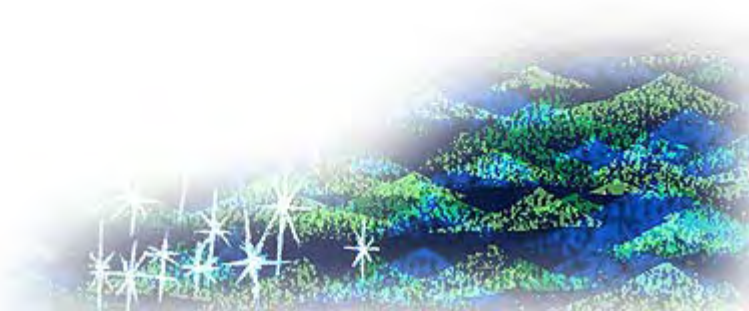
General Data

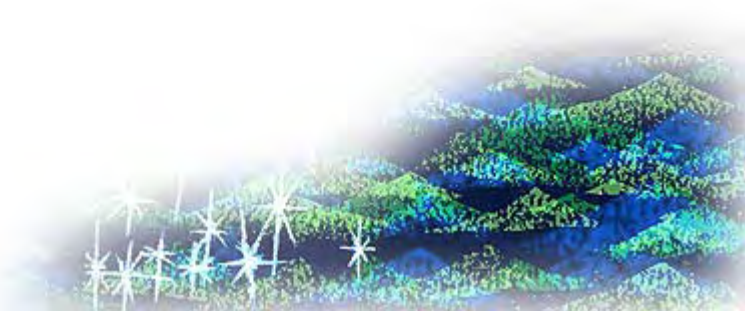
- Name：XXX
- Gender：Female
- Age：66
- Native：Tainan
- Occupation：XX
- First visit：XX / XX / XX



Chief Complaint

1. Exophytic mass over left hard palate.

2. Swelling over left cheek

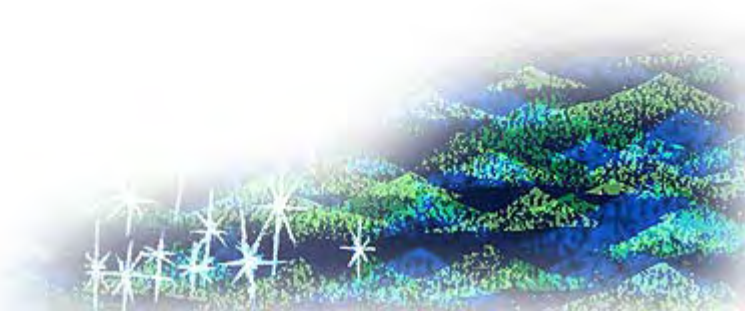


Present Illness

This 66y/o female suffered from exophytic painless mass over left palate for about 6 month. She went to 義大 for help and accepted incisional biopsy twice times (p't said benign). Today she comes to our OPD for further evaluation. L't face swelled and enlarged obviously after taking incisional biopsy in 義大 and she feels pain when opening mouth.

Past History

- Past medical history
  - Hypertension with drug control (130~140mmHg)
  - Drug allergy : unknown
  - Taking drug of : unknown
- Hospitalization :
  - Yes, for breast problem
- Past dental history
  - Extraction
  - C & B
  - Attitude：unknown



Personal Habits

- **Risk factors related to malignancy**

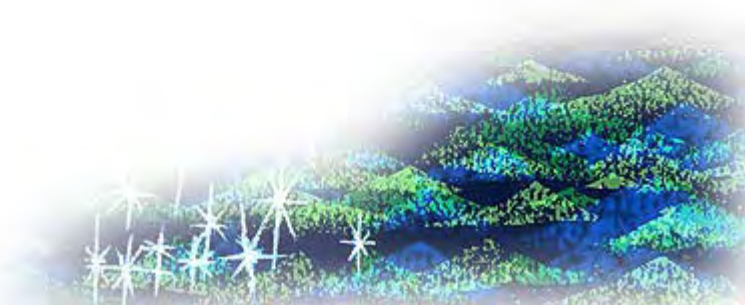
  Alcohol : (-)

  Betel nut : (-)

  Cigarette : (-)

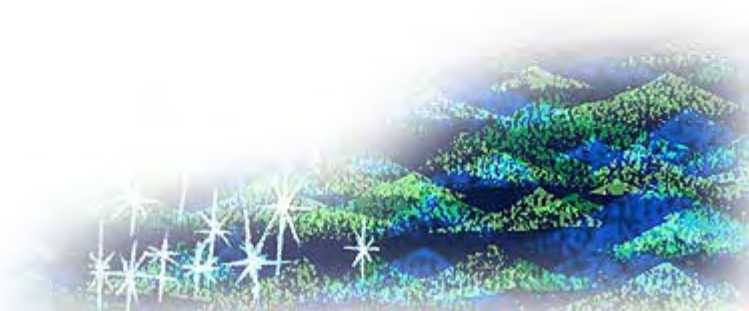
- **Other habit**

  Denied



Extraoral Examination

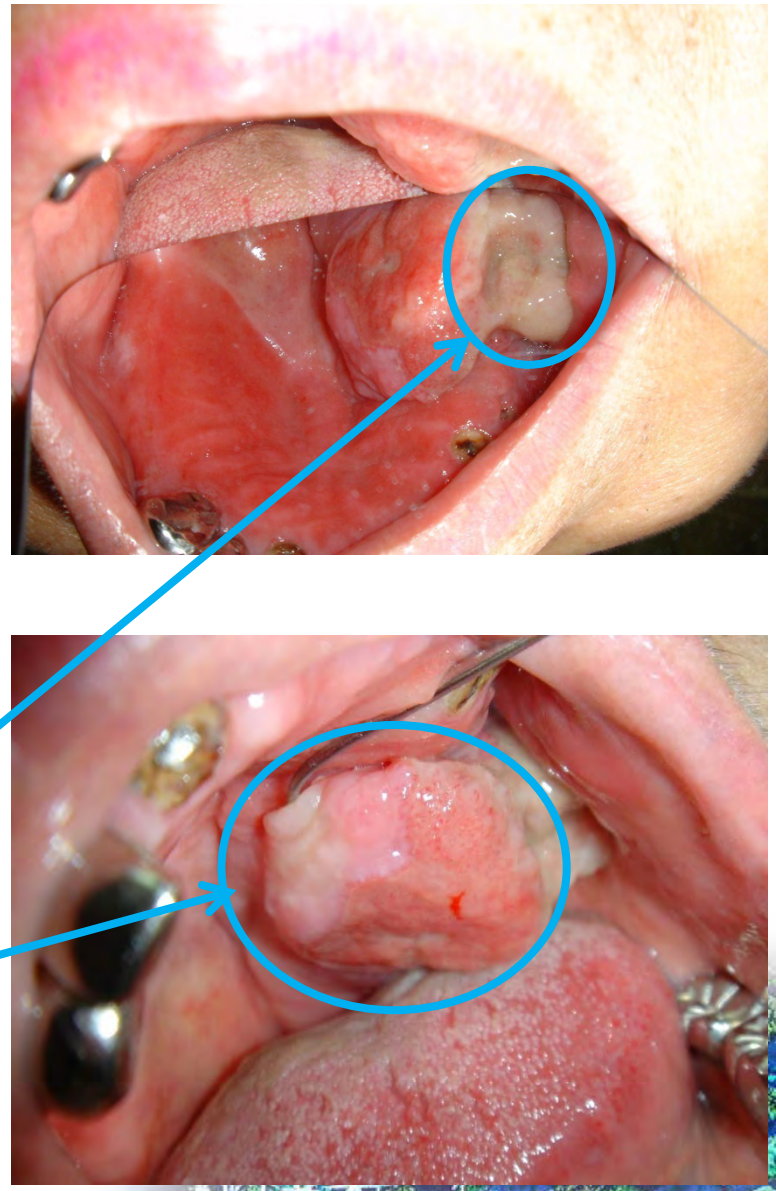
- Swelling over left cheek
- Pain when opening mouth



Intraoral Examination

Exophytic mass over left palate

- Size ：3 X 5cm
- Color：white / red
- Surface ：smooth
- Base ：pedunculate / sessile
- Shape ：unknown
- Consistency ：unknown
- Fluctuation ：(-)
- Mobility ：fixed
- Pain ：(-)
- Tenderness ：(-)
- Induration ：(-)
- Necrosis ：buccal surface
- Ulceration : ventral surface
- Lymphadenopathy ：unknown



Intraoral Examination

Residual root

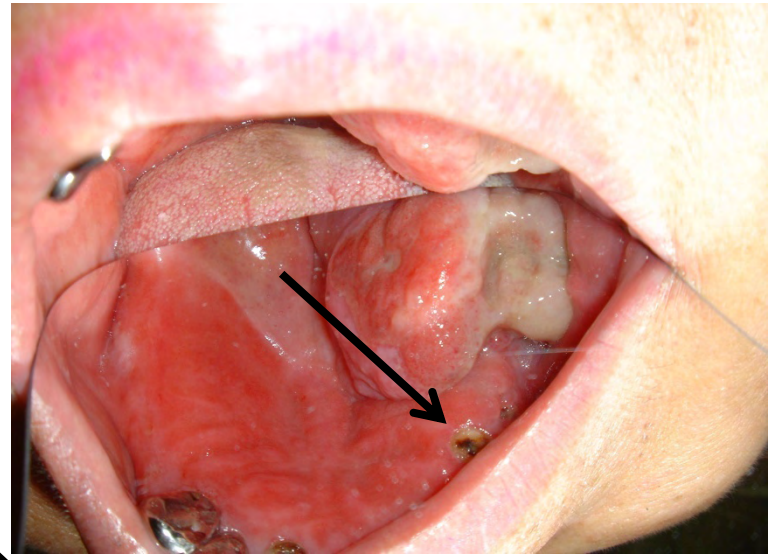
- Left premolar part ：22, 24
- Incisal part ：11

