

# 診SEMINAR第七組

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# GENERAL DATA

Name : X X X

Sex : 男

Age : 34

Marital status : 未婚

Occupation : 工人



# CHIEF COMPLAINT

- ✗ A swelling mass over mouth floor for more than one decade.



# PRESENT ILLNESS

- ✖ This 34 y/o male found a swelling mass over anterior left mouth floor when he was a senior high school student. No obvious change or disturbance is noted. He came to our OPD for treatment.

# EXTRAORAL EXAMINATION

Clinical profile : straight



# INTRAORAL EXAMINATION

Plaque or calculus deposition

Gingival swelling

Occlusion : class I

Swelling over mouth floor behind 33

Size : 2.0x2.0cm

Surface : smooth

Base : sessile

Shape : dome

Color : red

Consistency : soft

Mobility : fixed





# TRAORAL EXAMINATION

Fluctuation : ( - )

Tenderness : ( - )

Induration : ( - )

Lymphadenopathy : ( - )



# PAST HISTORY

- ✖ Past medical history :
  - + appendicitis(盲腸炎)
  - + Hospitalization : Yes
  - + any systemic diseases : Denied
  - + any drug or food allergy : Denied
- ✖ Past dental history : unknown
- ✖ Current medicine : denied



# PERSONAL HABIT

- ✖ Alcohol : (+) > 10yrs
- ✖ Betel quid : (+) > 10yrs
- ✖ Cigarette : (+) > 10yrs
- ✖ Number : Unknown
- ✖ Denied other specific oral habits

# DIFFERENTIAL DIAGNOSIS

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DIFFERENTIAL DIAGNOSIS

# ST, INFLAMMATION OR NEOPLASM?

- ✗ Fever or local heat : (-)
- ✗ Purulent drainage was presented : (-)
- ✗ swelling : (+)

rule out inflammation  
It's cyst or neoplasm

# BENIGN OR MALIGNANT?

- ✗ Pain: (–)
- ✗ Tenderness: (–)
- ✗ Induration: (–)
- ✗ Lymphadenopathy (–)
- ✗ Ulceration : (–)



**Benign**

# PERIPHERAL OR INTRABONY ORIGIN ?

- ✗ Bony destruction : ?
- ✗ Bony expansion : ?



unknown

# WORKING DIAGNOSIS

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WORKING DIAGNOSIS



# WORKING DIAGNOSIS

True or False cyst

Dermoid cyst

Ranula(mucocele)

Salivary duct cyst

■ Benign Neoplasm

✕ Neurofibroma

✕ Neurilemmoma

✕ Lipoma

# ANULA

Fluctuant swelling with a bluish translucent color.

Hide the salivary gland and affect the location of the tongue.

Stems from the sublingual salivary gland, but also from the submandibular gland.

