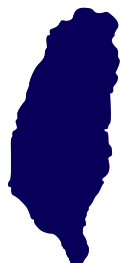
台灣口腔顎面外科學會雜誌 101年論文摘要 民國一○一年三月

台灣口腔顎面外科學會雜誌

中華民國101年3月10、11日

論文摘要

Published by R.O.C. Association of Oral and Maxillofacial Surgeons



Taiwan Journal of Oral and Maxillofacial Surgery

http: //www.aoms.org.tw
E-mail: aoms@aoms.org.tw

中華民國口腔顎面外科學會 出版

中華民國口腔顎面外科學會第十三屆第二次會員大會暨第二十四次學術研討會

節目表

地　點：中山醫學大學正心樓一樓112教室

展示時間：一〇一年三月十、十一日

活　動　內　容　一　覽　表

演　講

時間	三月十日
	主持人：高壽延
9:40	Managing Cleft Service and Education in Populous Country ARUMSARI, ASRI
10:20	Surgery First Orthognathic Approach with Vertical Ramus Osteotomy Young-Soo Jung
11:00	休息
11:20	主持人：張陽明
	口腔腫瘤綜合序列治療的上海經驗 張陳平
12:00	午餐
14:00	主持人：黃穰基
	Our Concept of Hospital Share based on International Medical Collaboration SETO Kanichi
14:40	Usefulness of two-stage surgery for benign odontogenic tumors showing large cystic, intraosseous lesions in the mandible KIMURA Hiroto
15:20	休息
16:00	主持人：賴聖宗
	Orthognathic Surgery in Japan: past, present and future SAITO Chikara
16:40	休息
17:00	會員大會
18:30	

時間	三月十一日
	主持人：陳中和
9:00	Functional oral rehabilitation in oral tumor patients SEKINE Joji
9:40	Twenty years observation of maxillary reconstruction using revascularized osteocutaneous flap and dental implant MATAGA Izumi
10:20	休息
10:40	主持人：黃振勳
	Ridge preservation or augmentation - the scaffold principle Victor Fan
11:20	Immediate implant placement: is it safe and predictable? 張燕清
12:00	午餐
14:00	主持人：陳信銘
	Implant rehablitation in surgically compromised alveolar ridge 高壽延
14:40	Esthetic Considerations of Implant Surgery 陳遠謙
15:20	休息
15:40	主持人：劉崇基
	Implant placed immediately through lateral trap-door window procedure to accomplish maxillary sinus elevation without bone graft 陳大為
16:20	Platform shifting-truth or myth 方致元
17:00	

中華民國口腔顎面外科學會第十三屆第二次會員大會暨第二十四次學術研討會

節目表

地　點：中山醫學大學正心樓二樓

展示時間：一〇一年三月十、十一日

活動內容一覽表

壁報貼示

時間	三月十、十一日		
9:00 開始	主持人：林冠州、羅金文		編號
	新式骨材：幾丁質/聚甘醇酸水膠可促進拔牙傷口之癒合	蔡怡欣	1
	沖洗液對超音波骨刀取得之自體骨的影響	林文仁	2
	姿勢與顳顎關節症候群相關性之研究	張婷菡	3
	以骨性埋伏齒進行自體齒移植重建前上顎齒列—病例報告	林涵威	4
	柯特威爾-路克氏手術不經下鼻道造口：50個病例回顧	黃于真	5
	上顎竇之含齒囊腫以及異位牙—病例報告	陳人瑄	6
	利用骨板做為骨性錨定來治療嚴重水平阻生第二大臼齒	許經偉	7
	以錐狀放射電腦斷層掃描(CBCT)協助先天性鎖骨及顱骨發育不全患者多發性贅生齒之手術移除—病例報告及文獻回顧	王俊傑	8
	另類植體周圍炎之治療—以蓄意齒再植進行植體周圍膿瘍之清創	梁光源	9
	44名患者接受不含骨移植之上顎竇增高術植入80根人工植體之五年長期追蹤研究	林依靜	10
	人工牙根植入鼻腔之醫源性疏忽	簡杏宜	11
	新式複合表面處理SAH技術對牙科植體骨整合之影響評估：動物試驗	張勝惟	12
	左側上顎粗隆區之化膿性肉芽腫—病例報告	陳可望	13
	以手術方式治療雙磷酸鹽類相關骨壞死之成果—23病例報告	陳畊仲	14
	與使用每年一劑zoledronic acid相關的顎骨壞死—兩個病例報告	楊曙亙	15
	糖尿病患者因克雷白氏肺炎菌感染造成左臉部蜂窩性組織炎—病例報告	林彥宏	16
	齒源性壞死性筋膜炎合併縱膈腔炎—病例報告	黃正鈞	17
	顏面神經麻痺—三病例報告	蔡百泰	18
	顏面部創傷後之三叉神經神經感覺失能—病例報告	蔣孟達	19
	鄉村地區顏面骨骨折特色與住院延長相關因子探討	張起華	20
	顎顏面骨折之治療經驗	曾建福	21
	右側顳顎關節頭脫位進入中顱窩—病例報告	陳癸菁	22
	復發性顳顎關節黏連之手術處理	顏明良	23
	經皮顴骨骨釘輔助顴上顎複合體骨折復位	王得方	24
	突發性顳顎關節窩內骨塊剝落—病例報告	邱日宥	25
	梭狀細胞脂肪瘤	陳睿妍	26

中華民國口腔顎面外科學會第十三屆第二次會員大會暨第二十四次學術研討會

節目表

地　點：中山醫學大學正心樓二樓
展示時間：一〇一年三月十、十一日

活　動　內　容　一　覽　表

壁　報　貼　示

時間：三月十、十一日

主持人：程稚盛、蔡樂霖

題目	作者	編號
疣狀黃瘤—病例報告	方家恩	27
下顎神經鞘瘤—病例報告	魏鈴穎	28
顎骨內造釉細胞瘤—病例報告	陳志僑	29
上顎侵犯眼眶底部造釉細胞瘤之切除與重建—病例報告	柳依青	30
Gardner's syndrome早期診斷：一個家族報告	葉崢嶸	31
下顎骨軟骨黏液樣纖維瘤—病例報告	吳吉祥	32
下顎造釉細胞瘤併發肺轉移—病例報告	傅康貴	33
發生於腮腺區的Castleman's disease—病例報告	陳建晟	34
貝克型肌肉萎縮症於上顎囊腫剜除後引發橫紋肌溶解及心跳停止—病例報告	洪孟豪	35
右下顎骨動靜脈畸形—病例報告	吳禕凡	36
左側下顎骨髁頭骨性脂肪瘤—病例報告	何祖銘	37
頦部肌肉內纖維脂肪瘤—病例報告	陳怡睿	38
下顎骨組織細胞增生症—病例報告	于　會	39
以舌唇黏合術治療有上呼吸道阻塞的皮爾羅賓氏症患者—兩個病例報告	呂明怡	40
年輕女性患有復發性骨內巨大細胞肉芽瘤—病例報告	張哲綸	41
左側下顎骨纖維性發育不良—病例報告	吳契璁	42
顎骨漿細胞肉芽腫—病例報告	邵子齡	43
兩側及復發性耳下腺淋巴樣乳頭囊狀腺瘤—兩病例報告	唐宗凡	44
以去頭皮除皺術切線進行耳前區腫瘤摘除術—病例報告	楊芊瑩	45
下顎單囊造釉母細胞瘤—病例報告	徐允中	46
咬合平面未明顯歪斜的顏面不對稱	陳登偉	47
中山醫學大學附設醫院口腔顎面外科正顎手術病例分析	彭芷瑜	48
正顎手術併發暫時性的顏面神經麻痺—病例報告	游竣傑	49
顏面不對稱病人的單純頦緣傾斜—22個病例研究	陳孟延	50
顎顏面手術術後骨化性肌炎—病例報告	粘炳樟	51