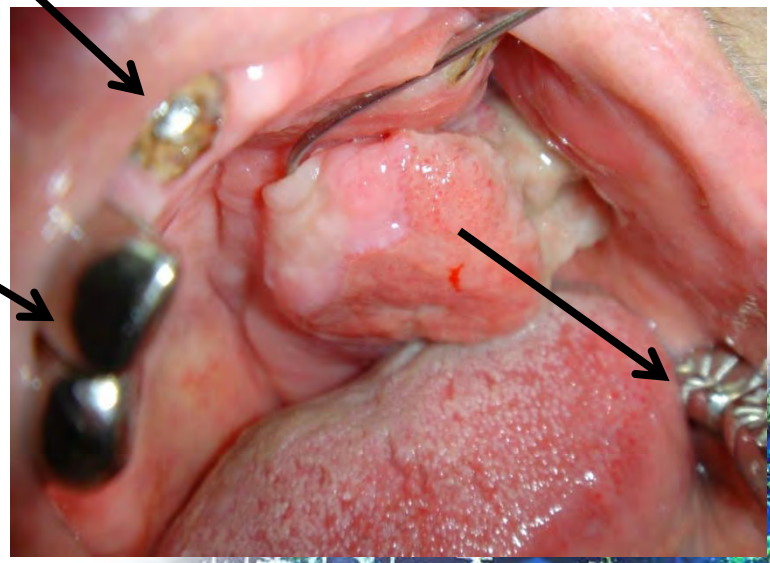
Crown & Bridge：

- 12,13
- 33x3536x
- x4546

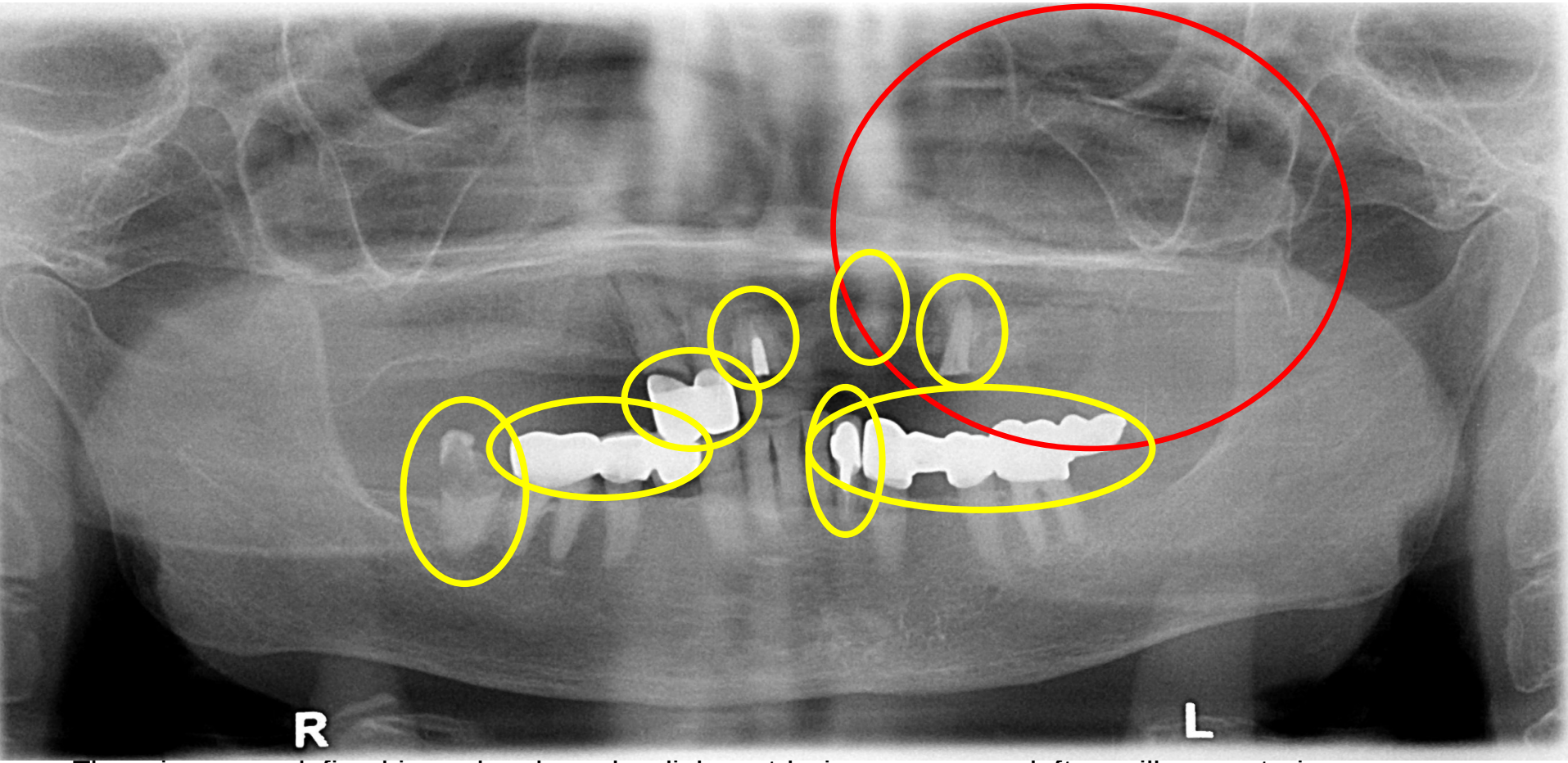
Missing tooth ：

- 14~18, 21, 23, 25~28, 34, 37, 38, 44, 48



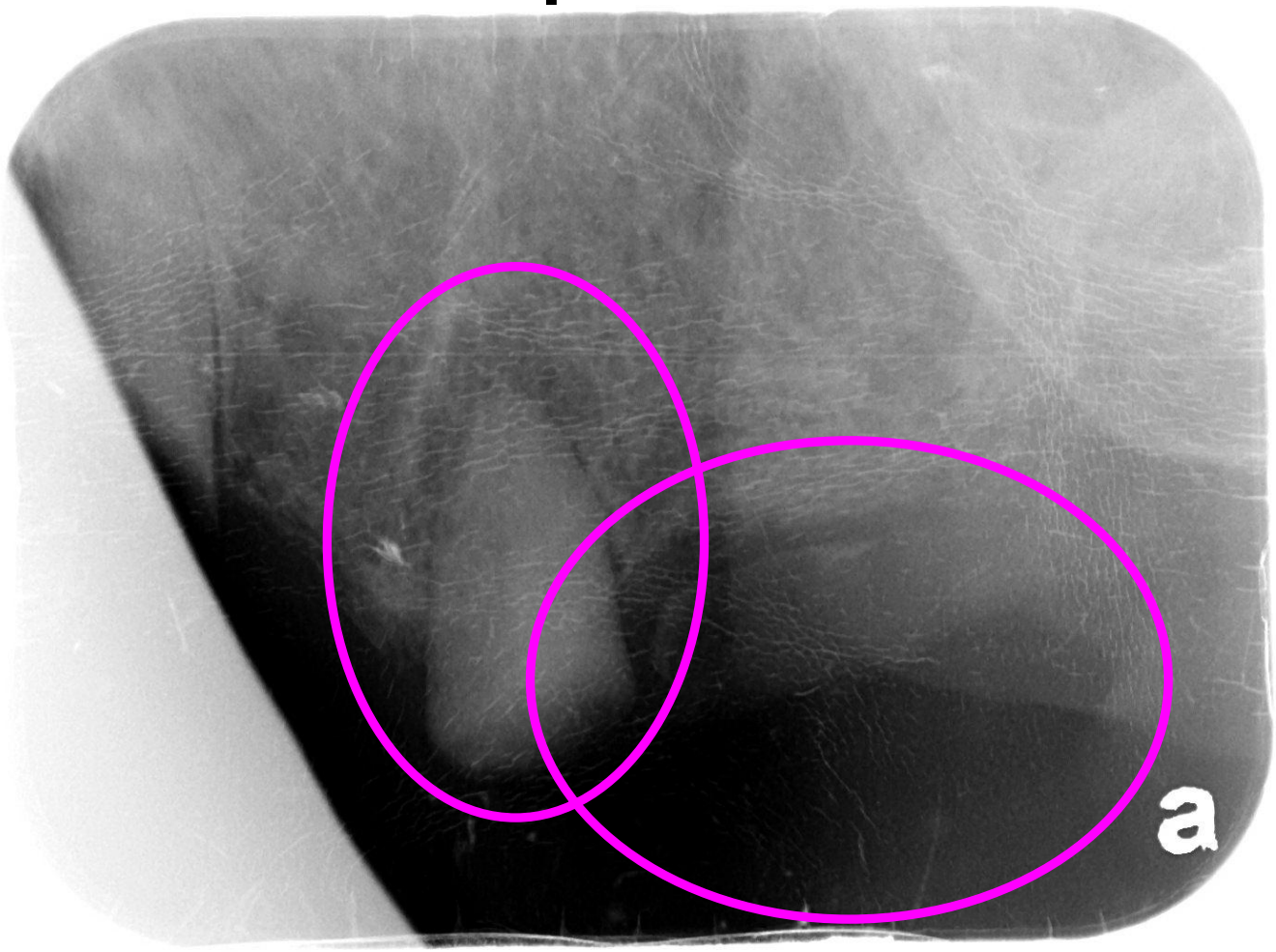


Panoramic Findings



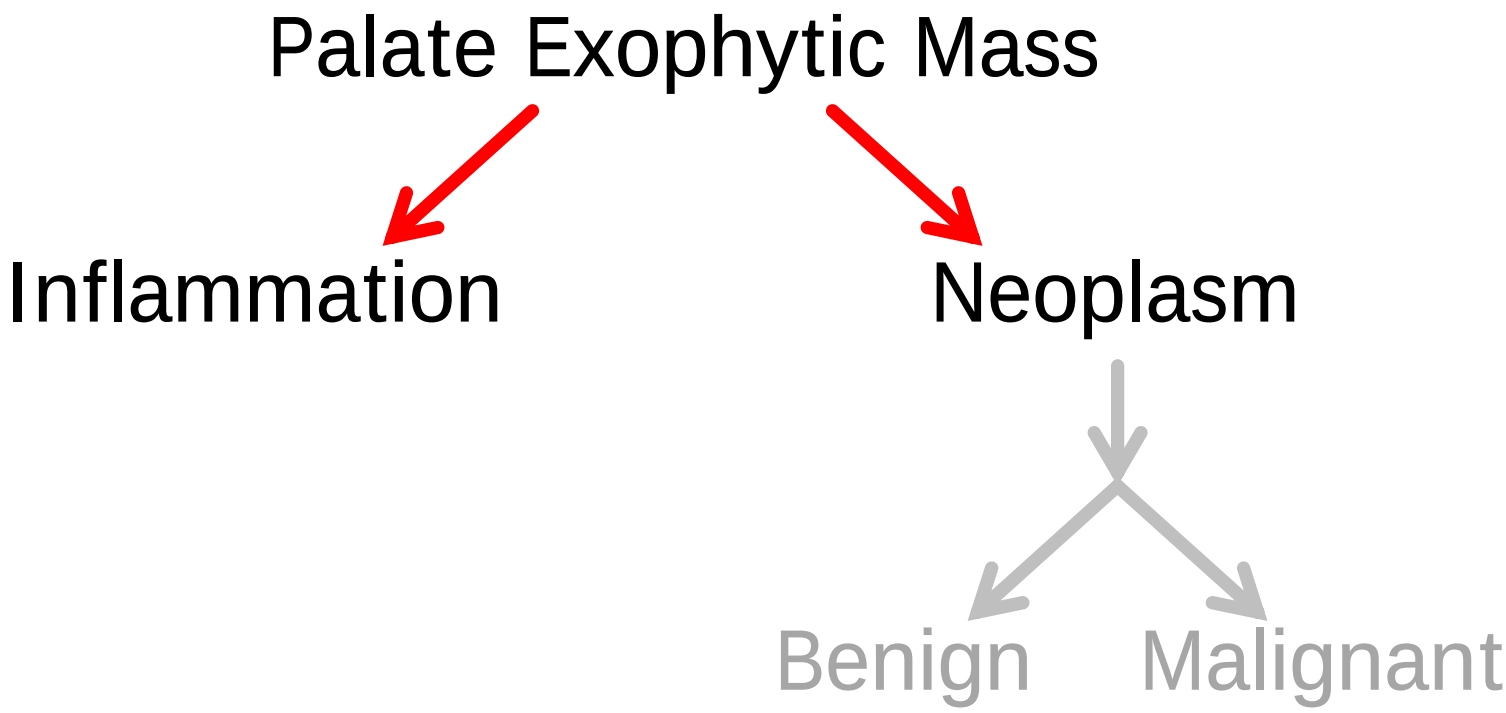
- There is a poor-defined irregular-shaped radiolucent lesion over upper left maxillary posterior area extended from occlusal surface to maxillary sinus and the maxillary tuberosity is disappear.
- Missing teeth ：14~18, 21, 23, 25~28, 34, 37, 38, 44, 48
- Ill-fitted Crown & bridge ：1213, 33x3536x, x4546
- Residual root ：11(with GP filling), 22, 24
- Post and core ：32 Caries ：47 (M-O)
- Condyle & sinus finding: no remarkable findings

Periapical Film



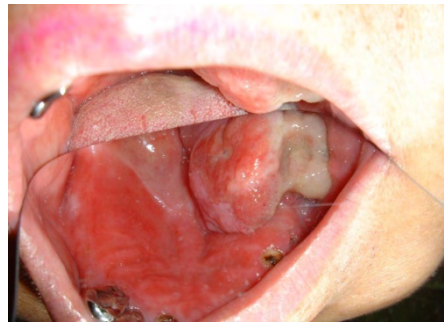
