# 口腔診斷學case report第六組

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報告者:

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# General data

❖ Name : XXX

❖ Sex : male

❖ Age : 82

Occupation: retired

Marital status : yes

# Chief complain

Unhealing extraction wound and ulceration sore throat from 2-3 months.

### Present illness

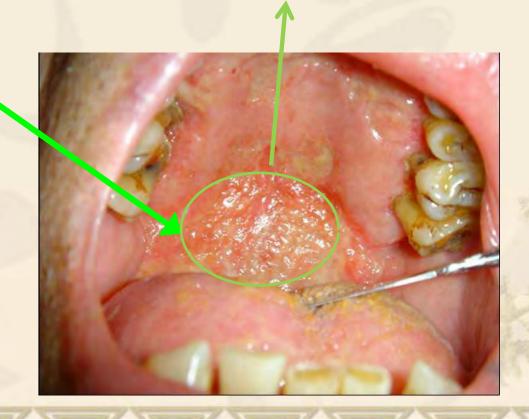
This 82 y/o male had tooth(22) extraction 2-3 month ago. The extraction wound did not heal and ulcerative lesion started to appear. His son have given him Propolis(蜂膠) to use but no improvement was noted. Recently he felt severe pain when swallowing and could not eat. He came to visit Division of Cardiology due to deep vein thrombosis and was referred to our OPD for the oral lesion.

# Past medical history

- Vein thrombosis
- Drug taking for anticoagulation
- Hypertension

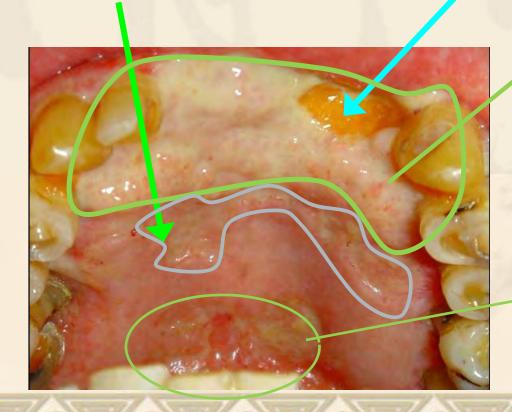
**Ulcerative lesion** 

Polypoid shaped, white and yellow ulcerative lesion. Covered soft and half of hard palate



White Ulcerative lesion Approximately 3.5cmX1 cm

extraction wound yellowish necrosis tissue



White ulcerative Lesion with smooth surface, sessile base, covered alveolar ridge form 13 to 24

White and red ulcerative lesion, Polypoid shaped, located on hard palate, size approximately 3X3cm



Multiple removable yellow patches Size approximately 3X4cm

Multiple removable yellow patches



Multiple removable yellow patches



- ❖ A polypoid-shaped swelling mass with ulcerated surface, measured approximately 4mm x 2mm in diameter. Located over 11 to 22 alveolar ridge.
- ❖ A white ulcerative swelling mass, sessile base, sized approximately 5X2cm in diameter. Located on alveolar ridge from 13 to 24.
- A white ulcerative lesion, measured approximately
   3.5X1cm in diameter, located over anterior hard palate.
- ❖ A red and white polypoid-shaped ulcerative lesion, sessile base, located over posterior and soft palate, sized approximately 3X3cm in diameter.

- Multiple removable yellow patches, located over dorsal surface of tongue, measured approximately 3X4cm in diameter.
- Food impaction (+)
- Plaque or calculus deposition (+)
- Gingival swelling (+)
- Gingival bleeding (+)

### Personal habits

- Alcohol: yes, but quit for a long time
- Betel quid : no
- Cigarette: yes, but quit for a long time



- Infection? or Neoplasm?
- ---fever or local heat: unknown
- ---bony destruction without expansion: unknown
- ---lesion: multiple
- ---spontaneous pain(+)
- ---poor oral hygiene
- ---red and white color
- ---gingival swelling
- ---consistency: soft
- ---shape: polypoid
- ---fluctuation(-)



So we can't sure the lesion is Infection or Neoplasm!

If the lesion is infection

```
---age : old
---pain: yes
---color: red white
---ulcer: yes
---pseudomembrane
```

So we guess the infection is:

- 1.Tuberculosis
- 2. Candidiasis
- 3. Diffuse Gangrenous Stomatitis

## Tuberculosis v.s. our case

-	ТВ	our case
Age	Non-specific	82y/o
Gender	Non-specific	male
Site	Primary: gingiva, mucobuccal fold, area of inflammation adjacent to teeth or in extraction sites. Secondary: Tongue, palate and lip.	tongue, palate

# Tuberculosis v.s. our case

-	ТВ	our case
Ulcer	Chronic mucosal ulceration	Yes
Shape	nodular, granular	polypoid
Color	Red, white	Ext. wound : yellow
DA-46	The state of	Alveolar ridge: white
	The Designation of the second	Soft palate: red
Pain	Yes	Yes

#### Candidiasis

主要是就patient的tongue, palate的患部做判斷





#### Candidiasis

#### **Symptom**

- 1. Elder and children (immunocompromised)
- 2. White or yellow plaque (removable or not removable)
- 3. Red macules, burning sensation
- 4. Atrophic mucosa
- 5. Foul taste
- 6. Asymptomic