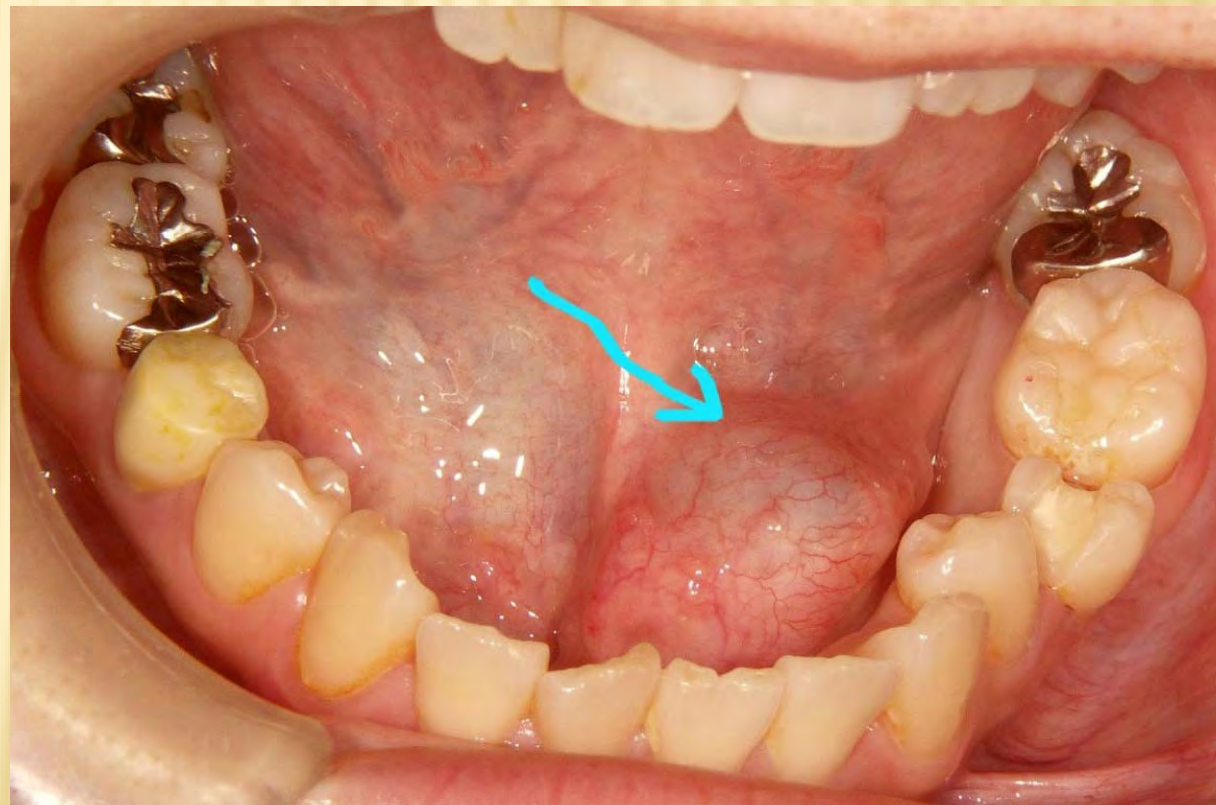
Normally above the mylohyoid muscle.

# ANULA

Our case



Clinical appearance





# RANULA

	Ranula	Our case	
Age	Young adults	34	<input checked="" type="checkbox"/>
Gender	Both	male	<input checked="" type="checkbox"/>
Site	Mouth floor，常見於口 底側邊	Mouth floor	<input checked="" type="checkbox"/>
Size	Several centimeter, Larger than mucoccele	2cm x 2cm	<input checked="" type="checkbox"/>
Color	Blue,blurish translucent hueDeeper lesions may be normal	red	<input checked="" type="checkbox"/>



# RANULA

	Ranula	Our case	
Shape	dome	dome	<input checked="" type="checkbox"/>
Base	sessile	sessile	<input checked="" type="checkbox"/>
Surface	smooth	smooth	<input checked="" type="checkbox"/>
Consistency	soft	soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
Mobility	maybe	fixed	<input checked="" type="checkbox"/>



# RANULA

	Ranula	Our case	
Fluctuation	maybe	(-)	<input checked="" type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
Pain	(-)	(-)	<input checked="" type="checkbox"/>
lymphadenopathy	(-)	(-)	<input checked="" type="checkbox"/>
others	<ul style="list-style-type: none"><li>•Swelling</li><li>•The ranula usually is located lateral to midline,a feature that may help to distinguish</li></ul>	Swelling	<input checked="" type="checkbox"/>



# LEUOFIBROMA

Uninflamed, slowly enlarging,  
asymptomatic.

Varies greatly in size.

Rarely painful.

present as submucosal, nontender.

# NEUROFIBROMA

- ✖ Involvement of the trigeminal nerve may cause facial pain or paresthesia
- ✖ In patients with neurofibromatosis, extensive destruction of alveolar bone, mimicking periodontal bone loss
- ✖ The tongue, the buccal mucosa, and the vestibular areas are the most common sites of presentation.