- There is a irregular ill-defined radiolucent lesion at distal side of 24 residual root and extending to maxillary sinus. The alveolar bone ridge line is lost and became ill-defined border.
- Residual root of 24: lamina dura loss at apex and loss of root canal

Working Diagnosis

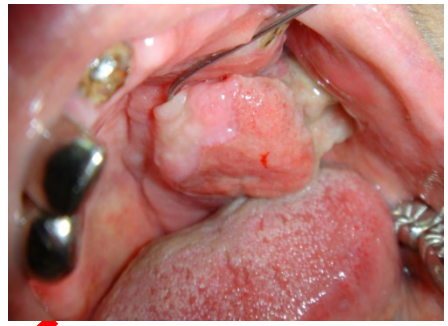


Working Diagnosis

Inflammation ?



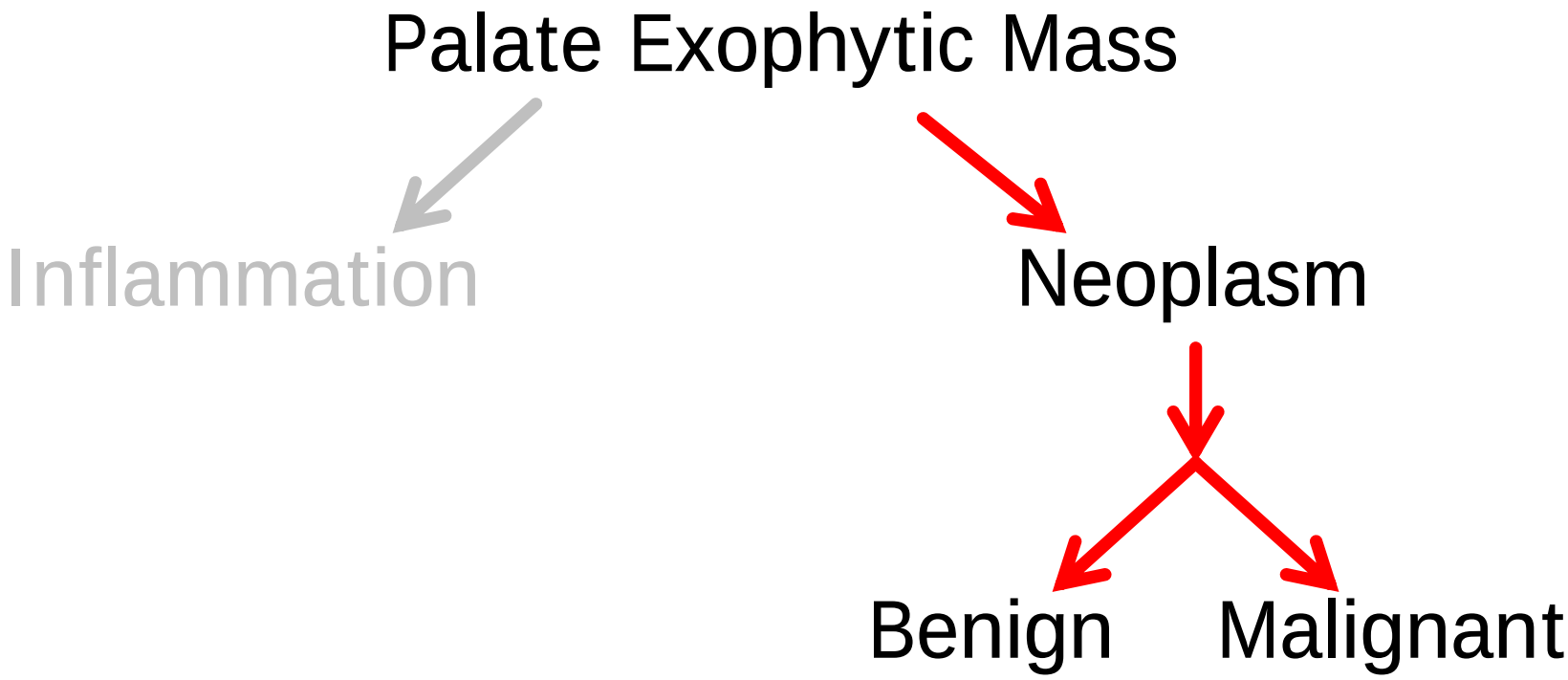
- Color: red & white
- Fever or local heat :(-)
- No purulent drainage was present



- Pain: (-)
- Duration: >6 month
- Swelling: mass(-)

→ ~~Inflammation~~

Working Diagnosis



Features Suggestive of Benignancy

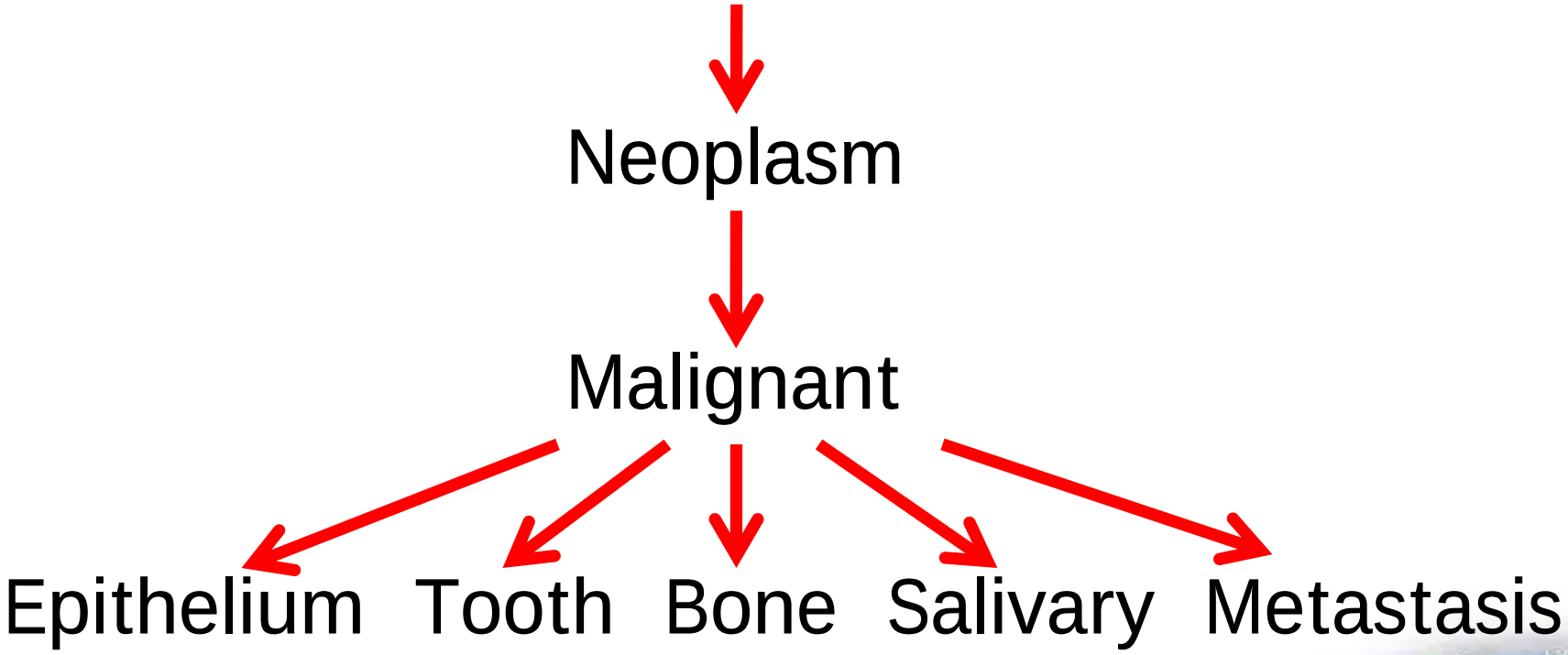
1. Movable (except palate)
2. Unattached to skin or mucosa (except palate)
3. No ulceration of skin or mucosa
4. Slow growth
5. Long duration
6. No pain
7. N
8. N

