

CASE REPORT

口診seminar第四組
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組員

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General data

- name :XXX
- Gender :male
- age :35
- Occupation :工
- Attending V.S. :?
- First visit :?

Chief complain

- A mass over lower left alveolar area for 3 months

Present illness

- This 35y/o male found a mass over his left lower alveolar area on buccal and lingual surface for 3 months, he felt a little numbness over lingual side when touched by tongue tip

Past history

➤ past medical history

- Drug allergy :denied
- Taking drug :denied
- System disease :denied
- DM :denied
- HT :denied

➤ past dental history

- unknown

Personal habit

- Alcohol: (-)
- Betel quid: (-)
- Smoking: (-)

Intraoral examination

- A round shaped mass with smooth surface, sessile base, normal color was found over left lower buccal and lingual alveolar area and measured about 1*0.8*0.4cm



Physical examination

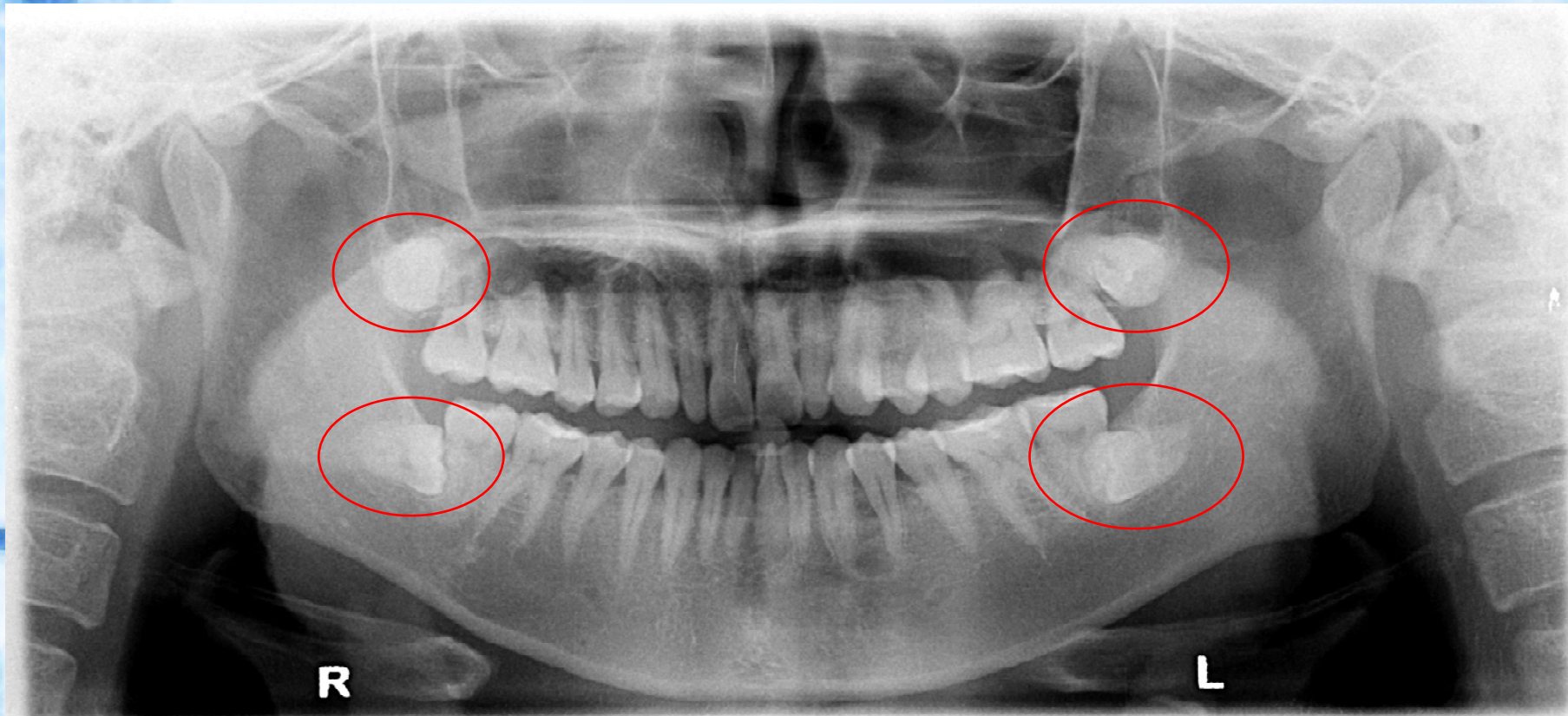
- Mobility:fixed
- Consistency:hard
- Fluctuation(-)
- pain(-)
- tenderness(-)
- induration(-)
- lymphadenopathy(-)
- Tooth mobility(?)
- Percussion(?)
- EPT(?)