# EUROFIBROMA

Our case



Clinical appearance





# NEUROFIBROMA

	neurofibroma	Our case	
Age	Young adults	34	<input checked="" type="checkbox"/>
Gender	Both	male	<input checked="" type="checkbox"/>
Site	Intraoral:tongue and buccal mucosa	Mouth floor	<input type="checkbox"/>
Size	From small nodule to large mass	2cm x 2cm	<input checked="" type="checkbox"/>
Color	red	red	<input checked="" type="checkbox"/>
Shape	dome	dome	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>



# NEUROFIBROMA

	neurofibroma	Our case	
Surface	smooth	smooth	<input checked="" type="checkbox"/>
Consistency	soft	soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
Mobility	fixed	fixed	<input checked="" type="checkbox"/>
Fluctuation	(-)	(-)	<input checked="" type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
Pain	(-)	(-)	<input checked="" type="checkbox"/>
Lymphadenopathy			<input checked="" type="checkbox"/>



# EURILEMMOMA

- ✖ Slow-growing, encapsulated tumor
- ✖ The mass is asymptomatic, although tenderness or pain may occur in some instances
- ✖ Most common in young and middle-aged adults and can range from a few millimeters to several centimeters in size.
- ✖ The tongue is the most common location



# EURILEMMOMA

- ✖ On occasion, the tumor arises centrally within bone and may produce bony expansion
- ✖ Intraosseous examples are most common in the posterior mandible
- ✖ Unilocular or multilocular radiolucencies on radiographs.
- ✖ Pain and paresthesia are not unusual for intrabony tumor.

# EURILEMMOMA

Our case



Clinical appearance





# NEURILEMMOMA

	Neurilemoma	Our case	
Age	Young and middle-aged adult	34	<input checked="" type="checkbox"/>
Gender	No gender predilection	male	<input checked="" type="checkbox"/>
Site	<p>25%~48% occur in the head and Tongue (dorsal)neck region;</p> <p>Tongue is the most common site in the mouth. Peripheral: tongueIntraosseous: posterial mandible</p>	Mouth floor	<input type="checkbox"/>



# NEURILEMMOMA

	Neurilemoma	Our case	
Size	Few millimeters to several centimeters, but rarely becomes larger than 2 cm in diameter	2cm x 2cm	<input checked="" type="checkbox"/>
Color	normal	red	<input checked="" type="checkbox"/>
Shape	Pedunculated and Dome larger ones may be lobulated.	dome	<input checked="" type="checkbox"/>



# NEURILEMMOMA

	Neurilemmoma	Our case	
Base	sessile	sessile	<input checked="" type="checkbox"/>
Surface	normal	smooth	<input checked="" type="checkbox"/>
Consistency	soft	soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
Mobility	somewhat movable	fixed	<input type="checkbox"/>
Fluctuation	(-)	(-)	<input checked="" type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
	Usually asymptomatic, but tenderness and		<input checked="" type="checkbox"/>



# ALIVARY DUCT CYST

- ✖ It is a true developmental cyst that is lined by epithelium that is separate from the adjacent normal salivary ducts.
- ✖ It occurs predominantly within the parotid gland and the minor salivary glands that most frequently develop in the floor of the mouth, buccal mucosa, and lips.
- ✖ The course of such cysts is uncertain.
- ✖ Cysts usually occur in adults.
- ✖ It is slowly growing asymptomatic swellings