MALIGNANCY

1. Ir
2. Fi
3. Ulceration of skin or mucosa
4. Rapid growth; growth spurt
5. Short duration
6. Pain, often severe
7. Facial nerve palsy
8. Bony invasion

Working Diagnosis

Palate Exophytic Mass



Differentiation Diagnosis

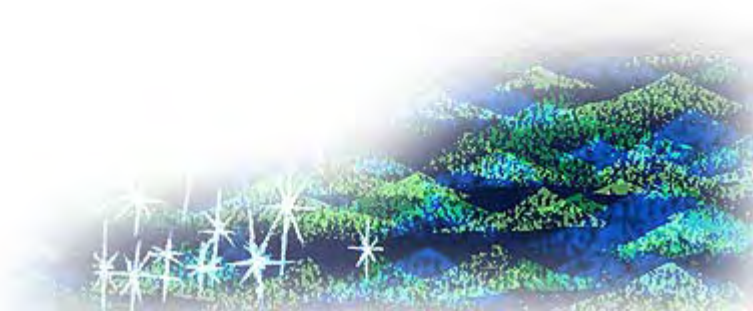
Origin	Disease
Epithelium	Sequamous cell carcinoma Carcinoma of maxillary sinus
Tooth	Ameloblastic carcinoma Ameloblastic fibrosarcoma
Bone	Osteosarcoma Chondrosarcoma
Salivary	Carcinoma ex. Pleomorphic adenoma Adenoid cystic carcinoma Polymorphous low-grade adenocarcinoma
Metastasis	Metastasis tumor(breast problem?)
Others	Massive osteolysis

Differentiation Diagnosis

Epithelium origin

Sequamous cell carcinoma

Carcinoma of maxillary sinus



	Squamous cell Carcinoma	Our case
Gender	Men > Women	women
Race	unknown	Asia
Age	Common among 50s, 60s or older	66 y/o
Site	On the lip, floor or roof of the mouth, tongue, soft and hard palate ,gum	left hard palate.
symptom	1.tender painful lesions, 2.wounds or sores that won't heal, 3.a lump or thickened skin, 4.a white or red patch, 5. loose teeth or dentures, 6.trouble chewing or swallowing , 7.swelling of the jaw, and sore throat.	Size : 3 X 5cm Color : white / red Surface : smooth Base : pedunculate / sessile Fluctuation : (-) Mobility : fixed Pain : (-) Tenderness : (-) Induration : (-)

	Squamous cell Carcinoma	Our case
Margin	Ill-defined diffused RL with ragged margin	ill-defined RL
X-ray feature	ill-defined, irregular or mouth eaten radiolucent	Irregular ill-defined radiolucent Bone invasion
Size	variable	uncertain
Density	Radiolucency	Radiolucency
Effects on surrounding structure	When bone is involved, there is a irregular, mouth eaten RL pattern with ragged margin	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

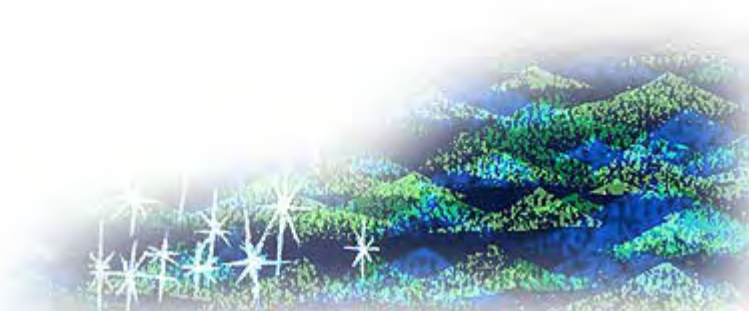
* Squamous cell carcinoma

Differentiation Diagnosis

Epithelium origin

Sequamous cell carcinoma

Carcinoma of maxillary sinus



	Carcinoma of the maxillary sinus	Our case
Gender		Female
Race		Asian
Age	elderly persons	66 y/o
Site	hard palate or alveolar bone	Mucosa of residual ridge to hard palate
Symptom /Sign	•Pain ：(+/-) •X-ray -chronic unilateral nasal stuffness or notice an ulceration or mass. -pano: cloudy sinus with destruction of its bony wall.	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

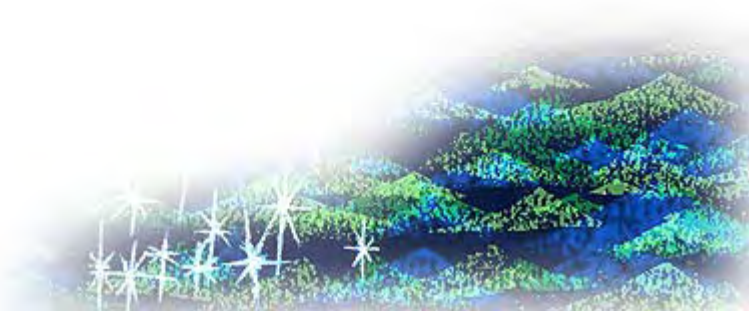
	Carcinoma of the maxillary sinus	Our case
Margin	ill-defined	ill-defined
X-ray feature	ill-defined radiolucency	ill-defined radiolucency
Size	variable	uncertain
Density	radiolucency	radiolucency
Effect on surrounding structure	•unilateral facial swelling & pain. •nasal obstruction hemorrage	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Differentiation Diagnosis

Tooth origin

Ameloblastic carcinoma

Ameloblastic fibrosarcoma



	Ameloblastic carcinoma	Our case
Gender	Un-known	Female
Race	Un-known	Asian
Age	4~75 years old	76 y/o
Site	Un-known	•Mucosa of residual ridge to hard palate
Symptom/Sign	Un-known	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

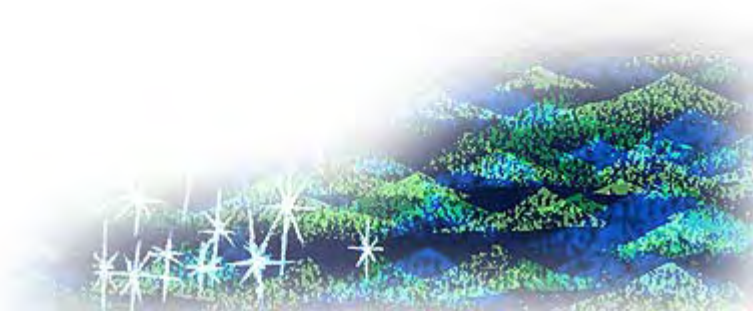
	Ameloblastic carcinoma	Our case
Margin	ill-defined	ill-defined
X-ray feature	ill-defined radiolucency	ill-defined radiolucency
Size	variable	uncertain
Density	radiolucency	radiolucency
Effect on surrounding structure	•Metastases to lung •Metastases to cervical lymph nodes	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Differentiation Diagnosis

Tooth origin

Ameloblastic carcinoma

Ameloblastic fibrosarcoma



	Ameloblastic fibrosacroma	Our case
Gender	Men > Women（約1.5倍）	women
Race	Unknown	Asia
Age	Young patient	66 y/o
Site	80% occur in mandible	left hard palate.
symptom	1.Pain and swelling associated with rapid clinical growth are the common complaint	Size ：3 X 5cm Color：white / red Surface ：smooth Base ：pedunculate / sessile Fluctuation ：(-) Mobility ：fixed Pain ：(-) Tenderness ：(-) Induration ：(-)

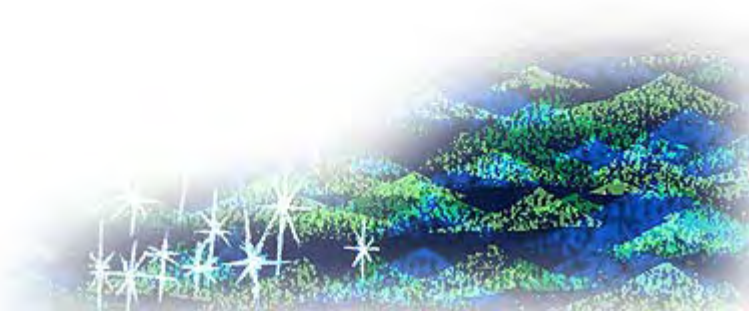
	Ameloblastic fibrosacroma	Our case
Margin	Ill-defined diffused RL with ragged margin	ill-defined RL
X-ray feature	Ill-defined destructive RL lesion	poor-defined ovoid-shaped RL lesion
Size	variable	uncertain
Density	RL	RL
Effects on surrounding structure	When bone is involved, there is a irregular, ragged margin RL pattern with ragged margin	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Differentiation Diagnosis

Bone Origin

Osteosarcoma

Chondrosarcoma



	Osteosarcoma (Osteogenic sarcoma) The most common type of malignancy to originate within bone.	Our case
Gender	M>F	Female
Race		Asian
Age	Most arise in p't between the ages of 10 and 20yrs.(年輕人) With a lesser number diagnosed in adults over the age of 50.	66 y/o
Site	Most in the distal femoral and proximal tibil metaphyses. 以長骨(long bone)較多。長在jaw上的只佔全部的6~8%，而且年紀較大(平均33yrs)	Mucosa of residual ridge to hard palate

Symptom	•Swelling(+) •Pain (+) •Color: pink to red •Mobility ：fixed	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

	Osteosarcoma	Our case
Margin	ill-defined	ill-defined
X-ray feature	ill-defined and indistinct.	ill-defined radiolucency
Size		uncertain
Density	RL with RO foci sunburst	radiolucency
Effect on surrounding structure	“Spiking” resorption as a result of the tapered narrowing the root. The classic sunburst or sun ray appearance caused by osteophytic bone production on the surface of the lesion.	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Table 21-1 Solitary ill-defined radiolucencies