Radiographic Examination (Panoramic film)



There is a well-defined unilocular oval shaped radiolucence with a regular corticated margin between the roots of tooth 33 and tooth 34 extending from alveolar crest down to the apex area between tooth 33 and tooth 34, measuring approximately 0.5x1.5 cm in diameter.

Radiographic Examination (Panoramic film)



- Transverse impacted teeth: 18, 28
- Horizontal impacted teeth: 38, 48
- Peg tooth : 12, 22

Radiographic Examination (Periapical film)



- Vertical bony defect: 35M(suspected)
- Lamina dura discontinuous

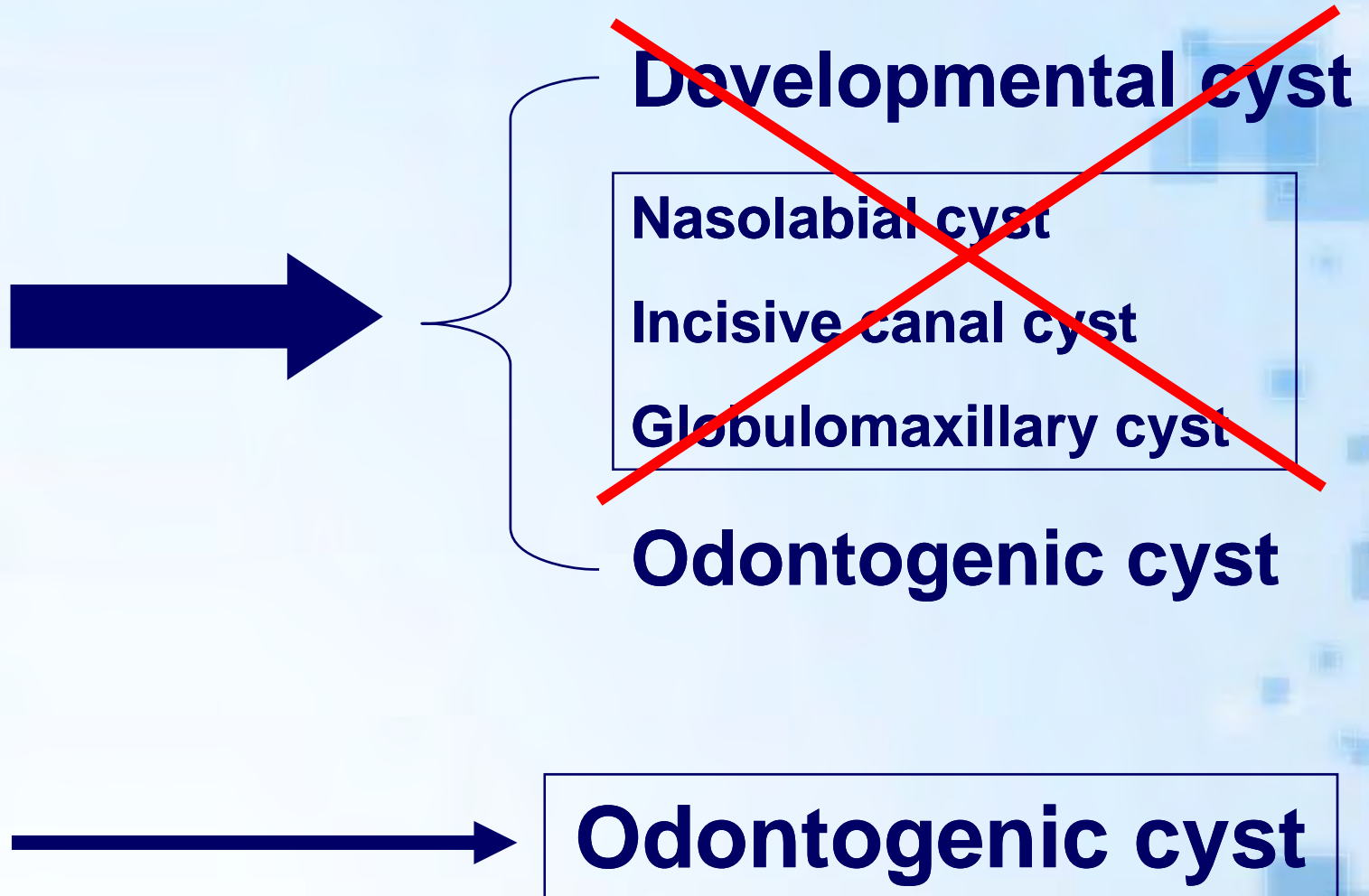
Inflammation ? Cyst ? Neoplasm?