中華民國口腔顎面外科學會第十三屆第二次會員大會暨第二十四次學術研討會

節目表

地　點：中山醫學大學正心樓二樓
展示時間：一〇一年三月十、十一日

活動內容一覽表

壁報貼示

時間	三月十、十一日	
	主持人：陳俊明、蔣維凡	編號
	下顎根尖下截骨術及雙側下顎骨聯合旁截骨術術後疼痛度之比較　蘇昶瑋	52
	雙側下顎骨副骨聯合截骨術之失血量研究　林蔚庭	53
	雙自由皮瓣於頭頸癌切除後廣泛顏面缺損之應用　徐偉凱	54
	嘴角及唇部重建一病例報告　許文祥	55
	應用新式胸鎖乳突肌皮瓣在口底癌患者之重建　陳泓志	56
	舌根部鱗狀上皮細胞癌的術後重建　侯俊羽	57
	嚴重免疫低下病人口內同時二原發惡性腫瘤之處置一病例報告　沈炯志	58
	硼中子捕獲治療與復發性頭頸癌　黃弘昌	59
	5-氨基酮戊酸光動力療法為有效治療口腔疣狀癌的另類療法　何念恩	60
	顱底手術之顳下區腫瘤切除術一病例報告　楊方瑜	61
	原發性上顎瀰漫性大B細胞淋巴瘤一病例報告　黃金聲	62
	口腔中非霍奇金氏淋巴瘤一病例報告　何宗訓	63
	下顎骨漿細胞瘤一病例報告　莊函屏	64
	下顎骨間葉型軟骨肉瘤一病例報告　趙于華	65
	上顎部亮細胞瘤一病例報告　洪啟勛	66
	上顎無特殊性腺癌一病例報告　陳怡伶	67
	下肢滑液膜肉瘤之口內轉移一病例報告　蔡俊益	68
	口腔癌中癌幹細胞標記Oct4與Nanog的上升與其cisplatin化療抗藥性呈正相關　蔡樂霖	69
	雷公藤內酯醇抑制藥物抗性及提升化療與放療之效果　陳元武	70
	口腔癌與神經周圍侵犯及神經生長因子之關聯性　于恩浩	71
	經由營養介入提升頭頸癌病患營養狀況指標—體重及攝食量之比率　李俊瑩	72
	Rb藉由調控DNMT1之表現以維持間葉幹細胞於靜止狀態並避免其過早衰老　王　瑀	73
	探討HIF-1 alpha在口腔鱗狀上皮細胞癌，疣狀乳突增生之表現差異及其與血管增生因子(CD31，CD34和vWF)之比較　李立慈	74
	口腔癌患者血清中血小板衍生性生長因子AA之表現分析　王有宇	75
	年輕口腔癌一病例報告　許修銨	76

中華民國口腔顎面外科學會第十三屆第二次會員大會暨第二十四次學術研討會

節目表

地　點：中山醫學大學正心樓二樓
展示時間：一〇一年三月十、十一日

	活動內容一覽表	
	壁報貼示	
時間	三月十、十一日	
	主持人：柯政全、柯文昌	編號
	Effects of mouth opening exercises for masticatory muscle tendon-aponeurosis hyperplasia Noriyuki TAKASHI, Nobuo INOUE, Yasunori TOTSUKA	J-001
	The effect of concurrent chemoradiotherapy of the metastatic lymph node in advanced lower gingival carcinoma Y Ohiro, K Kuribayashi, Y Ashikaga, M Ono, K Tei, Y Totsuka	J-002
	MUC1 expression in squamous cell carcinoma of the tongue H. Itoh, Y. Jinbu, N. Miyagi, Y. Ohyatsu, T. Noguchi, M. Kusama, K. Tsukinoki	J-003
	Wound dressing method using polyglycolic acid sheet (PGA sheet) and fibrin glue spray for wound surfaces following oral tumor resection Norito Miyagi, Hiroto Itoh, Yasuhisa Shinozaki, Ryuji Nakayama Yoshiyuki Tsuchiya, Tadahide Noguchi, Yoshinori Jinbu, Mikio Kusama	J-004
	A case of prostatic carcinoma that metastasized to the mandible Yukio ohyatsu, Yoshinori Jinbu, Kei Kashimura, Norito miyagi, Kaoru Ikeda, Hiroto Itoh, Yoshiyuki Tsuchiya, Tadahide Noguchi, Mikio Kusama	J-005
	Does the swallowing function recover during the long-term in patients with surgically treated tongue carcinomas? Kanchu Tei, Noriyuki Sakakibara, Yutaka Yamazaki, Yoichi Ohiro, Mitsunobu Ono, Yasunori Totsuka	J-006
	A squamous cell carcinoma of the tongue dorsum Yasunori TOTSUKA, Mitsunobu ONO, Yoichi OHIRO, Kanchu TEI	J-007
	Reconstruction by pedicled fat-pad flap Sakuma Kaname, Akadomari Keita and Mataga Izumi	J-008
	Surgical treatment of accessory parotid gland tumors Akadomari Keita, Sakuma Kaname and Mataga Izumi	J-009
	A survey of surgical-orthodontic cases past a decade in the department of maxillofacial surgery of Tokyo medical and dental university K. KUROHARA, N. ARAI, K. NAKAKUKI, Y. NINAKA, M. HOSOKI, N. TOMOMATSU, Y. MICHI, M. SUZUKI, H. YOSHIMASU, T. AMAGASA and M. YAMASHIRO	J-010

目　錄

專題演講

Managing Cleft Service and Education in Populous Country ········· 1
Surgery First Orthognathic Approach with Vertical Ramus Osteotomy ········· 2
口腔腫瘤綜合序列治療的上海經驗 ········· 3
Our Concept of Hospital Share based on International Medical Collaboration ········· 4
Usefulness of two-stage surgery for benign odontogenic tumors showing large cystic, intraosseous lesions in the mandible ········· 5
Orthognathic Surgery in Japan: past, present and future ········· 7
Functional oral rehabilitation in oral tumor patients ········· 9
Twenty years observation of maxillary reconstruc-tion using revascularized osteocutaneous flap and dental implant ········· 10
Ridge preservation or augmentation - the scaffold principle ········· 11
Immediate implant placement: is it safe and predictable? ········· 12
Implant rehablitation in surgically compromised alveolar ridge ········· 13
Esthetic Considerations of Implant Surgery ········· 14
Implant placed immediately through lateral trap-door window procedure to accomplish maxillary sinus elevation without bone graft ········· 15
Platform shifting-truth or myth ········· 16

貼示論文報告

001　新式骨材：幾丁質/聚甘醇酸水膠可促進拔牙傷口之癒合 ········· 17
002　沖洗液對超音波骨刀取得之自體骨的影響 ········· 18
003　姿勢與顳顎關節症候群相關性之研究 ········· 19
004　以骨性埋伏齒進行自體齒移植重建前上顎齒列—病例報告 ········· 20
005　柯特威爾-路克氏手術不經下鼻道造口：50個病例回顧 ········· 21
006　上顎竇之含齒囊腫以及異位牙—病例報告 ········· 22
007　利用骨板做為骨性錨定來治療嚴重水平阻生第二大臼齒 ········· 23
008　以錐狀放射電腦斷層掃描(CBCT)協助先天性鎖骨及顱骨發育不全患者多發性贅生齒之手術移除—病例報告及文獻回顧 ········· 24
009　另類植體周圍炎之治療—以蓄意齒再植進行植體周圍膿瘍之清創 ········· 25
010　44名患者接受不含骨移植之上顎竇增高術植入80根人工植體之五年長期追蹤研究 ········· 26

011　人工牙根植入鼻腔之醫源性疏忽……………………………………………………………27
012　新式複合表面處理SAH技術對牙科植體骨整合之影響評估：動物試驗……………28
013　左側上顎粗隆區之化膿性肉芽腫—病例報告……………………………………………29
014　以手術方式治療雙磷酸鹽類相關骨壞死之成果—23病例報告………………………30
015　與使用每年一劑zoledronic acid相關的顎骨壞死—兩個病例報告……………………31
016　糖尿病患者因克雷白氏肺炎菌感染造成左臉部蜂窩性組織炎—病例報告…………32
017　齒源性壞死性筋膜炎合併縱膈腔炎—病例報告…………………………………………33
018　顏面神經麻痺—三病例報告…………………………………………………………………34
019　顏面部創傷後之三叉神經神經感覺失能—病例報告……………………………………35
020　鄉村地區顏面骨骨折特色與住院延長相關因子探討……………………………………36
021　顎顏面骨折之治療經驗…………………………………………………………………………37
022　右側顳顎關節頭脫位進入中顱窩—病例報告……………………………………………38
023　復發性顳顎關節黏連之手術處理……………………………………………………………39
024　經皮顴骨骨釘輔助顴上顎複合體骨折復位…………………………………………………40
025　突發性顳顎關節窩內骨塊剝落—病例報告…………………………………………………41
026　梭狀細胞脂肪瘤……………………………………………………………………………………42
027　疣狀黃瘤—病例報告………………………………………………………………………………43
028　下顎神經鞘瘤—病例報告…………………………………………………………………………44
029　顎骨內造釉細胞瘤—病例報告……………………………………………………………………45
030　上顎侵犯眼眶底部造釉細胞瘤之切除與重建—病例報告………………………………46
031　Gardner's syndrome早期診斷：一個家族報告……………………………………………47
032　下顎骨軟骨黏液樣纖維瘤—病例報告…………………………………………………………48
033　下顎造釉細胞瘤併發肺轉移—病例報告………………………………………………………49
034　發生於腮腺區的Castleman's disease—病例報告……………………………………………50
035　貝克型肌肉萎縮症於上顎囊腫剜除後引發橫紋肌溶解及心跳停止—病例報告……51
036　右下顎骨動靜脈畸形—病例報告…………………………………………………………………52
037　左側下顎骨髁頭骨性脂肪瘤—病例報告………………………………………………………53
038　頦部肌肉內纖維脂肪瘤—病例報告……………………………………………………………54
039　下顎骨組織細胞增生症—病例報告……………………………………………………………55
040　以舌唇黏合術治療有上呼吸道阻塞的皮爾羅賓氏症患者—兩個病例報告…………56
041　年輕女性患有復發性骨內巨大細胞肉芽瘤—病例報告…………………………………57
042　左側下顎骨纖維性發育不良—病例報告………………………………………………………58
043　顎骨漿細胞肉芽腫—病例報告……………………………………………………………………59