# Candidiasis v.s. our case

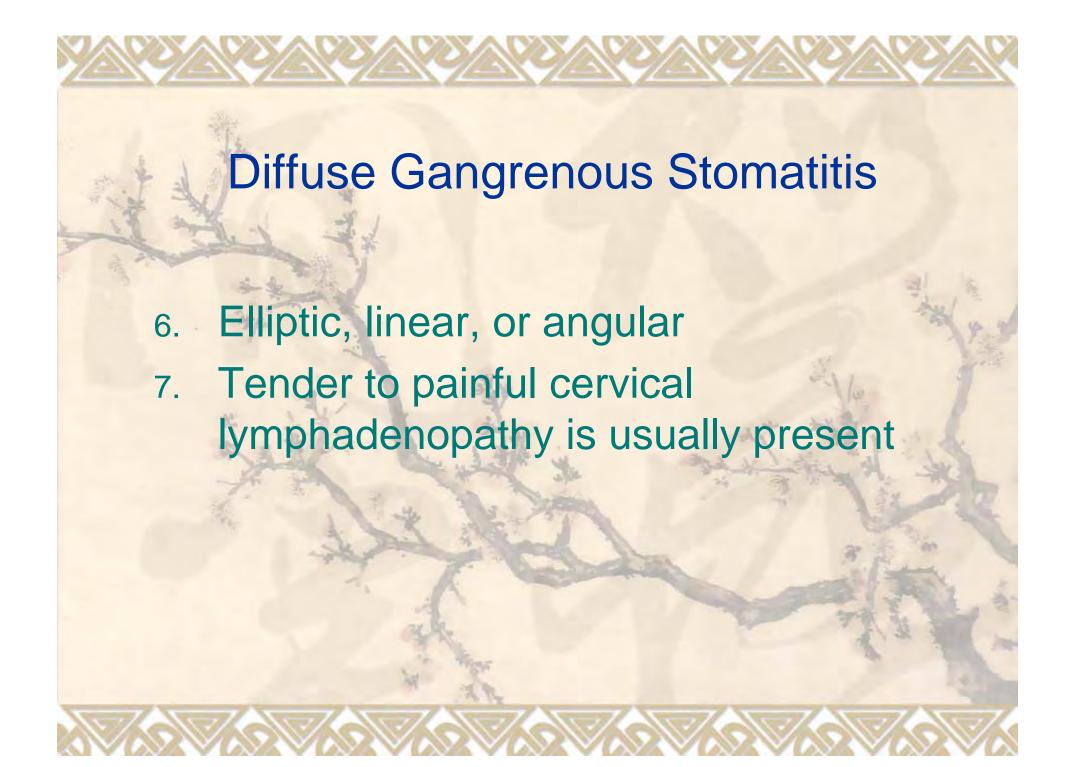
	Candidiasis	our case
Age	Elder and children (immunocompromised)	82y/o
Gender	not specific	male
Site	Buccal mucosa, tongue, palate, angles of mouth, denture-bearing area	tongue, palate
Ulcer	No	Yes

## Candidiasis v.s. our case

	Candidiasis	our case
color	white, red patches	Ext. wound : yellow Alveolar ridge: white
4	- Silv	Soft palate: red
Pain	Yes (if inflammation)	Yes

## Diffuse Gangrenous Stomatitis

- Found in patient with severe debilitating diseases
- 2. Sensitive or painful oral lesions
- 3. Very unpleasant odor
- 4. Multiple lesions on mucosal surfaces
- 5. Surrounded by dirty gray to yellowish pseudomembrane can be removed



# Diffuse Gangrenous Stomatitis v.s. our case

	Diffuse Gangrenous Stomatitis	our case
Site	Multiple lesions on mucosal surfaces	tongue, palate
Ulcer	Yes	Yes
color	dirty gray to yellowish	Ext. wound : yellow
	A TO SHOW	Alveolar ridge: white
	I Sure Let L	Soft palate: red

# Diffuse Gangrenous Stomatitis v.s. our case

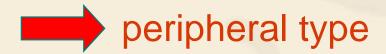
	Diffuse Gangrenous Stomatitis	our case
Shape	Elliptic, linear, or angular	polypoid
Pain	Yes	Yes

If the lesion is Neoplasm:

```
Benign or Malignant?
 ---Pain(+)
 ---Tenderness(-)
 ---Lymphadenopathy(-)
 ---Ulceration(+)
 ---Unhealing wound(+)
 ---Alcohol(+) Betel nut(-) Cigarette(+)
 ---Induration (-)
 ---Mobility: fixed
So the lesion may be Malignant
```



- Peripheral or central?
- ---mucosa ulceration(+)
- ---no evidence of bony destruction



If our differential diagnosis is Malignant neoplasm, then we guess the lesion is:

Non-Hodgkin's lymphoma

# Non-Hodgkin's lymphoma

- 1. Soft tissue
  - --Tenderness(-)
    Diffused swelling
    Ulceration(+/-)
- 2. Hard tissue
  - --Paresthesia
    Bone expansion
    Soft tissue swelling
    pain (vague pain)

# Non-Hodgkin's lymphoma

v.s. our case

	Non-Hodgkin's lymphoma	our case
Age	adult	82y/o
Gender	Non-specific	male
Site	Buccal vestibule Posterior hard palate gingiva	tongue, palate
Ulcer	Yes	Yes
color	as normal gingiva	Ext. wound : yellow Alveolar ridge: white Soft palate: red



#### v.s. our case

-	Non-Hodgkin's lymphoma	our case
Shape	-3	polypoid
Pain	Yes	Yes

## Conclusion

- -- The probable lesion may be
- Tuberculosis
- Candidiasis
- Non-Hodgkin's lymphoma