- Color: normal
- fever or local heat? (-)
- Pain(-)
- swelling(+) \rightarrow bony hard swelling
- purulent drainage(-)
- Caries(-)

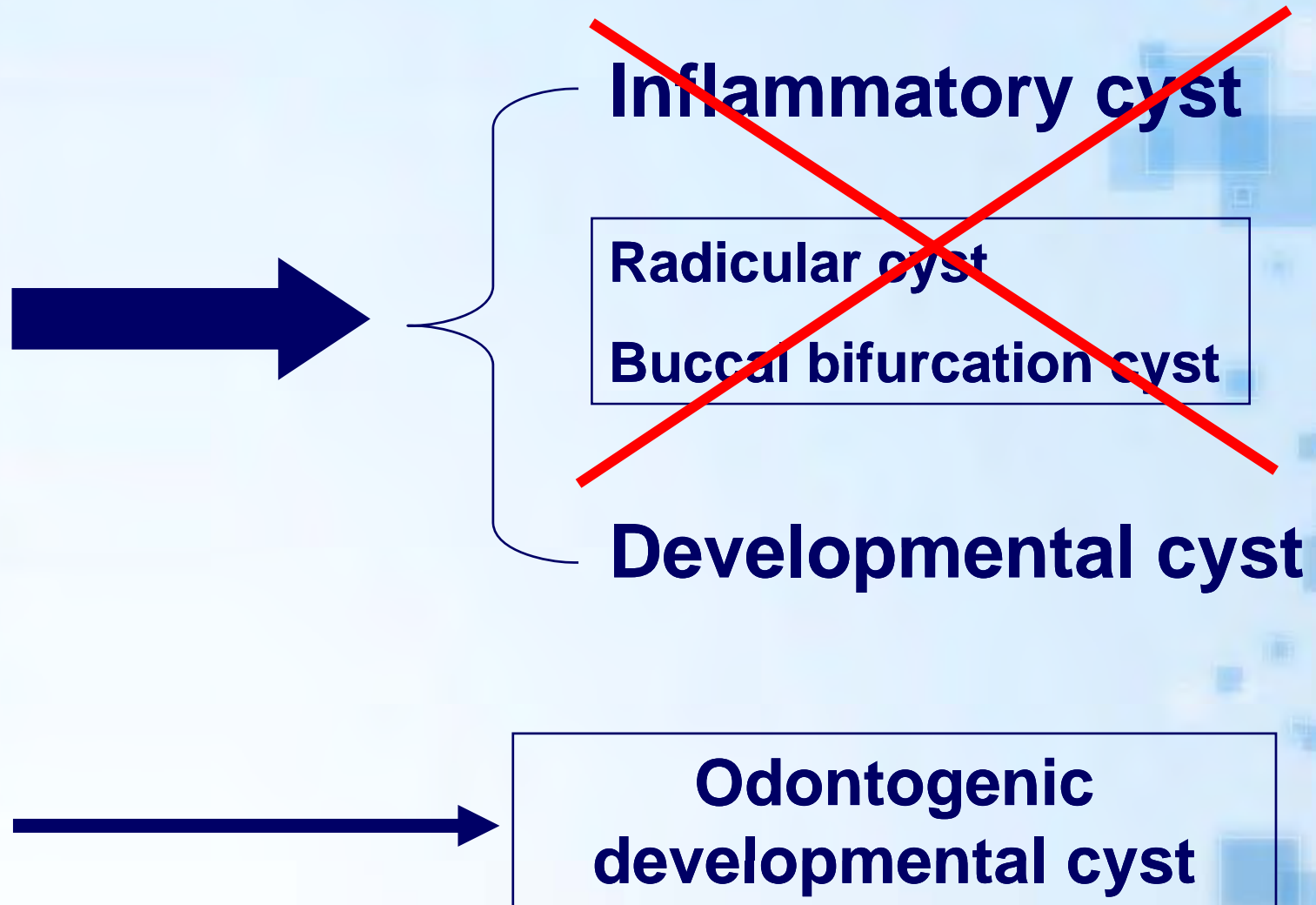


Cyst or Neoplasm

Cyst



Odontogenic cyst



Neoplasm→Benign or Malignant ?

- Pain(-)
- Tenderness(-)
- Lymphadenopathy(-)
- Ulceration(-)
- Induration(-)
- Numbness(+)
- Smooth surface
- Slow growth
- Well-defined radiolucency



Benign Tumor

Neoplasm→Central or Peripheral ?

- Mucosal lesion(-)
- Induration(-)
- Consistency : hard
- Bone destruction(+)



Central type

Odontogenic developmental cyst
or
Central type benign tumor