044 兩側及復發性耳下腺淋巴樣乳頭囊狀腺瘤一兩病例報告……………………………60
045 以去頭皮除皺術切線進行耳前區腫瘤摘除術一病例報告……………………………61
046 下顎單囊造釉母細胞瘤一病例報告………………………………………………62
047 咬合平面未明顯歪斜的顏面不對稱………………………………………………63
048 中山醫學大學附設醫院口腔顎面外科正顎手術病例分析……………………………64
049 正顎手術併發暫時性的顏面神經麻痺一病例報告…………………………………65
050 顏面不對稱病人的單純頦緣傾斜一22個病例研究…………………………………66
051 顎顏面手術術後骨化性肌炎一病例報告……………………………………………67
052 下顎根尖下截骨術及雙側下顎骨聯合旁截骨術術後疼痛度之比較…………………68
053 雙側下顎骨副骨聯合截骨術之失血量研究…………………………………………69
054 雙自由皮瓣於頭頸癌切除後廣泛顏面缺損之應用…………………………………70
055 嘴角及唇部重建一病例報告………………………………………………………71
056 應用新式胸鎖乳突肌皮瓣在口底癌患者之重建……………………………………72
057 舌根部鱗狀上皮細胞癌的術後重建…………………………………………………73
058 嚴重免疫低下病人口內同時二原發惡性腫瘤之處置一病例報告……………………74
059 硼中子捕獲治療與復發性頭頸癌……………………………………………………75
060 5-氨基酮戊酸光動力療法為有效治療口腔疣狀癌的另類療法………………………76
061 顱底手術之顳下區腫瘤切除術一病例報告……………………………………………77
062 原發性上顎瀰漫性大B細胞淋巴瘤一病例報告………………………………………78
063 口腔中非霍奇金氏淋巴瘤一病例報告…………………………………………………79
064 下顎骨漿細胞瘤一病例報告……………………………………………………………80
065 下顎骨間葉型軟骨肉瘤一病例報告……………………………………………………81
066 上顎部亮細胞瘤一病例報告……………………………………………………………82
067 上顎無特殊性腺癌一病例報告…………………………………………………………83
068 下肢滑液膜肉瘤之口內轉移一病例報告………………………………………………84
069 口腔癌中癌幹細胞標記Oct4與Nanog的上升與其cisplatin化療抗藥性呈正相關……85
070 雷公藤內酯醇抑制藥物抗性及提升化療與放療之效果…………………………………86
071 口腔癌與神經周圍侵犯及神經生長因子之關聯性………………………………………87
072 經由營養介入提升頭頸癌病患營養狀況指標一體重及攝食量之比率…………………88
073 Rb藉由調控DNMT1之表現以維持間葉幹細胞於靜止狀態並避免其過早衰老……89
074 探討HIF-1 alpha在口腔鱗狀上皮細胞癌，疣狀乳突增生之表現差異及其與血管增生因子(CD31，CD34和vWF)之比較………………………………………………90
075 口腔癌患者血清中血小板衍生性生長因子AA之表現分析……………………………91

076　年輕口腔癌一病例報告……………………………………………………………………92

J-001 Effects of mouth opening exercises for masticatory muscle tendon-aponeurosis hyperplasia ……………………………………………………………………………………………93

J-002 The effect of concurrent chemoradiotherapy of the metastatic lymph node in advanced lower gingival carcinoma……………………………………………………………………………94

J-003 MUC1 expression in squamous cell carcinoma of the tongue…………………………………95

J-004 Wound dressing method using polyglycolic acid sheet (PGA sheet) and fibrin glue spray for wound surfaces following oral tumor resection………………………………………………96

J-005 A case of prostatic carcinoma that metastasized to the mandible……………………………97

J-006 Does the swallowing function recover during the long-term in patients with surgically treated tongue carcinomas?…………………………………………………………………………98

J-007 A squamous cell carcinoma of the tongue dorsum……………………………………………99

J-008 Reconstruction by pedicled fat-pad flap…………………………………………………………100

J-009 Surgical treatment of accessory parotid gland tumors…………………………………………101

J-010 A survey of surgical-orthodontic cases past a decade in the department of maxillofacial surgery of Tokyo medical and dental university…………………………………………………102

專題演講

專題演講001

Managing cleft service and education in populous country

Asri Arumsari

Dr. Hasan Sadikin Hospital / Faculty of Dentistry - Pajajaran University / Indonesian Cleft Foundation

The Basic problems of populous country as Indonesia in the term of cleft lip and palate are the quantity of the patients and the geographic spread of Indonesian islands. To overcome the problems, the Indonesian Cleft centre serve as a body that build a mobile cleft team and managing the funding of its operation. The centre has 3 pillars, Indonesian Cleft Foundation, Oral and Maxillofacial Surgery Department- Faculty of Dentistry, Pajajaran University and Dr. Hasan Sadikin Hospital. The mobile cleft team has served for 33 years and more than 13.000 surgeries and the issue of the surgery quality never been dismissed.

The trainees are the member of the team. Along with the education part are the issue of the transfer of knowledge and skills processes and the quality of the surgeries quality as all other cases. The method of the unilateral cleft lip labioplasty are Tennision and Millard, bilateral cleft surgery done by straight-line technique, and the method for palatoplasty is push-back flaps.

Assessment of surgeries result done every month to evaluate the result. The study of Evaluation the post-labioplasty result according to the comprehensive assessment performed by Indonesian Cleft Center team, has been done to revealed the quality of the surgeries in each type of cleft lip. Assessment to the surgeries result done by the trainees, bilateral cleft surgeries assessment gave a better result compare to the unilateral cleft surgeries. This result contrary to the level of difficulty of the case.

Key words : cleft lip, cleft palate, education.

Surgery first orthognathic approach with vertical ramus osteotomy

Young-Soo Jung, DDS, MSD, PhD

Dept. of OMFS, College of Dentistry, Yonsei University, Seoul, Korea

The orthognathic surgery followed by post-surgical orthodontics without pre-surgical orthodontic treatment known as surgery-first approach (SFA) is being performed nowadays.

The SFA has been previously described in the literature as a surgical technique with LeFort I osteotomy and sagittal split ramus osteotomy (SSRO), which helps maintaining post-operative occlusion with rigid fixation.

However, patients with temporomandibular joint disorder (TMD) are better candidates for intraoral vertical ramus osteotomy (IVRO) surgical technique instead of SSRO.

I am reporting cases with excellent surgical outcomes and resolution of TMD symptoms on patients with mandibular prognathism via SFA utilizing IVRO technique.

專題演講003

口腔腫瘤綜合序列治療的上海經驗

Comprehensive and Sequential Therapy for Oral Malignancies--in Shanghai Ninth People's Hospital

張陳平(Chenping ZHANG)

Department of Oral and Maxillofacial Surgery, Shanghai Ninth Peoples Hospital, Shanghai Jiaotong University
Shanghai (200011), China

Oral malignancies still remained significant health problems worldwide. The 5-years relative rate was 47.7% of oral cancer according to NCDB reports. Successful management of oral malignancies required a cooperative or multidisciplinary approach strongly evidence based, ordered rather than randomized, among a broad group of medical disciplines including head and neck surgery, radiation oncology, chemotherapy, molecular targeted therapy and so on.

Radical surgery with our new concept of "Compartment Resection", dominated the treatment regimes. This surgical method could greatly increase the cure rate of the tumor, significantly reduced the recurrence rate, of which core content was to emphasize resection of the starting and ending point or of involved muscle or metaphysis of involved bone with oral complex anatomy. Different sites of the oral cancer had own characteristics. For example, oral cancer in the anatomical sites upon the rima-oris was not easy to complete en-bloc resection of primary tumor and regional lymph nodes, in general, neck dissection should be made after primary tumor resection for the second stage; oral cancer in anatomical sites below the rima-oris was generally advocated for en-bloc resection of the primary tumor - (mandible) - the neck in one-stage.