Lesion	Predominant gender	Usual age (years)	Predominant jaw	Predominant region	Additional features	Other radiographic appearances
Chronic osteitis	M > F	50-80 and 5-15			Usually associated with root of pulpless tooth Slow course	Cystlike radiolucency Radiopacity
Chronic osteomyelitis	$\frac{M}{F}=\frac{5}{1}$	30-80	Mandible:maxilla = 7:1	Premolar-molar Angle Symphysis	History of debilitating systemic disease and/or fracture Slow course	Radiolucency with radiopaque Radiopacity
Peripheral squamous cell carcinomas	$\frac{M}{F}=\frac{2\text{-}4}{1}$	40-80 (peak 65)	Mandible:maxilla = 3:1	Mandibular molar	Tobacco, alcohol Metastasizes—frequently early to regional lymph nodes Rapid growth	Radiolucency with radiopaque (sequestra)
Fibrous dysplasia (early stage)*	M ~ F	10-20 (peak 17)	Maxilla:mandible = 4:3	Rare in anterior maxilla and symphysis	No pain No paresthesia No root resorption Slow expansion	Mottled or smoky Ground glass
Metastatic tumors to jaws						
Adults	$\frac{F}{M}=\frac{3}{1}$	40-60	Mandible:maxilla = 7:1	Premolar-molar	Signs and symptoms from primary tumor Unpredictable course	Solitary cystlike radiolucency Multiple cystlike radiolucenci
Children	M ~ F	0-10	Mandible > maxilla	Premolar-molar	Signs and symptoms from primary tumor Usually rapid course	Generalized rarefaction Salt and pepper Radiopacity Radiolucency with smooth, w defined borders
Malignant minor salivary gland tumors	$\frac{F}{M}=\frac{2}{1}$	40-70	Mandible ~ maxilla	Posterior hard palate Retromolar	Metastasizes to regional lymph nodes Metastasizes to distant sites: lungs Local extension by perineural space Moderately slow but unpredictable course	

Malignant minor salivary gland tumors	$\frac{F}{M}=\frac{2}{1}$	40-70	Mandible ~ maxilla	Posterior hard palate Retromolar	Metastasizes to regional lymph nodes Metastasizes to distant sites: lungs Local extension by perineural space Moderately slow but unpredictable course	
Osteogenic sarcomas	M > F	10-40 (peak 27)	Mandible:maxilla = 2:1	Mandibular body	Metastasizes by vascular route to lungs and other organs Variable course	Radiolucency with radiopaque foci Sunburst Radiopacity
Chondrosarcomas	M > F	20-60 (avg. 30)	Maxilla > mandible		Metastasizes late by vascular route to lungs and other organs Usually slow course	Broadening of periodontal ligament shadow Widening of canals
Mesenchymal type	M > F	30-60 (peak 50s)			Metastasizes early by vascular route to lungs and other organs Unpredictable course	Onionskin growth of periosteal bone Codman's triangle Cumulus cloud formation
Reticulum cell sarcomas	$\frac{M}{F}=\frac{2}{1}$	10-60 (avg. 37)	Rare in maxilla	Molar Angle Ramus	Metastasizes to bone or lymph nodes Moderately slow course	Radiolucent and radiopaque
Ewing's sarcomas	$\frac{M}{F}=\frac{2}{1}$	5-24 (peak 14-18)	Rare in maxilla		Metastasizes to lymph nodes, lungs, and other bones Rapid course	Onionskin growth of periosteal bone Sunburst
Central squamous cell carcinomas	$\frac{M}{F}=\frac{2}{1}$	30-70 (peak 57)	Mandible:maxilla = 4.2:1	No predilection	Metastasizes to regional lymph nodes Perhaps slow growth initially, then rapid growth	Cystlike radiolucency

*Pain, paresthesia, and root resorption are common features of all these lesions except fibrous dysplasia, although pain is not characteristically present in early lesions of peripheral squamous cell carcinoma and minor salivary gland tumors.
~, Approximately equal.

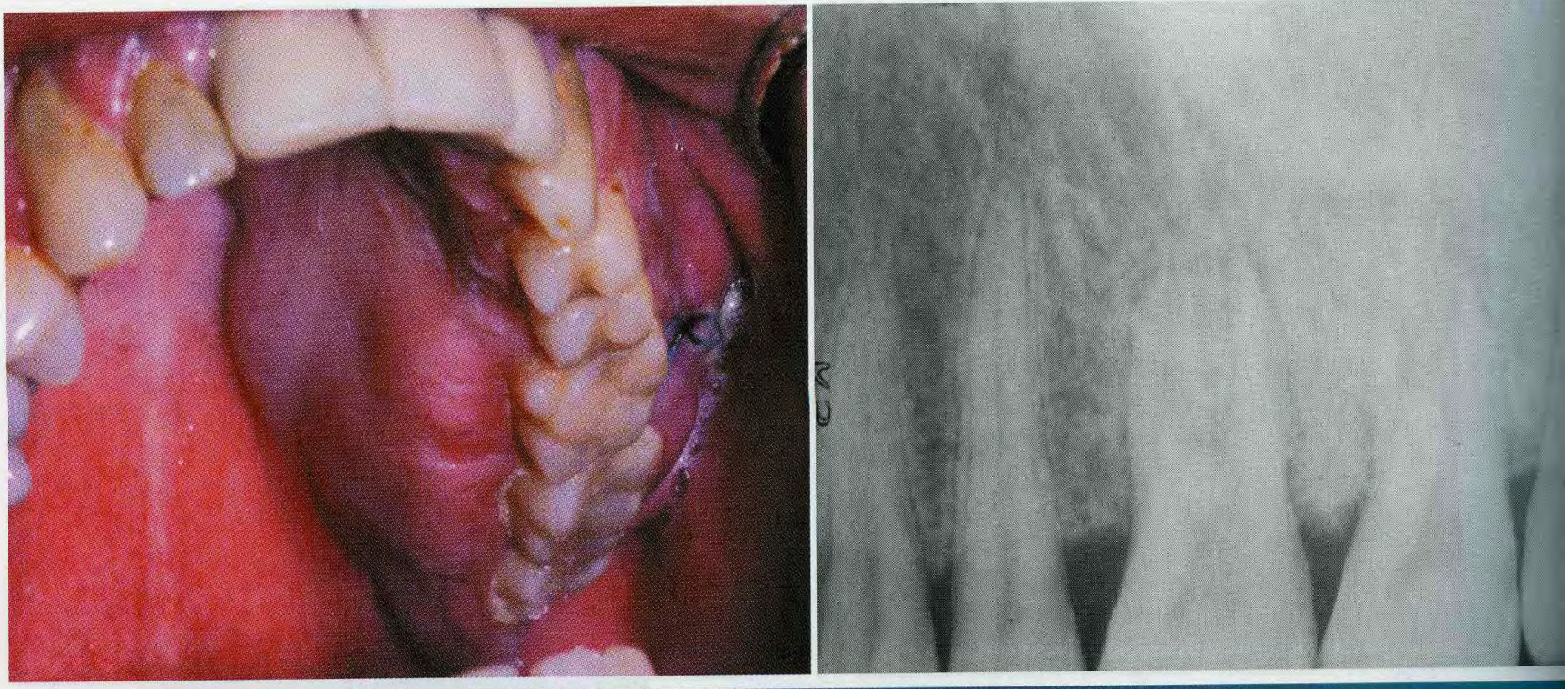


Figure 14-73 • Osteosarcoma. A, This patient shows a firm, painful swelling of the left maxilla of recent onset. **B,** The periapical radiograph shows a dense sclerotic change in the bone pattern. (Courtesy of Dr. Len Morrow.)