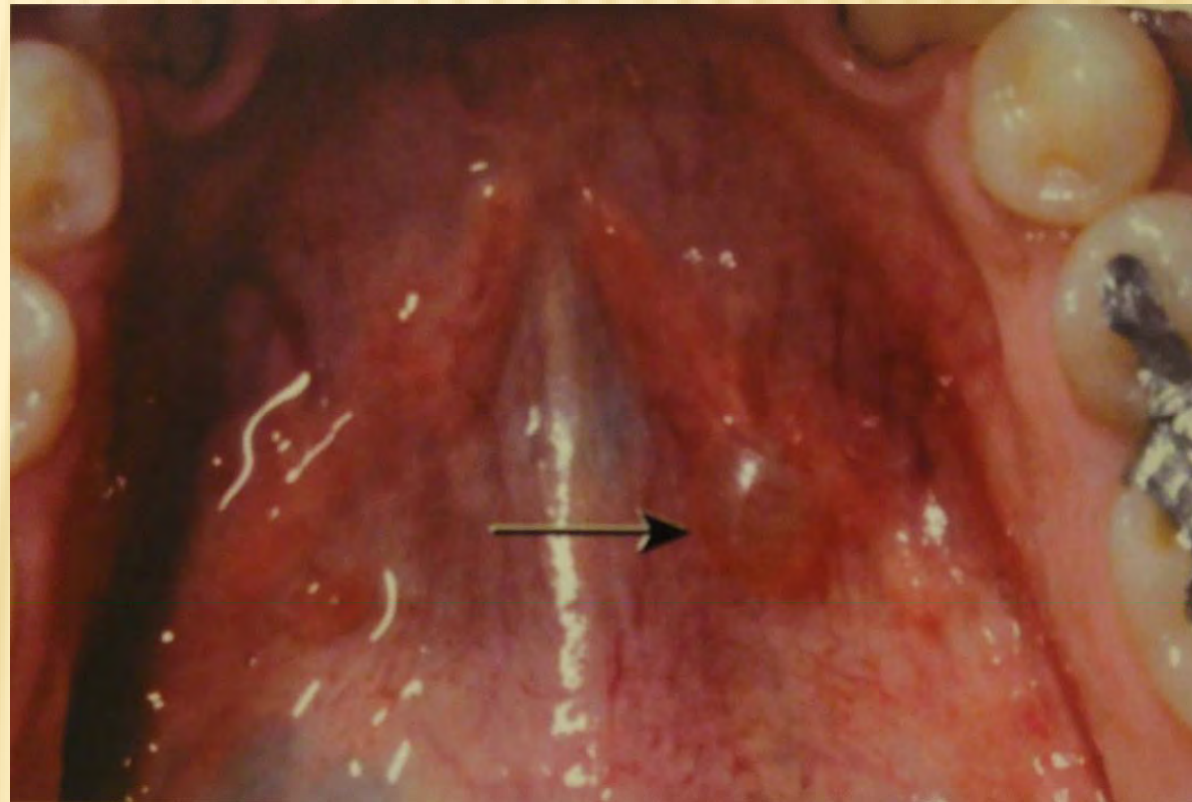


# ALIVARY DUCT CYST

Our case



Clinical appearance





# SALIVARY DUCT CYST

	salivary duct cyst	Our case	
Age	Adults(fifth decade)	34	<input type="checkbox"/>
Gender	no gender predilection	Male	<input checked="" type="checkbox"/>
Site	Major or minor gland (most in parotid gland)	Mouth floor	<input checked="" type="checkbox"/>
Size	variable	2*2 cm	<input checked="" type="checkbox"/>
Color	bluish	red	<input checked="" type="checkbox"/>
Shape	nodule	dome	<input checked="" type="checkbox"/>
Base	sessile	sessile	<input checked="" type="checkbox"/>
Surface	smooth	smooth	<input checked="" type="checkbox"/>



# SALIVARY DUCT CYST

	salivary duct cyst	Our case	
Consistency	Soft	soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
Mobility	fixed	fixed	<input checked="" type="checkbox"/>
Fluctuation	(+)	(-)	<input type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
Pain	(-)	(-)	<input checked="" type="checkbox"/>
others	Slowly growing, asymptomatic swelling	swelling	<input checked="" type="checkbox"/>



# DERMOID CYST

- ✖ Dermoid and epidermoid cysts are developmental anomalies. They are basically cystic teratomas, resulting primarily from trapped germinal epithelium.
- ✖ The floor of mouth is the most common area in the head and neck for the dermoid or epidermoid cyst. The cyst may be in the midline or located laterally.
- ✖ Age predilection for children and young adults. From 15 to 35 y/o.