Radiation therapy was strongly suggested to the patients with advanced-staged tumor. Chemotherapy focused on systemic treatment including induction and post-operative adjuvant chemotherapy. Molecular targeted therapy was the latest hot research. EAGLE research of the role of neo-adjuvant Cetuximab -based chemotherapy followed by surgery and radiotherapy for locally advanced oral/oropharnygeal cancer was in process in our hospital.

Soft and hard tissue reconstruction was indispensable for radical resection. Free flap reconstruction was prior in large and complex defect which included forearm flap, latissimus dorsi myocutaneous flap, pectoralis major myocutaneous flap (PMMF), anterial lateral thigh flap and lateral arm flap, et al. Meanwhile, hard free flaps consisted of fibular myocutaneous flap, iliac myocutaneous flap and scapula myocutaneous flap. The successful rate increased from 92% in 1980's to 98.5% nowadays, 96.8% in average.

Rehabilitation was a continuation of the treatment, including open- mouth training, speech training, swallowing training and other funct -ional training. Rehabilitation and regular follow-up should be subject to the attention of doctors and patients.

Our concept of hospital share based on international medical collaboration

Kanichi Seto*, Kazuo Watanabe**

*Director: International Medical Center, *Chairman: Oral Cancer Center
**President, CEO
Southern Tohoku General Hospital, Koriyama, Japan

This is aimed to modify the concept of so called "Medical Tourism" based on sightseeing business to "Hospital Sharing based on Medical Collaboration." Recent development and diversification of Medical Science and Skills are more than remarkable with accelerating speed. Now it is impossible for one hospital to be equipped with every new diagnostic and treatment system. On the other hand patients are demanding higher medical quality increasingly. For bridging these gaps there might be no solution but to share the function of advanced hospitals beyond the border.

Hospital Sharing could be formed on condition of the close cooperation between concerned hospitals including interchange of medical staffs. Then the patient could be referred for the purpose of diagnosis or treatment after the discussion between specialists of both hospitals. The patient should be followed up at the original hospital after treatment.

We have just started this new system last year and concluded MOU with highly advanced hospitals in Shanghai, Moscow, Brunei, India and Saudi Arabia.

One of the main advantages of our hospital is the Proton Therapy for cancer patient. We have treated more than thousand cancer patients with good results in two and half years. 40% of indicated patients are Head and Neck Cancer. It is very effective for Oral Cancer especially in conjunction with super selective intra-arterial chemo-radiotherapy.

Japanese government decided to establish BNCT (Boron Neutron Capture Therapy) system in our institute first in the world. This is the newest cell specific irradiation system focused on the recurrent cancer. On this matter it would be talked as a topic in my presentation.

On behalf of Japanese Academy of Maxillofacial Implants I am now promoting to issue an International Personal Document for a patient to be consulted to second Dentist. Hopefully Taiwan Association of OMS would take part in this action.

Any way all these new movement for medical and dental internationalization should be supported by governmental policy of each core country.

専題演講005

Usefulness of two-stage surgery for benign odontogenic tumors showing large cystic, intraosseous lesions in the mandible

Hiroto KIMURA, DDS, PhD

Department of Dentistry and Oral Surgery, Hirosaki University Graduate School of Medicine

Benign odontogenic tumors are found exclusively within the maxillofacial skeleton. We have often encountered large cystic cases of the unicystic ameloblastoma and keratocystic odontogenic tumor (KCOT), because both lesions show slow expansive growth with slight subjective symptoms and spread slowly by infiltration through the intraosseous spaces and erode cortical bone. According to the report of epidemiological study on odontogenic tumors in Japan from 1995 to 2004, ameloblastoma were 1,460 cases (28.3%) and KCOT were 1,258 cases (24.4%) among 5,151 cases of benign odontogenic tumor.

As well known, the objectives of the surgical management of those tumors are the eradication of the lesion, preservation of normal tissue to the extent possible, and restoration of significant tissue loss, form, and function. Recently, some surgeons and pathologists emphasized that the most curative and optimal treatment for the ameloblastoma and/or KCOT was primary resection in the form of segmental or marginal resection. They also recommended that a safety margin of uninvolved bone was approximately 1 to 1.5 cm for cystic lesions, because both lesions were recognized to be invasive and aggressive neoplasms. All surgeons may agree that the surgical procedure should be sufficient to the need, however, in many instances there is disagreement among surgeons and patients about the "conservative" or "radical" surgical approaches to treatment. Therefore, it is clear that great controversy exists regarding the optimal treatment of the ameloblastoma and KCOT.

Indeed surgical method for large tumors in the mandible is segmental resection of jaw with constant safety margin, but such radical operation sacrifice the fundamental function of jaws to result in aesthetic obstruction for patients. Moreover, ameloblastoma and KCOT in the mandible usually occur in adolescent, teenagers, and young adults. Therefore, fenestration technique or marsupialization technique have been often indicated to preserve the masticatory function and to avoid aesthetic damage by radical surgery accompanied with skin incision. In selected cases, two-stage surgical technique of fenestration (decompression) and then total enucleation proved to be a very promising treatment option. The two-stage surgery has been used with very good results, because this technique is significant in reducing the size of cystic lesions as well as in expecting regeneration of the bone surrounding tumors, therefore, it becomes easier to enucleate and to avoid large resection of the mandible. In general, the criteria to decide the treatment procedure is depend on mainly four factors ; size of tumor, radiographical findings, age of patient, and histological classification. Especially in

the cases of unicystic ameloblastoma, pathohistological variant classification of luminant type or mural type is crucial to the optimal treatment.

The purpose of this lecture is to discuss providing support for primary curative surgical management of the large cystic lesion of ameloblastoma and KCOT. Two-stage surgery by fenestration and then total enucleation is considerably useful for large unicystic ameloblastoma and KCOT in the mandible. The treatment modalities for large cystic, intraosseous odontogenic tumor should not be selected by surgeons' self-satisfaction but by patiens' QOL with fully informed consent.

專題演講006

Orthognathic surgery in Japan: past, present and future

Prof. SAITO Chikara, D.D.S., Ph.D.

Division of Reconstructive Surgery for Oral & Maxillofacial Region, Department of Tissue Regeneration & Reconstruction, Course for Oral Life Science, Niigata University Graduate School of Medical and Dental Sciences

Recently, there have been remarkable developments in the treatment of jaw deformities. Nowadays, surgical correction of jaw deformities is performed at maxillofacial surgery clinics throughout Japan. This lecture describes the history of surgical treatment for correction of jaw deformities in Japan. In the 1940s, Kostecka method for mandibular protrusion was introduced by Heizo Nakamura(1894-1980) who was a professor of Tokyo Medical and Dental University. Then, the sagittal splitting method of the mandibular rami for treatment of mandibular prognathism was introduced by Shojiro Takahashi (1924-2007), who was a professor of Tokyo Denntal College, and the results of the first and second cases treated using this method was reported in 1969. Then, orthognathic surgery as a historical background, the development by Prof3ssor Hugo Lorenz Obwegeser (1920-) of sagittal splitting of the mandibular rami and LeFort I maxillary osteotomy, which are among the most important procedures in modern orthognathic surgery, are introduced. The factors that have influenced the development of the treatment of jaw deformities in Japan are considered,.

A survey of the current status of the treatment of jaw deformities in Japan was carried out. Cards requesting participation in the survey were sent to the members of the Japanese Society for Jaw Demormities (JSJD) and 189 facilities (89 clinics of oral and maxillofacial surgery, three clinics of plastic and reconstructive surgery and 97 orthodontic clinics) answered the questionnaire on the homepage of the JSJD. The Number of patients who received orthognathic surgeries for jaw deformities between April 2006 and March 2007 in 92 clinics of oral and maxillofacial surgery (OMFS) or plastic and reconstructive surgery was 2,926. Regarding the clinical diagnosis the number of patients with mandibular protrusion with/ without open bite and/ or asymmetry was 1977 accounting for 68% of all patients. Regarding surgical techniques, bilateral sagittal split osteotomy (BSSO, 2,069 cases) was most frequent, accounting for 71%, followed by LeFort I osteotomy in 787cases (27%). Intraoral vertical ramus osteotomy. Alveolar osteotomy, genioplasty, distraction osteogenesis and other surgical types were applied in 370 cases (13%), 191 cases (7%), 318 cases (11%), 77 cases (2.6%) and 77 cases (2.6%), respectively. Riged or semi-rigid osteosynthesis systems were used in almost all facilities. The average duration of preoperative orthodontic treatment in non-extraction cases and extraction cases was 13and 18 montha, respectively, and the average duration of postoperative orthodontic treatment was 11 month. The average operation time was 163 minutes and amount of bleeding was 203 ml in BSSO, and those in two jaw surgery were 285 minuets and 512 ml respectively. There was significant correlation between operation

time and blood loss in BSSO and two jaw surgery. Theaverage duration of hospital stay in mandibular osteotomy cases and two jaw surgery cases was 15 and 17days, respecitively. Intermaxillary fixation in cases using a metal osteosynthesis system those using a bioresorbable osteosynthesis system were done in 67 and 29 clinics, respectively, and the respective average duration of intermaxillary fixations was 10 and 11days. Orthognathic surgery continues to evolve but still relies on a careful aesthetic analysis on which depends the surgical indications. This will be demonstrated with the example of four cases: an isolated maxillary surgery, a mandibular surgery associated with an harmonization by chin-surgery, two simultaneous maxillo-mandibular osteotomies (a Class II asymmetric and an important Class III).