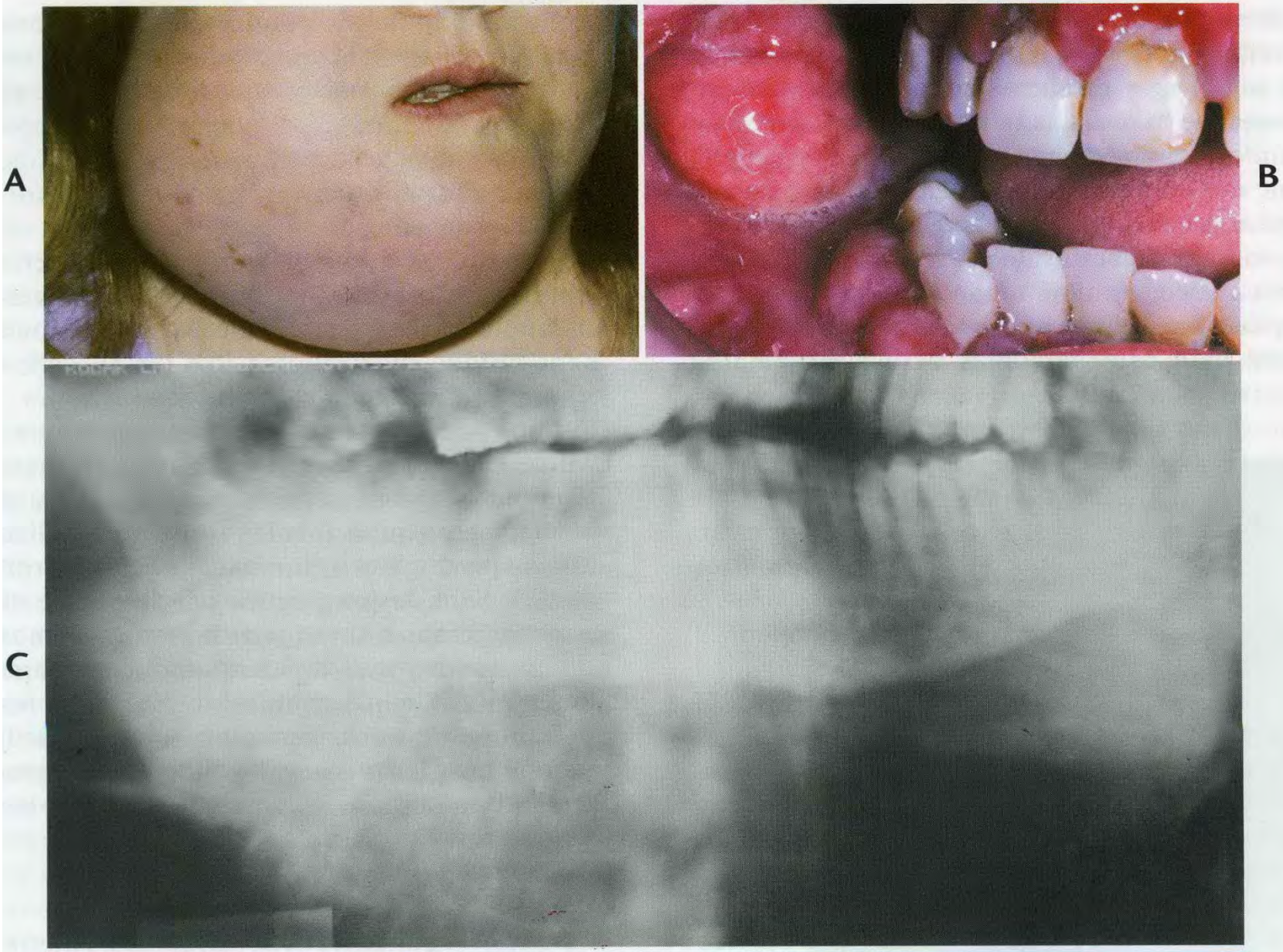


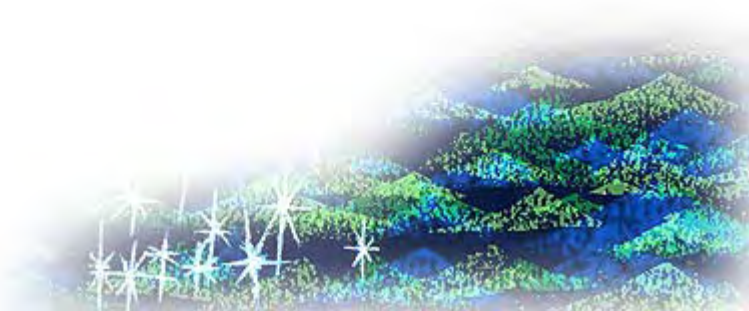
Figure 14-74 • Osteosarcoma. A, This massive tumor had been present for many months before the patient sought treatment. **B,** Intraoral photograph of the tumor mass. **C,** The panoramic radiograph shows a "sunburst" pattern of trabeculation within the tumor.

Differentiation Diagnosis

Bone Origin

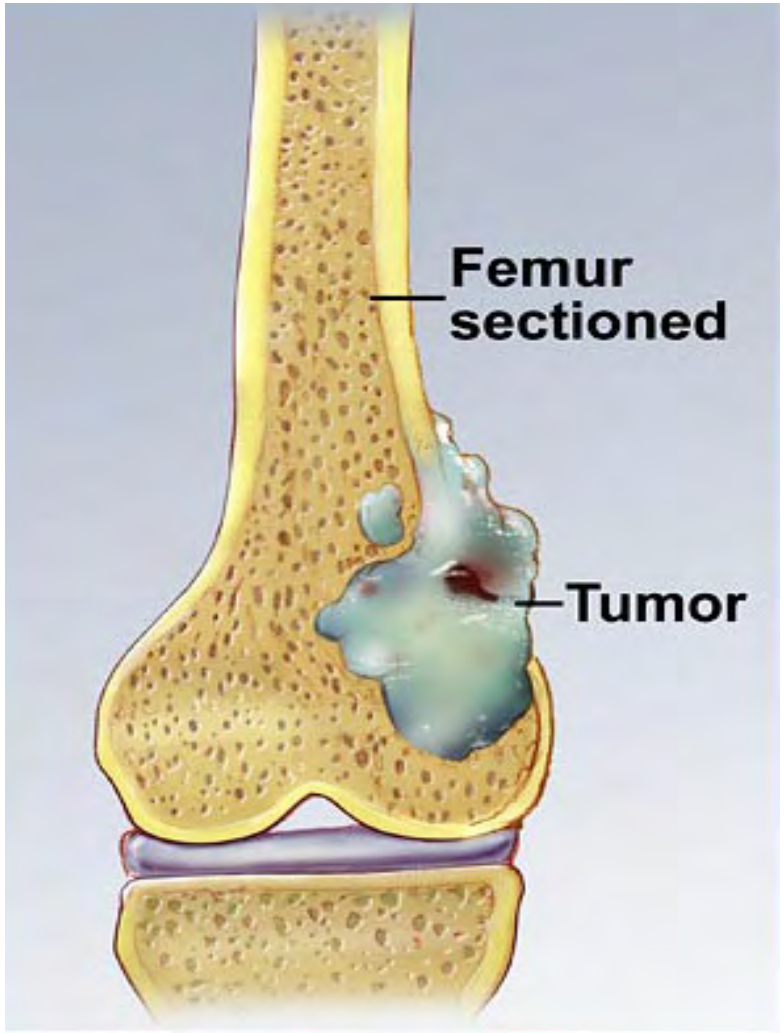
Osteosarcoma

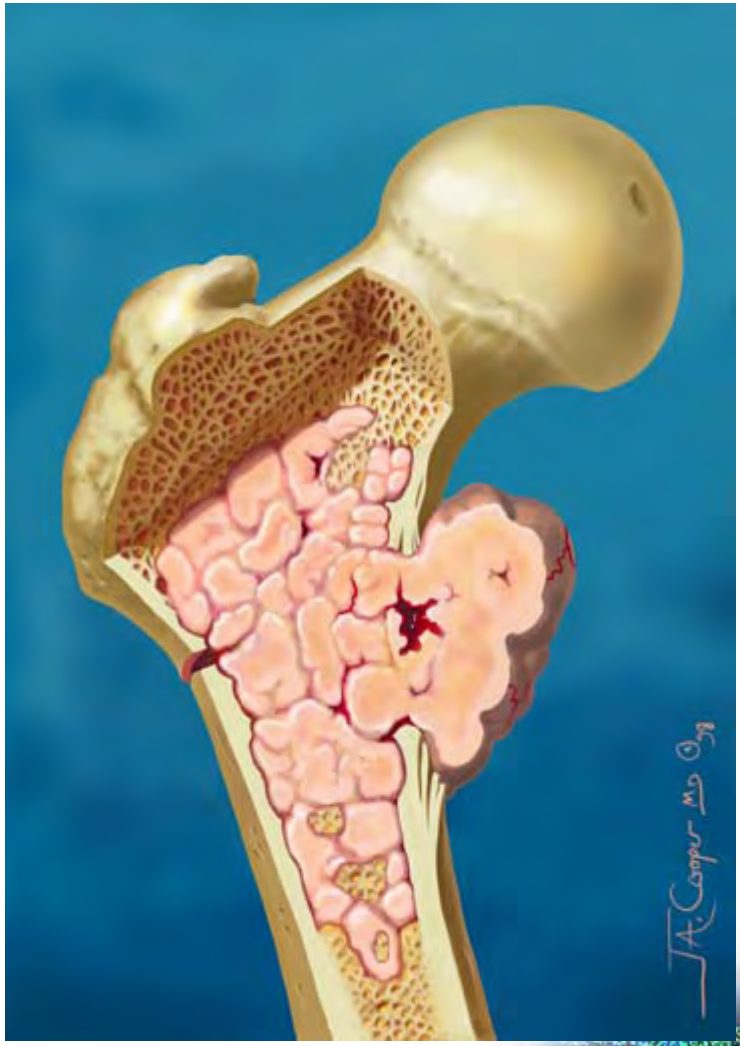
Chondrosarcoma



	Chondrosarcoma	Our case
Gender	Not significant	Female
Race	Not significant	Asian
Age	60s~70s(over 50)	66 y/o
Site	•Ileum, femur, humerus •Head and neck is infrequent (maxilla, mand. Body, ramus, nasal septum, paranasal sinuses)	Mucosa of residual ridge to hard palate
Symptom /Sign	•Formation of cartilage •Pain ：(-) •X-ray –Consisting of a RL process –Scattered and variable amount of RO foci(Cartilage 鈣化或骨化) –Some show extensive calcification (irregular peripheral margin)	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

	Chondrosarcoma	Our case
Margin	ill-defined	ill-defined
X-ray feature	ill-defined radiolucency	ill-defined radiolucency
Size	variable	uncertain
Density	radiolucency	radiolucency
Effect on surrounding structure	•May associate with separation or loosening of teeth •In maxilla →nasal obstruction, congestion, epistaxis(鼻出血), photophobia(畏光), visual loss •Root resorption •Systemic widening of PDL	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty


Femur
sectioned
Tumor



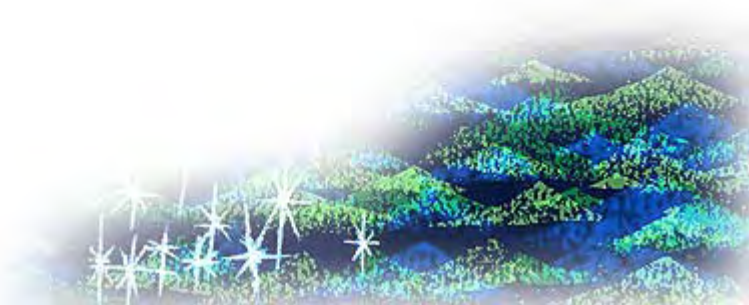
Differentiation Diagnosis

Salivary Origin

Carcinoma ex. Pleomorphic adenoma

Adenoid cystic carcinoma

Polymorphous low-grade adenocarcinoma



Carcinoma ex. pleomorphic adenoma

	Carcinoma ex. pleomorphic adenoma	**Our case**
Gender	Female predilection	female
Race	X	Asian
Age	middle aged to older adults; 60-80	66
site	Major glands: >80% parotid gland Minor gland: 2/3 palate	Left hard palate
Color		white and red
Size		3 X 5cm
Surface		Smooth, mild ulceration

Carcinoma ex pleomorphic adenoma

	Carcinoma ex. pleomorphic adenoma	**Our case**
Symptom	•risk for malignant change increases with the duration •painless mass with ulceration •recent rapid growth •benign < malignant +15 years	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Fluctuation ：(-) •Mobility ：fixed •Pain ：(-) •Tenderness ：(-) •Induration：(-) •Ulceration ：(+)

Carcinoma ex pleomorphic adenoma

	Pleomorphic adenoma	Our case
Margin		Irregular ill-defined
X-ray feature		Irregular ill-defined Radiolucent lesion Bony invasion
Density		radiolucency
Effect on surrouding structure	Parotid tumors may produce facial nerve palsy	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