Working diagnosis

Cyst

Lateral periodontal cyst

Odontogenic keratocyst

Neoplasm

Ameloblastoma

Central odontogenic fibroma

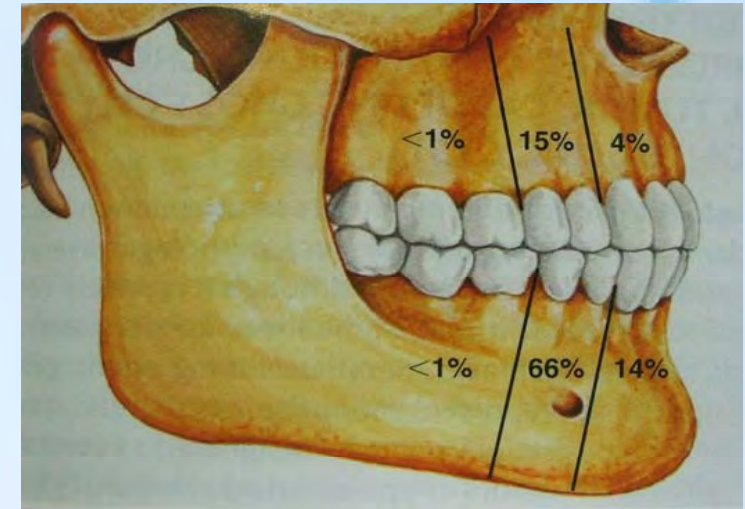


cyst

Lateral periodontal cyst

Features

- It is a developmental odontogenic cyst. It arises from remnants of the dental lamina or from the reduced enamel epithelium.
- Common site:
Along the lateral surface of the root of vital tooth. Usually in **mandibular premolar/canine region**.
- Usually asymptomatic.
- Age: 50~70y/o
- Small size (less than 1 cm in diameter).
- Unilocular, round or oval, well-defined, usually well corticated radiolucency