I think that the new surgical method for the jaw deformity will not be developed. In the future, safer orthognathic surgery, computer-aided orthognathic surgery, standardization of the three-dimensional cephalogram, psychological and psychosocial evaluation, gene identification of the maxillofacial deformities and prevention of jaw deformities will become increasingly important at the treatment of jaw deformities.

專題演講007

Functional oral rehabilitation in oral tumor patients

Joji George Sekine, D.D.S., Ph.D.

Department of Oral and Maxillofacial Surgery, Shimane University Faculty of Medicine

Most mandibular discontinuity defects result from cancer surgery. The goal of reconstructive surgery is to restore mandibular function as well as to normalize facial esthetics. In the past, patients who underwent reconstruction of mandibular continuity were left without dentition or were rehabilitated with removable dentures. Unfortunately, the functional and esthetic results were often poor due to unfavorable intraoral anatomy, even when reconstruction was attempted. After anatomical reconstruction using a bone transplant, functional rehabilitation can be achieved with an implant-supported fixed prosthesis.

The present paper describes the functional oral rehabilitation in 21 oral tumor patients using osseointegrated implants as well as extrusion of impacted teeth. Primary lesions were 11 benign (ameloblastoma and ossifying fibroma) and 10 malignant tumors (squamous cell carcinoma and mucoepidermoid carcinoma). Bone defect was reconstructed by free or vascularized bone grafting or distraction osteogenesis at the same timing or following tumorectomy. Soft tissue defect was also did by pedicled or free flap at the same timing of the primary surgery. Fixtures were placed in the grafted or augmented bone, and abutments were connected 6 to 9 months later together with vestibuloplasty. Mucosal grafts were used to replace the skin flap around abutments. In 2 benign cases, impacted teeth were extruded using orthodontic technique following tumorectomy.

All implants survived during 2 to 17 years' follow-up after loading. In 3 patients, inflammation around the abutment was observed after abutment connection. Inflammatory hyperplasia of the palatal mucosa was treated by CO_2 laser ablation, which resulted in mucosal contraction. In one patient, revision surgery including vestibuloplasty and palatal mucosal grafting was performed with the patient's informed consent because inflammatory hypergrowth of the mucosa around the abutment had persisted for a year in spite of CO_2 laser ablation.

Quality of life, defined as efficiency in chewing, swallowing and speaking, was found to be satisfactory in all present patients. Though we believe that implant therapy as a part of ablative cancer surgery would greatly contribute to oral rehabilitation in oral tumor patients, impacted teeth would also be available for oral rehabilitation in benign cases.

專題演講008

Twenty years observation of maxillary reconstruction using revascularized osteocutaneous flap and dental implant

MATAGA Izumi, DDS, PhD.

Department of Oral and Maxillofacial Surgery, School of Life Dentistry at Niigata, The Nippon Dental University, 1-8, Hamaura-cho, Chuo-ku, Niigata, 951-8580, JAPAN

Reconstruction of the maxillary bony and soft tissue defects are well known as a challenge in oncologic field. Revascularized osteocuteneous flaps are one of these reconstructive tools and dental implant is easily placed in this bone because no bone resorption is one of big benefits in this manner. We have introduced this procedures scince 1985 and in maxillary reconstruction since 1992. In this series,a case of representative patient who was reconstructed maxilla will be introduced. Patient was 59-y.o., female, visited us for her maxillary anterior gingival tumor with ulcer (T3N0M0).

Biopsy speciemen showed squamous cell carcinoma in April, 1992 and partial maxillectomy according to Le-Fort I ostectomy was performed. Even though prosthesis was fabricated but patient felt unsatisfuction by the leakage of air and water through naso-oral defect. Based on this reason, maxillary reconstruction using revascularized fibular osteoseptocutaneous flap was designed, two island cutaneous paddles; 9 cm fibula in length was harvested, two osteotomies were performed to reform the maxillar arch. Titaneum-mini-plates for the fixation were used between fibula and residual maxillary bone, and 4 endosseous implants were installed in fibula directly. End to end anastomoses between peroneal artery /vein and facial artery/vein through buccal tunnel. Result of this reconstruction was completely succeeded. Removable denture was fabricated with milling bar attachment. She is enjoying not only cosmetics but also regular life styles such as mastication, phonetics and swallowing. No bone resorption and hyperplasia around implant are observed under 20 years function.

Ridge preservation or augmentation – the scaffold principle

Dr Victor Fan Tai Weng

Senior Consultant Surgeon, Oral and Maxillofacial Surgery, National University Hospital Singapore
Assistant Professor, Faculty of Dentistry, National University of Singapore

Bone is a precious commodity in implant dentistry and the search for the perfect regeneration continues to excite osteology research in the academic world. The basic concepts and clinical applications of bone grafting and bioscaffolding are discussed in this presentation.

拔牙後立即植牙:它安全可靠嗎?
Immediate implant placement: is it safe and predictable ?

張燕清(Chang Y C)

三軍總醫院與台北慈濟醫院 口腔顎面外科兼任主治醫師

拔牙後之植牙，因考量到軟硬組織癒合程度而有不同之植入時機，其中立即植牙可縮短不少治療時間，此優點對醫師與患者具有莫大的吸引力。但有些立即植牙在一段時間後呈現牙齦萎縮或齒槽骨吸收現象，為降低此風險，必須慎選病例與遵循原則，否則會影響到骨整合與美觀。當四周骨壁完整、傷口沒有感染、初步穩定性佳、且植體與骨壁間之縫隙較小時，是立即植牙的適當時機。當條件不理想時，則需視病患傷口之狀況與自身重建能力，決定是否可作立即植牙。本演講重點即在針對條件不理想時，應有之考量與因應，來選擇適當之治療計畫。

人工植牙之生物醫學及一般手術原則與牙床骨軟硬組織極度不良患者之人工植牙及口腔贗復簡介
Implant rehablitation in surgically compromised alveolar ridge

高壽延(Shou-Yen Kao)

台北榮總口腔醫學部

本次主題先敘述一般生物學基礎與手術原則再針對特殊條件下之患者與論證。例如自然的嚴重骨吸收、嚴重車禍外傷後以及口腔腫瘤手術切除部分顎骨之患者牙床骨軟硬組織條件不良，他們的口腔環境常有牙床高度不足及軟組織條件不良的情形出現；經過適當篩選高度合作的患者仍然可以用精巧的手術方式來重建牙床以改善口腔環境，有如『逢山開路，遇水架橋』，經過治療後，最後患者還是有機會獲得人工植牙、贗復重建之機會。但是長期的穩定性與成功卻有賴定期口腔衛生的維護。

人工植牙是一新興的必須以手術植入人工牙根配合假牙製作的方式，也是一種高級又昂貴的治療。其成功的要件在於正確的診斷與治療，及患者充分的配合。人工牙根在口腔中一如自己的牙齒，在植入後更須小心細膩的清潔與照顧才得以保留的長久。根據我們以往的經驗也陸續發表了十餘篇刊登在國內外知名期刊有關人工植牙的文章及手術技術上的改良，相信未來此項技術能造福更多牙床骨軟硬組織不良條件的患者。

植牙手術的美觀考量
Esthetic considerations of implant surgery

陳遠謙(Michael Yuanchien Chen)

中國醫藥大學附設醫院-口腔顎面外科
Division of Oral and Maxillofacial Surgery, Taichung China Medical University Hospital

當骨整合(osseointegration)已經不再是問題的時代，便表示植牙醫生必須能夠同時呼應或符合病人在口腔功能與美觀上的雙重期待；而傳統植牙美觀區的範圍或定義也因此必須有所修正，它絕不再只是侷限於上顎六顆前牙，因為有些人於開懷大笑時，連第一大臼齒都看得到！甚至有人會於私下掀開自己的唇頰，欣賞一下所費不貲的植牙成果，這樣的舉動實屬人之常情，我們沒有任何理由來抱怨這類型的病人是在吹毛求疵！此外，口腔顎面外科醫師亦常遭遇顎顏面外傷或腫瘤手術後，導致程度不一的口腔內軟硬組織缺損，尤以發生於上顎美觀區的植牙重建更具難度與挑戰性。