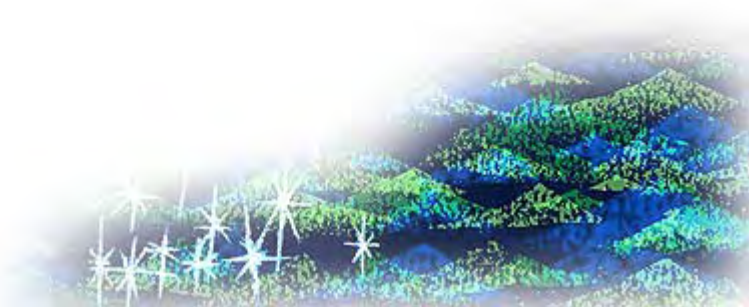
Differentiation Diagnosis

Salivary Origin

Carcinoma ex. Pleomorphic adenoma

Adenoid cystic carcinoma

Polymorphous low-grade adenocarcinoma



Adenoid cystic carcinoma

	Adenoid cystic carcinoma	**Our case**
Gender	1:1(female predilection)	female
Race	X	Asian
Age	Middle-aged adult	66
site	Most common at palate	Left hard palate
Color	red	white / red
Size	X	3 X 5cm
Surface	Palatal tumor may be smooth surfaced or ulcerated	Smooth, mild ulceration

Adenoid cystic carcinoma

	Adenoid cystic carcinoma	**Our case**
Symptom	•Pain before noticeable swelling •Mobility ：fixed •Pain ：(+)	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Fluctuation ：(-) •Mobility ：fixed •Pain ：(-) •Tenderness ：(-) •Induration ：(-)

Adenoid cystic carcinoma

	Adenoid cystic carcinoma	**Our case**
Margin	X	Irregular ill-defined
X-ray feature	Bony destruction of palate or maxillary sinus (CT)	irregular ill-defined radiolucent lesion Bone invasion
Density	radiolucency	radiolucency
Effect on surrouding structure	X	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Figure 11-68 • Adenoid cystic carcinoma. Painful mass of the hard palate and maxillary alveolar ridge. (Courtesy of Dr. George Blozis.)

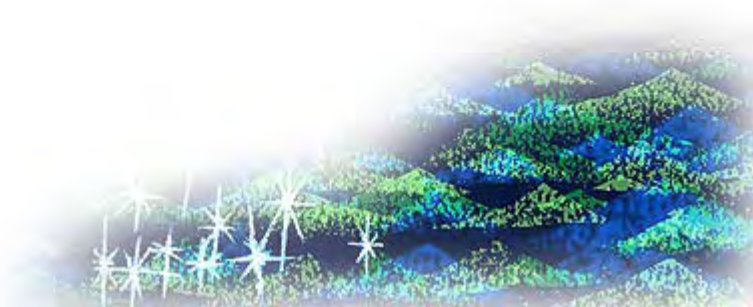
Differentiation Diagnosis

Salivary Origin

Carcinoma ex. Pleomorphic adenoma

Adenoid cystic carcinoma

Polymorphous low-grade adenocarcinoma



	Polymorphous low-grade adenocarcinoma	**Our case**
Gender	Female (佔所有case的2/3)	Female
Race	Un-known	Asian
Age	most common in older adult(以60~80y/o 爲主)	66 y/o
Site	65% occur on the hard or soft palate. The upper lip and buccal mucosa being the next common.	Mucosa of residual ridge to hard palate

Symptom	•Usually sessile •Surface ulcerated, rough, •Pink to red •Pain ：(-) •Bleeding and discomforted •Slowly growth	•Swelling over left cheek •Pain when opening mouth •Base：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

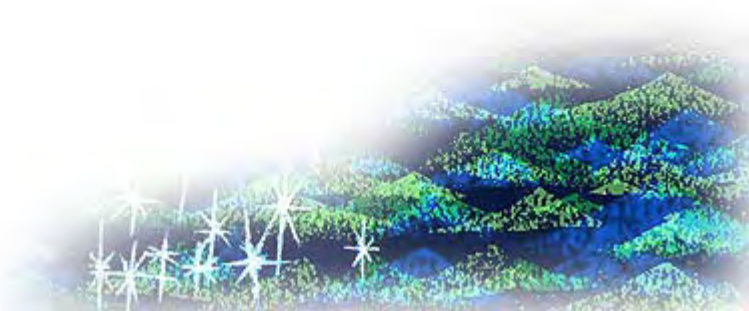
Margin	Un-known	Irregular ill-defined
X-ray feature	Un-known	I irregular ill-defined radiolucent Bone invasion
Size	X	5.0 X 3.0 cm
Density	Un-known	radiolucency
Effect on surrounding structure	1. Tumor can erode or infiltrate the underlying bone 2 Bitten by the opposite teeth 3. May cause diet difficulty	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Figure 11-73 ◆ Polymorphous low-grade adenocarcinoma.
Ulcerated mass of the posterior lateral hard palate.

Differentiation Diagnosis

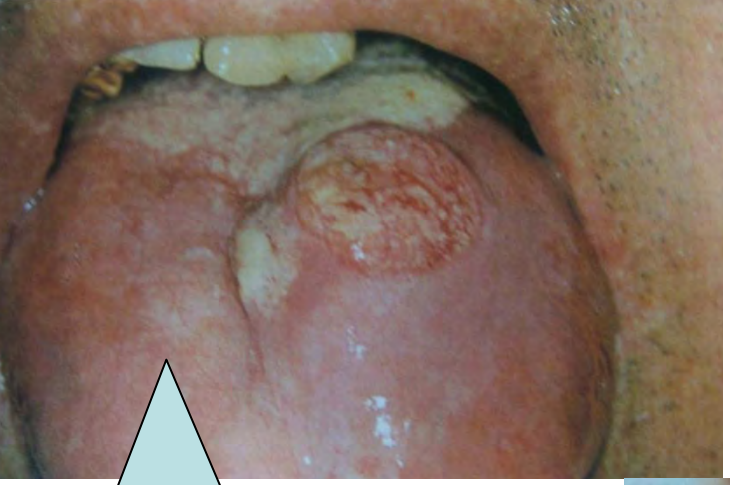
Metastasis Origin

Metastasis tumor (breast problem?)



	Metastasis tumor	Our case
Gender	Male：Female = 2 ： 1	Female
Race	unknown	Asian
Age	unknown	66
Site	顎骨、軟組織、唾液腺、頸部	left palate
Symptom	Pain ：(+) Swelling tubercle：(+) ulceration：(+) •顎骨轉移瘤約佔口腔惡性腫瘤的1%；多發生在下顎molar區。 •上下顎骨比為1:7，為多發或單發性軟組織轉移瘤比顎骨轉移瘤還少見。 •唾液腺轉移瘤常發生在腮腺。	Color：white / red Surface ：smooth Base ：pedunculate / sessile Fluctuation ：(-) Mobility ：fixed Pain ：(-) Tenderness ：(-) Induration ：(-) Ulcer：(+)

	Metastasis tumor	Our case
Margin	unknown	Irregular ill-defined
X-ray feature	unknown	Irregular ill-defined radiolucent Bone invasion
Size	variable	3 X 5cm
Density	Radiolucency	Radiolucency
Effects on surrounding structure	牙齒鬆動.下唇麻木.局部感覺異常。顎骨轉移瘤：多來自鎖骨以下區域，大多爲腺癌，其次爲未分化癌、神經母細胞癌、及肝癌、肉瘤。 軟組織轉移瘤：多轉移自絨毛膜上皮癌；其他如乳腺癌轉移至上唇；腎癌轉移至牙齦。 唾液腺轉移瘤：以惡性黑色素瘤、鱗狀細胞癌較常見。 頸部轉移瘤：鱗狀細胞癌(70%)，其次爲腺癌及未分癌。	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

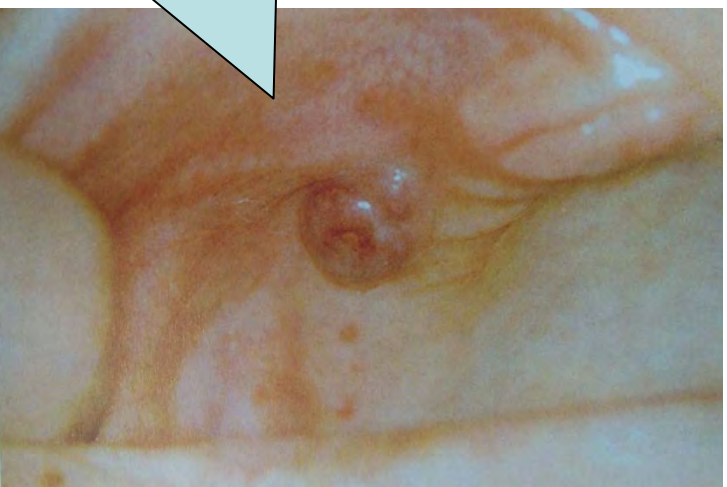


來源于肺癌
的舌部轉移癌

來源于**乳腺癌**
的牙齦轉移癌

來源于前列腺癌
的腭部轉移癌

來源于**乳腺癌**的
牙槽粘膜轉移癌

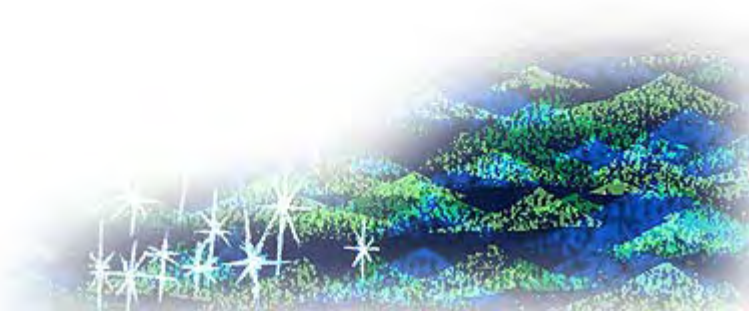


來源于腸癌的
腭部轉移癌

Differentiation Diagnosis

Others

Massive osteolysis



	Massive osteolysis	Our case
Gender	Un-known	Female
Race	Un-known	Asian
Age	Childern and young adult	66 y/o
Site	•Pelvis, humeral head, humeral shaft, axial skeleton •30% of p't is noted in maxillofacial area(mandible)	•Mucosa of residual ridge to hard palate
Symptom /Sign	•Mobile teeth •Pain ：(+) •Malocclusion •Obstructive sleep apnea syndrome –Secondary to post. Mand. displacement –Cause by extensive osteolysis	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