# DERMOID CYST

- ✖ Dermoid and epidermoid cysts are non-tender and range in size from a relatively small lesion to a 10 x 5 x 5 cm mass.
- ✖ Dermoid cyst is usually not fixed to the surrounding tissue.
- ✖ Color varies, depending on its position and the thickness of overlying tissue, if the cyst is relatively superficial, it is yellow to white.
- ✖ The cyst varies in consistency from soft to firm; it may be fluctant and frequently is

# DERMOID CYST

Our case



Clinical appearance





# DERMOID CYST

	Dermoid cyst	Our case	
Age	Predilection for children and young adults, From 15 to 35 y/o.	34	<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
Gender	No predilection.	Male	
Site	The floor of mouth is the most common area in the head and neck. Most commonly occur in the midline of the floor of the mouth, occasionally are displaced laterally or	Mouth floor	<input checked="" type="checkbox"/>



# DERMOID CYST

	Dermoid cyst	Our case	
Color	Yellow to white.	Red	<input type="checkbox"/>
Shape	Dome	Dome	<input checked="" type="checkbox"/>
Base	Sessile.	Sessile	<input checked="" type="checkbox"/>
Surface	smooth	Smooth	<input checked="" type="checkbox"/>
Consistency	Varies from soft to firm. Doughy, rubbery or cheesy.	Soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
Mobility	Is usually not fixed to the surrounding tissue.	fixed	<input type="checkbox"/>



# DERMOID CYST

	Dermoid cyst	Our case	
Fluctuation	Maybe.	(-)	<input checked="" type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
Pain	(-)	(-)	<input checked="" type="checkbox"/>
others	Maybe slow growing or of sudden onset.	Slowly growing, asymptomatic swelling	<input checked="" type="checkbox"/>

# POMA

Benign tumor of fat

Lipomas are soft, smooth-surfaced nodular masses that can be sessile and pedunculated, and they are asymptomatic.

The color is yellow, deeper examples may appear pink.

Most are less than 3 cm in size.

Lesions are often detected at buccal mucosa and vestibular, rare at the tongue, floor of the mouth, and lips.



# POMA

Our case



Clinical appearance





# POMA

	Lipoma	Our case	
Age	>40 y/o	34	<input type="checkbox"/>
Gender	No specific in oral	Male	<input checked="" type="checkbox"/>
Site	Buccal mucous & vestibular, Rare in the tongue, mouth floor, and lips Rare in the tongue, mouth floor, and lips	Mouth floor	<input type="checkbox"/>
Size	<3cm	2*2 cm	<input checked="" type="checkbox"/>
Color	Yellow, but pink in deep	Red	<input checked="" type="checkbox"/>
Shape	Nodular mass	Dome	<input checked="" type="checkbox"/>
Base	Pedunculated or	Sessile	<input checked="" type="checkbox"/>



# POMA

	Lipoma	Our case	
Consistency	soft	soft	<input checked="" type="checkbox"/>
Tenderness	(-)	(-)	<input checked="" type="checkbox"/>
<b>Mobility</b>	<b>movable</b>	<b>fixed</b>	<input type="checkbox"/>
Fluctuation	(-)	(-)	<input checked="" type="checkbox"/>
Ulcer	(-)	(-)	<input checked="" type="checkbox"/>
Pain	(-)	(-)	<input checked="" type="checkbox"/>

# CLINICAL IMPRESSION

CLINICAL IMPRESSION



# **CLINICAL IMPRESSION**

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- 1.Neurofibroma**
- 2.Ranula**
- 3.Dermoid cyst**
- 4.Salivary duct cyst**
- 5.Neurilemmoma**
- 6.Lipoma**

# THANKS FOR YOUR ATTENTION!