爰此，植牙前仔細的評估與不厭其煩的解說、溝通，無庸置疑會是治療成敗的關鍵，尤其當病人的選擇是固定式的植牙補綴。除了傳統的二維影像，應把Cone Beam Computed Tomography (CBCT)列為植牙前必備之檢查，而且一定要戴著影像導引板(radiographic guide)做掃描，才能提供術者掌握理想的牙根植入角度和位置，並能評估該處齒槽骨不足的程度及骨缺損的特性；其次，應仔細觀察並以照相或錄影方式，紀錄患者臉部各個角度（包括唇鼻角、鼻翼寬度）、笑容時露齒及露齦的程度及範圍；也要注意植牙區的軟組織條件(如：顏色、角化牙齦帶、繫帶位置)、上下顎間關係(inter-arch relationship)、咬合面是否傾斜、鄰近牙齒的外形與大小…等。最後羅列出問題所在，一一找出可行又不會互相牴觸之解決方案，再向病人及家屬詳細說明。筆者將用臨床實例呈現重建過程，以與口外及植牙界同仁經驗分享。

側方開窗合併立即植牙而無須補骨之上顎竇提升術

Implant placed immediately through lateral trap-door window procedure to accomplish maxillary sinus elevation without bone graft

陳大為(Chen Ta-Wei)

國立陽明大學牙醫學系

本次報告係由單純上顎竇提升術無補骨合併立即植牙的經驗，來探討骨引導再生理論運用在上顎竇提升術。在過去八年的臨床追蹤結果已證實單純上顎竇提升術的高成功率及可預期性，在沒有放置骨移植材料的狀況下，空間的創造及維持是上顎竇內骨頭再生的關鍵。空間的創造來自於謹慎及充分的剝離上顎竇黏膜，並利用植體撐住空間以容許骨細胞長入；而植體的穩定支撐則來自於殘留骨脊高度，此空間的高度及上顎竇的寬度會決定新骨頭再生所須時間。報告中並將討論可能影響骨再生的因素：包括上顎竇黏膜破裂，上顎竇內壓力的影響，側面開窗的覆蓋與否，以及上顎竇感染等。

Platform shifting-truth or myth

方致元(Fang Chih-Yuan)

萬芳醫學中心口腔顎面外科

Platform shifting(或platform switching)是近年來植牙科學界中的熱門話題。Platform shifting指的是以直徑較小的支台齒裝載在人工牙根上以形成生物空間，臨床醫師及研究者皆認為這個生物空間可以有效減少植體周圍骨頭的萎縮，但是骨頭萎縮量減少的原因及機轉為何，則仍眾說紛紜。本演講將回顧臨床病例、相關臨床文獻及回朔性研究分析，針對Platform shifting對植牙成功率、存活率及其臨床影響進行分析。

貼示論文報告

新式骨材：幾丁質/聚甘醇酸水膠可促進拔牙傷口之癒合

A novel bone substitute: chitosan/γPGA hydrogel can promote wound healing of extraction socket

蔡怡欣▲(Tsai Y S)　章浩宏(Chang H H)　林俊彬(Lin C P)
郭生興(Kok S H)　李正喆(Lee J J)

臺大醫院口腔顎面外科

Although many bone substitutes have been proposed, so far there still lacks of well accepted bone substitutes with satisfactory and predicted results. Chitosan/ γ PGA Hydrogel is a chitosan based toxicity free degradable copolymer with antibacterial action and good biocompatibility which may be used as a potential bone substitute. The purpose of this study was to evaluate ability of chitosan/ γ PGA Hydrogel by radiographic and histological examination in promoting socket healing base on animal test. Thirty-two female Winstar rats with their bilateral upper incisors removed were used in this investigation. Three control groups (No implant insertion, spongostan and chitosan only) and one experiment group (chitosan/ γ PGA Hydrogel) at four different time points was randomized distributed in sixty-four extraction sockets. The rats were sacrificed later at the time points of 1, 2 ,4, 6 weeks as scheduled for further radiographic and histological evaluations. The results showed that chitosan/ γ PGA Hydrogel can accelerate bone healing more than the other 3 groups. It seems that Chitosan/ γ PGA Hydrogel may be a potential bone substitute for extraction socket.

沖洗液對超音波骨刀取得之自體骨的影響

Influence of irrigant for piezosurgical device on harvesting bone chips

林文仁▲(Lin W R)　郭生興(Kok S H)　李正喆(Lee J J)　陳信銘(Chen H M)
蔡尚節(Tsai S J)　章浩宏(Chang H H)

臺大醫院口腔顎面外科

To investigate the influence of amount of water irrigation for a piezoelectric device, designed for harvesting autogenous bone chips from intra-oral sites, on chip size, morphology and cell viability. Methods: A total number of 30 samples of cortical bone chips were irrigated with 3 different rate of water for irrigation (1 c.c/min, 10 c.c./min, 50 c.c./min) by a piezosurgical device were conduct in this study. Bone collector were used to collect the bone chips for further quantity and quality analysis. Morphometrical analysis of the bone chips were used to compare the shape and size of bone chips. Alkaline phosphatase activity (AP) and immunhistochemical staining for osteocalcin (OC) were used to detect the activity of osteoblasts. Results: The amounts of bone harvested from lower irrigation group (1 c.c/min) were much more than high irrigation group (50 c.c./min) with statically significantly. Outgrowth of adherent cells nearby the bone chips was observed 90% of specimens in high rate of water irrigation (50 c.c./min) after 6-18 days, and the confluence of cells were reached after 5 weeks. Whereas only 30% in medium rate of water irrigation (10 c.c./min) and 10% in lower rate of water irrigation (1 c.c./min) of specimens could see an outgrowth of adherent cells in the similar interval. Also more positive staining for AP and OC identified cells were noted in high rate of water irrigation (50 c.c./min) group than medium and lower water irrigation groups with statically significantly. Conclusion: It may be concluded that high water irrigation rate for piezosurgical device using in bone harvest may reduce the amount of bone collection; however, it might improve the effect on viability of cells growing for intraoral bone chips.

姿勢與顳顎關節症候群相關性之研究

Investigation of the relationship between body posture and temporomandibular disorders

張婷菡▲(Chang T H)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Many practitioners have speculated that poor posture may lead to trunk myofascial pain disorder syndrome (MPDS). Forward head posture is one of the most common forms of poor posture and is related to neck pain. Due to this reason, we suspect that poor posture is accompanying with temporomandibular disorders (TMD). Aim: The aim of this study is to investigate the relationship between body posture and TMD. Materials and methods: Twenty-six healthy adults with MPDS of head and neck region were collected for this study from the patients at Division of Oral and Maxillofacial Surgery, Tri-Service General Hospital since 2010 to 2011. The subjects received muscle relaxant drug and adjustment of body posture. Clinical examination was performed at three stages: prior to the treatment, second and fourth week follow-up. Variables such as visual analogue scale (VAS), tenderness of muscle palpation including temporalis, masseter, and sternocleidomastoid muscle, the angles of the sagittal and coronal cervical spine and the angle of shoulder were evaluated at each stage. Results: With the treatment group, the results showed significant deference of VAS as compared with the control group ($p < 0.05$) as well as tenderness of muscle also had significant deference as compared with the control group ($p < 0.05$). Summary: This study had shown that detectable alterations in body posture had the efficacy to alleviate pain and decrease the tenderness of head and neck muscles in TMD patients.