Lateral periodontal cyst

	Our case	Lateral periodontal cyst
gender	male	No sexual predilection
age	35y/o	50~70y/o
frequency		less than 2% of all epithelium – lined jaw cysts.
symptom	Little numbness over lingual side	asymptomatic
site	Between left mandibular canine and premolar	75~ 80% occur in the mandibular premolar canine lateral incisor area.
color	Normal	Bluish to normal
shape	Dome sessile	Dome sessile
size	1x0.8x0.4cm	Less than 1.0cm in diameter
induration	-	-
Surface	smooth	smooth
tenderness	-	-
LAP	-	-

Lateral periodontal cyst

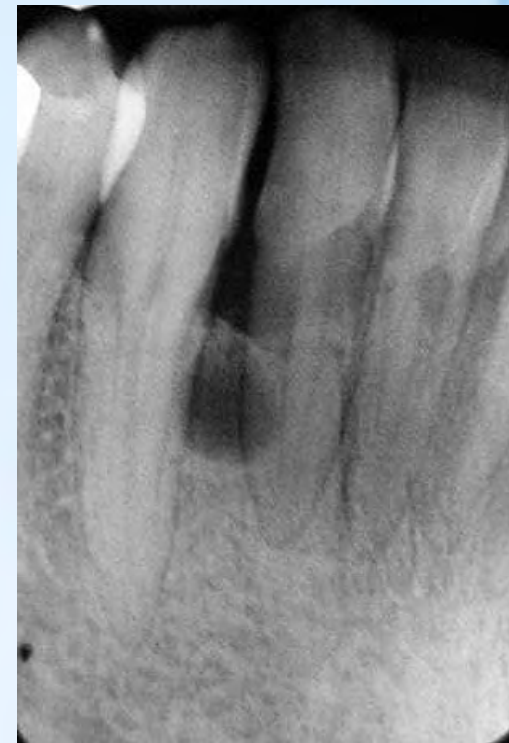
X-ray finding	Our case	Lateral periodontal cyst
Border	Well-defined with a corticated margin	Well-defined with a corticated margin
Radiodensity	Uniformly RL	Uniformly RL
Effect on surrounding structures/adjacent teeth	Bony hard swelling, but not affect teeth	Asymptomatic, but large cyst can displace adjacent teeth and cause expansion
Unilocular/ multilocular	Unilocular	Unilocular

Lateral periodontal cyst

Our case



Lateral periodontal cyst



Lateral periodontal cyst

Our case



Lateral periodontal cyst



Odontogenic keratocyst

Features

- It is a distinctive form of developmental odontogenic cyst. It arises from cell rests of the dental lamina
- Common site:
posterior mandible body and ascending ramus
- Usually asymptomatic.
- size :variable .
- Well defined radiolucent area with smooth and corticated margin. May appear multilocular, particularly in posterior body and ascending ramus.



Odontogenic keratocyst

	Our case	Odontogenic keratocyst
gender	male	Slightly male predilection
age	35y/o	10~40y/o
frequency		Make up 3%~11% of all odontogenic cyst
symptom	Little numbness over lingual side	Asymptomatic(small) Symptomatic(large)
site	Between left mandibular canine and premolar	7% in premolar area

Odontogenic keratocyst

X-ray finding	Our case	Odontogenic keratocyst
Border	Well-defined with a corticated margin	Well-defined with a corticated margin
Radiodensity	Uniformly RL	Uniformly RL
Effect on surrounding structures/adjacent teeth	Bony hard swelling, but not affect teeth	Anterior-posterior growth No bony expansion
Unilocular/ multilocular	Unilocular	Unilocular Or multiloculr

Odontogenic keratocyst

Our case



odontogenic keratocyst





neoplasm

Ameloblastoma

■ Features

- may arise from rests of dental lamina.
- Common site:
about 85% of occur in the mandible,
most often in the ascending area
- often asymptomatic.
- A painless swelling or expansion of
the jaw is the usual clinical
presentation.
- X-ray finding often “soap-
bubble” or “honeycombed” appearance