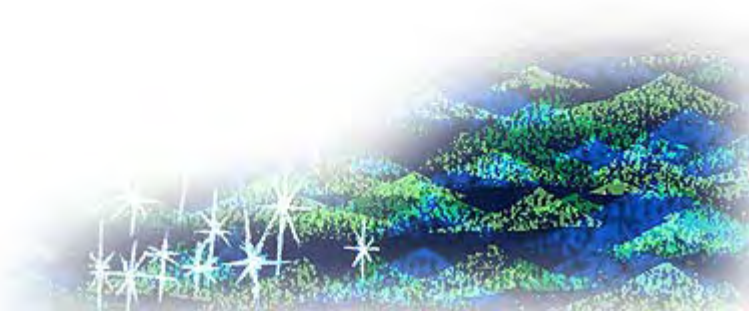
	Massive osteolysis	Our case
Margin	ill-defined	ill-defined
X-ray feature	ill-defined radiolucency	ill-defined radiolucency
Size	variable	uncertain
Density	radiolucency	radiolucency
Effect on surrounding structure	1. Loss of laminar dura 2. Mandible may fracture 3. Deviation of mandible 4. Deformity of mandible 5. Cortical bone may involve	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extend to maxillary sinus, bony invasion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Working Diagnosis

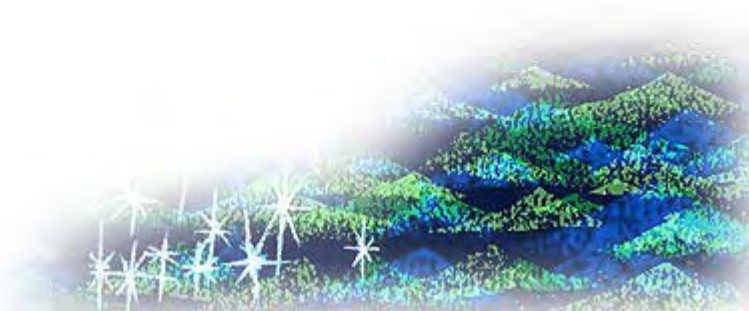
- Chondrosarcoma (bone)
- Osteosarcoma (bone)
- Carcinoma ex. pleomorphic adenoma (SGT)
- Adenoid cystic carcinoma (SGT)
- Squamous cell carcinoma (epithelial)
- Carcinoma of maxillary sinus (epithelial)
- Metastastic tumor (bone)
- Polymorphous low-grade adenocarcinoma(SGT)
- Massive osteolysis (bone)

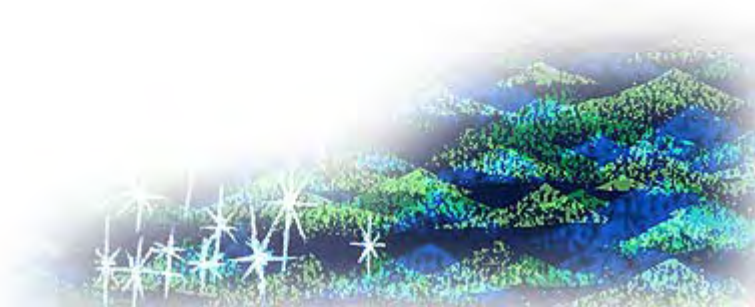
Clinical Impression

Chondrosarcoma (bone)



Thanks For Your Attention





	Desmoplastic Fibroma	Our case
Gender	No sex predilection	Female
Race		Asian
Age	<30yrs	66 y/o
Site	The mandible is the fourth most frequently affected bone. Most often in the molar-angle-ascending ramus area	Mucosa of residual ridge to hard palate

Symptom	• Pain ：(-) •Lesions exhibiting rapid growth. •Some are associated with limited opening.	•Swelling over left cheek •Pain when opening mouth •Base ：pedunculate / sessile •Surface ：smooth •Color：white / red •Pain ：(-) •Fluctuation ：(-) •Mobility ：fixed •Tenderness ：(-) •Induration ：(-)

	Desmoplastic Fibroma	Our case
Margin	Well-defined Or ill-defined	Ill-defined
X-ray feature	The lesion appears as a unilocular or occasionally multilocular RL area	Ill-defined radiolucency
Size		uncertain
Density	radiolucency	radiolucency
Effect on surrounding structure	If the lesion erodes through the cortex, an accompanying soft tissue mass will be present.	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extand to maxillary sinus, bony invansion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty

Figure 14-71 • Desmoplastic fibroma. Ill-defined, destructive radiolucency of the anterior maxilla. (Courtesy of Dr. H.T. Daniel.)

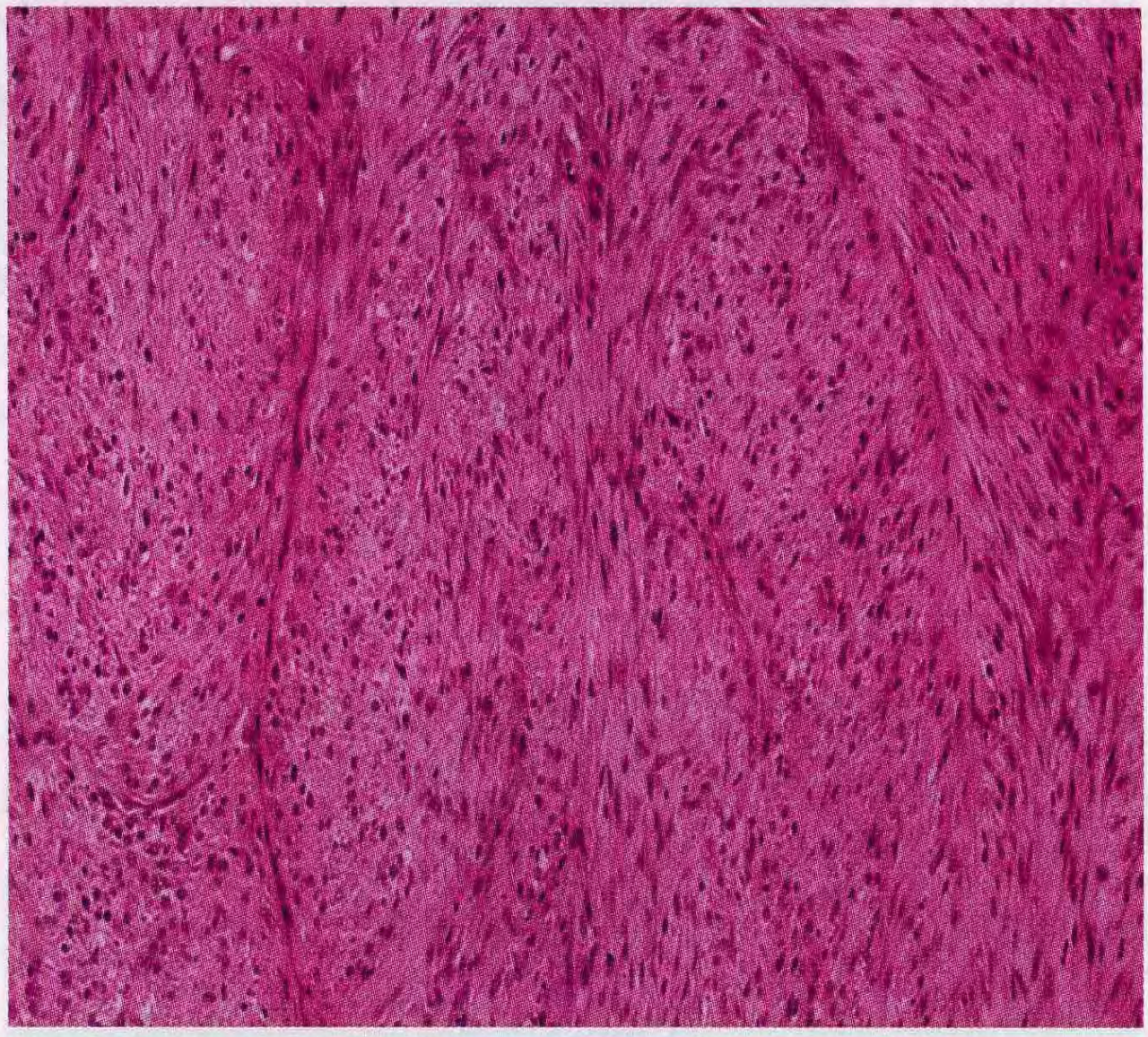


Figure 14-72 • Desmoplastic fibroma. The tumor consists of a cellular proliferation of fibroblasts arranged in interlacing fascicles.

	Multiple myeloma	Our case
Gender	male predilection	Female
Race	Occur twice as frequently in blacks as whites.	Asia
Age	Occur at age between 60s-70s	66 y/o
Site	Any bone may be affected. 30％cases involved the jaw	left hard palate
symptom	1.Bone pain is the most characteristic presenting symptom. 2.Patient may also complaint of fatigue as a consequence of myelophthisic anemia 3.Petechial hemorrhages of the skin and oral mucosa may be seen 4.Fever may be present as a result of neutropenia with increased susceptibility to infection	Size ：3 X 5cm Color：white / red Surface ：smooth Base ：pedunculate / sessile Fluctuation ：(-) Mobility ：fixed Pain ：(-) Tenderness ：(-) Induration ：(-) Ulceration:（+）

	Multiple myeloma	Our case
Margin	Multiple well-defined, “punched out” RL or ragged RL lesion	ill-defined RL
X-ray feature	Well-defined RL	poor-defined ovoid-shaped RL lesion
Size	Variable	uncertain
Density	RL	RL
Effects on surrounding structure	1.RL area of the bone contain the abnormal plasma cell proliferations 2.Renal failure may be a presenting sign, cause patient’ kidney delt circulating light chain protein from tumor cell 3.Amyloid deposition in various soft tissures of the body, eg: oral mucosa, especial tongue or periorbital skin	1.lamina dura lost at apex of tooth 24 and lose of root canal 2.There is a RO lesion extand to maxillary sinus, bony invansion 3.Ulceration & necrosis 4.Bitten by the opposite teeth 5.May cause diet difficulty