以骨性埋伏齒進行自體齒移植重建前上顎齒列—病例報告

Reconstruction of anterior maxillary dentition with autotransplantation of bony impacted teeth — a case report

林涵威▲(Lin H W)　郭英雄(Kuo Y S)　曾建福(Tseng C F)

亞東紀念醫院口腔顎面外科

自體齒移植在臨床上常用來取代無法保留之牙齒或重建缺牙區域，雖然此臨床應用早在50年代就有文獻的探討，但當時對於整個治療過程與作用機制都不甚明瞭，成功率也不符期待，因此漸漸被臨床醫師從治療選擇中給排除。後來隨著人工植體的蓬勃發展所造成治療模式改變的衝擊，造成醫師選擇自體齒移植的意願及治療個數更加減少，也無形中增加了病患的經濟負擔。故提出此病例希望讓自體齒移植再度受到臨床應用及研究，期望能再提高治療的成功率。本文報告一位15歲原住民男性病例，無任何全身系統性疾病，因上顎前牙埋伏齒由診所轉診至本科就診。經放射線及臨床檢查發現，病患之右上正中門齒及左上犬齒為骨性埋伏齒，右上側門齒為水平阻生異位萌發。針對此病患狀況，我們安排於全身麻醉下進行右上正中門齒、側門齒、左上犬齒及左上乳犬齒拔除，並將右上顎正中門齒、側門齒及左上犬齒進行自體齒移植術。此三顆牙齒在接受後續根管治療後，目前情況良好，擁有正常功能，於門診持續追蹤觀察中。自體齒移植在適當條件下，可提供除植牙及假牙贋復以外，重建前上顎齒列的另一選擇。

柯特威爾-路克氏手術不經下鼻道造口：50個病例回顧

Caldwell-Luc operation without inferior meatal antrostomy: a retrospective study of 50 cases

黃于真▲(Huang Y C)　陳文和(Chen W H)

長庚紀念醫院林口院區口腔顎面外科

In the standard Caldwell-Luc operation, an inferior meatal antrostomy is performed to promote sinus drainage. However, inferior meatal antrostomy has been criticized for its additional operation time and wound, early loss of the opening, and risk of injury to the nasolacrimal duct. This study retrospectively reviewed the results of Caldwell-Luc operation without inferior meatal antrostomy in the treatment of odontogenic maxillary sinusitis or odontogenic sinus diseases. Study design: The records of 50 patients who had an odontogenic sinus disease and underwent the Caldwell-Luc operation without inferior meatal antrostomy were reviewed. The data included the patient’s age, sex, surgical indications, surgical condition, and complications. Results: From April 2004 to October 2010, there were 27 men and 23 women aged 14 to 70 (with an average age of 37) who underwent the modified Caldwell-Luc operation. The surgical indications included intrasinus odontogenic cysts (44%), oroantral fistulae with chronic sinusitis (44%), odontoma (4%), odontogenic sinusitis (4%), and foreign bodies in the maxillary sinus (4%). The patients were successfully treated with minimal complications. Conclusion: The modified Caldwell-Luc operation provides easier post-operative care and involves fewer complications. It is not necessary to create the inferior meatal antrostomy in the Caldwell-Luc operation when treating the odontogenic sinus diseases.

上顎竇之含齒囊腫以及異位牙—病例報告

Dentigerous cyst in the maxillary sinus with an ectopic tooth — case review

陳人瑄▲(Chen J H)　陳萬宜(Chen M Y)

台中榮民總醫院口腔顎面外科

Dentigerous cyst is the second most common odontogenic cyst, which is a cyst with epithelial lining derived from the epithelial remnants of the tooth-forming organ. Dentigerous cyst is frequently found in the areas of mandibular body and ascending ramus while it is not in the area of maxillary sinus. In the dentigerous cyst in maxillary sinus, the symptoms and signs are various. The treatment is difficult to be performed due to the side effect of post operation. In order to understand and to treat it successfully, we collected 9 cases during the decade between 2000 and 2010 from Oral and Maxillofacial Surgery of Taichung Veterans General Hospital, and we found that the symptoms included swelling, chronic sinusitis and fistula. We used panoramic radiography and 3D images to diagnose, 3D made it easier to observe the location of cyst and teeth. The majority treatment modality was enucleation, and the side effect was often developed oroantral fistula. We will discuss management options for these lesions in the presentation; including the differential diagnoses and treatment.

利用骨板做為骨性錨定來治療嚴重水平阻生第二大臼齒

Use of a miniplate for skeletal anchorage in the treatment of a severely impacted mandibular second molar

許經偉▲(Shu C W)　陳俊明(Chen C M)　曾于娟(Tseng Y C)
吳崇維(Wu C W)　許瀚仁(Hsu H J)

高雄醫學大學附設中和紀念醫院口腔顎面外科

一位十九歲女性病患，主訴其左下第二大臼齒阻生。臨床檢查及X光攝影發現，病患左下第二大臼齒及左下第三大臼齒皆為水平阻生齒，且左下第二大臼齒在左下第三大臼齒下方處。此外左下第二大臼齒牙根根尖三分之一部份位在下齒槽神經血管束下方，為嚴重阻生病例。經評估後，我們利用骨板做為骨性錨定，並藉由手術方法拔除左下第三大臼齒及手術露出左下第二大臼齒牙冠，成功利用矯正方法，將左下第二大臼齒拉回正常生理性位置，治療時間共兩年兩個月。結果我們發現，應用骨板在治療嚴重阻生齒時，可有效做為骨性錨定，藉以輔助完成矯正治療。

以錐狀放射電腦斷層掃描(CBCT)協助先天性鎖骨及顱骨發育不全患者多發性贅生齒之手術移除—病例報告及文獻回顧

Cone beam computer tomography (CBCT) assisting in surgical removal of multiple supernumerary teeth in a cleiodcranial dysplasia patient — report of a case and literature review

王俊傑▲(Wang C C)　郭生興(Kok S H)　李正喆(Lee J J)　張曉華(Chang H H)
蔡迪珊(Tsai D S)　章浩宏(Chang H H)

臺大醫院口腔顎面外科

顱鎖骨發育不全症(CCD)是一種體染色隱性疾病。大部分的CCD的病人會產生恆牙萌發異常、多發性贅生齒及咬合不正。有關其多發性贅生齒之處理，受限於原有之影像分析，過去多採局部或保守處理。近年來由於錐狀放射電腦斷層掃描(CBCT)之普及化，其對於牙科治療提供了傳統環口片或根尖片難以呈現的細微及立體空間資料，CBCT所合成之三維空間立體影像不僅在手術方面有良好的切面，同時可以呈現許多鄰近牙齒的相關細節。藉由CBCT及相關影像軟體，埋伏齒跟多生牙可以在術前仔細評估，並確認適當的治療計畫。本病例報告中，我們將提出16歲患有先天鎖骨顱骨發牙科育不全症女性患者，藉由錐狀放射電腦斷層掃描於術前對於22顆之多發性贅生齒進行近之術前評估，並以顏色區分出依序要拔除的牙齒，以確認安全之治療計畫及手術指引，將現階段需移除之贅生齒，安全地予以移除並將多顆阻生之恆齒進行露出手術，術後病人病人恢復良好，無明顯之併發症，報告中亦針對目前類似的病例相關處置進行文獻回顧，相關之結果認為藉由錐狀放射電腦斷層掃描之攝影技術，可讓複雜之手術困難度降低，並降低病人的風險，提高未來後續治療之可行性及成功率。

另類植體周圍炎之治療—以蓄意齒再植進行植體周圍膿瘍之清創

Alternative treatment protocol of periimplantitis — intentional replantation for debridement of periimplant abscess

梁光源▲(Liang K Y)

國軍岡山醫院口腔顎面外科

植牙治療方興未艾，併發症之發生在所難免，植體周圍感染是其中一大類別。常見之早期植體感染肇因可分為二大類：一、手術因素：如沖水冷卻不足造成之過熱(overheat)、解剖位置未注意而穿出骨板或侵犯鼻竇等；二、病患因素：如熬夜免疫低落或糖尿病控制不佳及口腔衛生不佳等。當感染較嚴重產生齒槽骨破壞而導致植體失去穩定度時，通常需要移除植體並加以清創方能控制感染；若早期發現感染施予適當清創及投與抗生素大多可以獲得良好控制。本篇報告提出以蓄意齒再植之方式，移出感染植體之鄰牙並由此缺牙窩進行清創及沖洗，完成之後再將此牙植回，後續完成根管治療。之後植體及自然牙恢復良好。因植體之穩定度尚佳，故未移除植體使病患之美觀得以維持，且未進行翻瓣及移除發炎齒槽骨使外觀不受影響。此術式將治療區域縮小，只花費近半年時間便完成治療。本篇報告提出以蓄意齒再植合併植體周圍清創，成功治療前牙區早期植牙膿瘍的病例。

44名患者接受不含骨移植之上顎竇增高術植入80根人工植體之五年長期追蹤研究

A 5-year follow-up of 80 implants in 44 patients placed immediately after the lateral trap-door window procedure to accomplish maxillary sinus elevation without bone grafting

林依靜▲(Lin I C)　張欣如(Chang H J)　高壽延(Kao S Y)　陳大為(Chen T W)

台北榮民總醫院口腔顎面外科

The present study was performed to evaluate the 5-year status of immediately placed implants subjected to maxillary sinus elevation without grafting. Implants were placed in 2004 and 2005. A minimum of 3 mm of residual bone height (RBH) was required. All implants were placed with a sinus elevation performed through a lateral approach by the trap-door, open-window method without placement of any grafting material. Regular follow-up included oral hygiene instruction, periodontal charting, panoramic radiographs, and cone beam computed tomographic scans. The gained bone height (GBH) in the sinus, peri-implant sulcus depth, and marginal bone loss were analyzed statistically. Forty-four patients (26 men, 18 women) with an average age of 58 years received 80 implants, which were followed for 5 years after prosthesis delivery. No patients developed sinusitis or other complications leading to implant loss. The average RBH was 5.06 ± 1.51 mm and the average intrasinus implant length was 7.77 ± 1.7 mm. Survival rates for the implants were 100% after 2 and 5 years. Average GBH was 7.24 ± 1.83 mm at 2 years (range, 3 to 12 mm) and 7.44 ± 1.94 mm at 5 years ($P > .05$). The average peri-implant sulcus depths were 2.5 ± 0.4 mm at 2 years and 3.1 ± 0.5 mm at 5 years ($P < .05$). The mean peri-implant marginal bone loss was 1.3 ± 0.3 mm at 2 years and 2.1 ± 0.5 mm at 5 years ($P < .05$). New bone formation in the sinus was confirmed, and good survival of implants with maxillary sinus elevation by the lateral approach without grafting was observed after 5 years. Attention should be focused on oral hygiene maintenance to ensure peri-implant gingival health.