Ameloblastoma

	Our case	Ameloblastoma
gender	male	沒差別
age	35y/o	35~40y/o
frequency		25% of all odontogenic tumor.
symptom	Little numbness over lingual side	asymptomatic
site	Between left mandibular canine and premolar	80~85% occur in the mandibular often in molar ascending area.
color	Normal	normal
shape	Dome sessile	variable
size	1x0.8x0.4cm	variable
induration	-	-
Surface	smooth	smooth
tenderness	-	-

Ameloblastoma

X-ray finding	Our case	Ameloblastoma(unilocular)
Border	Well-defined with a corticated margin	Well-defined with or without a corticated margin
Radiodensity	Uniformly RL	Uniformly RL
Effect on surrounding structures/adjacent teeth	Bony hard swelling, but not affect teeth	May cause bone expansion
Unilocular/ multilocular	Unilocular	Unilocular

Ameloblastoma

Our case



ameloblastoma(unilocular)



Ameloblastoma

Our case



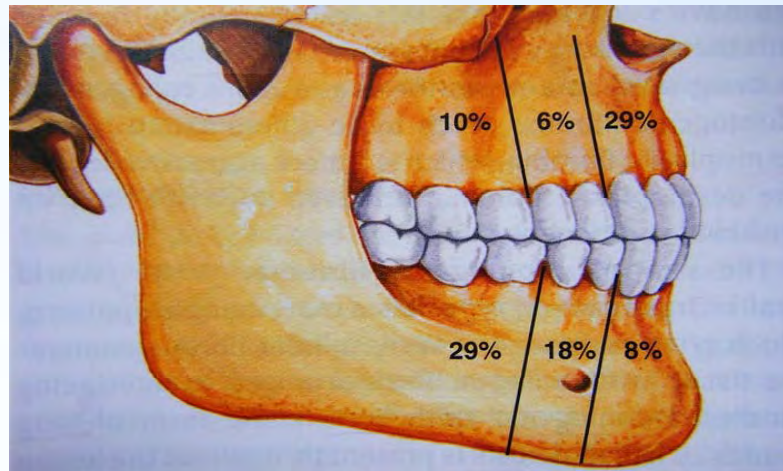
Ameloblastoma



Central Odontogenic Fibroma

Clinical Features:

- 4-80 years (mean 40)
- Female: male = 2.2:1
- 1/3 Associated with unerupted tooth.
- Smaller → asymptomatic
- Bigger → localized bony expansion or loosening of teeth



Central Odontogenic Fibroma

Radiographic Features:

- Smaller → well defined, unilocular, radiolucent lesions
- Smaller → periradicular area of erupted teeth
- Bigger → multilocular, radiolucies, sclerotic border, root resorption, root divergence.
- 12% exhibit radiopaque flecks.



Central Odontogenic Fibroma

	Our case	Central Odontogenic Fibroma
gender	male	Female: male = 2.2:1
age	35y/o	4~80y/o
symptom	Little numbness over lingual side	Asymptomatic or localized bony expansion or loosening of teeth
site	Between left mandibular canine and premolar	55% in the mandible { Premolar region 18% Incisor region 8%
size	1x0.8x0.4cm	variable

Central Odontogenic Fibroma

X-ray finding	Our case	Central Odontogenic Fibroma
Border	Well-defined with a corticated margin	Well-defined with a corticated margin
Radiodensity	Uniformly RL	Uniformly RL 12% exhibit radiopaque flecks
Effect on surrounding structures/adjacent teeth	Bony hard swelling, but not affect teeth	Bigger: bony expansion, root resorption, root divergence
Unilocular/ multilocular	Unilocular	Small: Unilocular Big: Multilocular

Central Odontogenic Fibroma

Our case



Central odontogenic fibroma



Final impression

1. Lateral periodontal cyst
2. Ameloblastoma
3. Odontogenic keratocyst

會議記錄照





正當大家都認真討論的時候...



好餓阿!!晚上要吃什麼??



阿係勒工三小
聽嚟無%#@



THX for attention

Reference:

- 1.Oral & Maxillofacial Pathology 2nd EDITION
- 2.Differential Diagnosis of Oral & Maxillofacial Lesion 5th EDITION