人工牙根植入鼻腔之醫源性疏忽

Iatrogenic error: placement of dental implant into nasal cavity

簡杏宜▲(Hani Surianti)　陳癸菁(Chen K J)　張加明(Chang C M)
張佩穎(Chang P I)　陳遠謙(Chen Y C)

中國醫藥大學附設醫院口腔顎面外科

Thorough pre-operative clinical and radiographic examination prior to implant placement must be done in order to prevent perforation of the vital anatomic structures, such as maxillary sinus floor, mental foramen and mandibular canal. We'd like to present a case of 71 years old female with symptoms and signs of acute cellulitis at L't canine space three days after implant placement at the left maxillary premolar area by her family dentist. Perforation of the L't maxillary sinus floor at implant site, 25 was assumed on the initial panoramic radiograph, however reformatted CT (computed tomography) images showed abscess accumulation in the left nasal cavity and canine space with an extermely queer axial alignment of the dental implants engaging the left inferior nasal turbinate. After parental antibiotic therapy and surgical debridement including removal of the offending dental implant and drainage of the abscess performed under local anesthesia, acute symptoms and signs of infection subsided uneventfully. A case like this surely would bring awareness to our colleagues of the incredible iatrogenic error during implant surgery if thorough preoperative diagnostic procedures are overlooked.

新式複合表面處理SAH技術對牙科植體骨整合之影響評估：動物試驗

The effect of AH (Alkali and Heat treatment) surface treatment on dental implant: an animal study

張勝惟▲(Chang S W)　章浩宏(Chang H H)　郭獻南(Kuo H N)
林怡(Lin Y)　郭子瑄(Kuo T H)

台大臨床牙醫研究所

Over the past few decades, dental implant has become a predictable and widely accepted treatment for fully and partially edentulous patients. Since it will still cost a lot of time in healing process for osseointegartion. Hastening of osseointegartion with modality of new surface treatment may be the crucial goal for implant surgery. The purpose of this study is to evaluate the effect of a new surface treatment [AH (Alkali and Heat treatment)] on osseointegartion. Two different surface treatment implants with same screw design, one surface treatment is AH surface treatment type, the other is SLA (Sand-blasted, Large grit, Acid etched) were compared. Nine beagle dogs were enrolled in this study, six dental implants were inserted in each dog included two experimental groups and one control group The assessments of implants are including clinical evaluation, survival rate, resonance frequency test and photo record. Experimental parameters including resonance frequency test, CBCT scan, X-ray, bone implant contact (BIC) were used to analysis the integration of bone and implant. The dogs were sacrificed at the time interval of 4, 8, 12 weeks for further histological analysis. The preliminary results showed the value of SAH surface treatment group (65.1 ± 12.9) in resonance frequency test is slightly higher than SLA group (53.1 ± 12.5) at the 4 weeks. It seems that the potential for AH chemical modification of the implant surface may possess good biologic events during the osseointegartion process and offer some superiority to implants with an SLA surface.

左側上顎粗隆區之化膿性肉芽腫—病例報告

Pyogenic granuloma at left maxilla tuberosity area—a case report

陳可望▲(Chen K W)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

化膿性肉芽腫可以是荷爾蒙變化引起之血管反應，常在孕婦發生，因雌性素和黃體素增加，產後賀爾蒙分泌恢復正常，會自癒或成為纖維瘤。牙齦瘤來於牙周膜及齒槽的結締組織，因機械刺激及慢性發炎形成的增生物，沒有腫瘤特有的結構，切除後易復發。本病歷報告為一28歲未婚女性，因在口內發現有一易流血腫塊而來求診。追溯其病史，病患在一個月前發現左側上顎後牙粗隆區有個2 cm粉紅色腫瘤且無疼痛感產生。初步懷疑為化膿性肉芽腫，切除病理檢查為纖維瘤合併有發炎細胞浸潤、小血管增生。兩周後回診發現腫塊持續增生、紅腫及流血現象，傷口癒合不佳。術後一個月，左側上顎第二大臼齒遠心側牙周囊袋深度深，牙齦出血情形且沒有壓痛感。將左側上顎第二大臼齒拔除，並且將腫瘤完整切除，做鑑別診斷此病例為左側上顎第二大臼齒之牙齦瘤之案例，術後回診追蹤並無復發及疼痛情形並提出報告。

以手術方式治療雙磷酸鹽類相關骨壞死之成果—23病例報告

Result of surgical treatment of bisphosphonate-related osteonecrosis of jaw (BRONJ) — report of 23 cases

陳畊仲▲(Chen K C)　王東堯(Wong T Y)　黃振勳(Huang J S)

成大醫院口腔醫學部口腔顎面外科

Background & Objectives: Bisphosphonate (BP) is widely used in management of osteoporosis or cancer-related bone disease and showed to improve quality of life in these patients. However, jawbone necrosis related to the use of this drug was noted since 2003. No evidence-based treatment guideline was established so far and conservative treatment was suggested in most articles. The aim of the study was to present our treatment protocol and the results of treatment in18 cases according to this protocol. Patients and methods: The data was collected from 2004 January to 2011 June. The patients who were diagnosed as BRONJ and treated in the OMS service in National Cheng Kung University Hospital were recruited for study. Our surgical protocol was sequestrectomy with primary closure of wound. Additional coverage with buccal fat pad is done for the defect in the posterior maxilla. Results: Totally 23 patients, including 16 females and 7 males, were enrolled. Oral formula of BP was used in 17 patients and injection type was used in 6 patients. They were used to treat osteoporosis in 16 patients, multiple myeloma in 3 patients, cancer-related conditions in 3 patients, and spinal compression fracture in 1 patient. The mean age is 69.7 y/o (41~88), with mean duration of medication of 3.9 years (1.5~9). 15 patients had osteonecrosis in the maxilla (65.2%) and 8 patients had mandibular involvement (35.8%). The most common etiology was dental extraction (77.8%). 22 patients received surgery and 20 cases (90.9%) showed complete healing of the surgical wound, with a follow-up period of 11.9 months (2-18 months). The others showed improvement of symptom and sign. Conclusion: Although most authors suggested conservative treatment, complete remission of the disease can be obtained in selected cases using a more radical debridement.

與使用每年一劑zoledronic acid相關的顎骨壞死—兩個病例報告

Osteonecrosis of the jaws associated with the use of yearly zoledronic acid — report of two cases

楊曙亙▲(Yang S G)　郭生興(Kok S H)　王逸平(Wang Y P)
江俊斌(Chiang C P)　鄭世榮(Cheng S J)　李正喆(Lee J J)

國立台灣大學附設醫院牙科部口腔顎面外科

Once-yearly zoledronic acid has been proven effective in the management of osteoporosis. Osteonecrosis of the jaws (ONJ) related to its use has not been reported since its approval in 2007. Methods Two ladies with osteoporosis/osteopenia developed ONJ after the second infusion of yearly zoledronic acid. They had no other systemic diseases and ONJ occurred after oral surgeries, which were performed about 2 months following drug administration. Results In one case osteonecrosis of maxilla resolved after conservative therapy and sequestrectomy. In the other case bone necrosis developed on both sides of mandible, the symptoms/signs of ONJ were partially responsive to conservative treatment. Conclusions ONJ related to yearly zoledronic acid is a severe complication that should not be ignored. To minimize the risk, we recommend preventive oral care before the start of therapy and avoiding dental invasive procedures within 3 months after drug administration.

糖尿病患者因克雷白氏肺炎菌感染造成左臉部蜂窩性組織炎—病例報告

Left face cellulitis due to klebsiella pneumoniae infection from diabetes mellitus patient — a case report

林彥宏▲(Lin Y H)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

糖尿病患者因血液循環不良，傷口常因免疫力低下而易受感染。近年來學者發現革蘭氏陰性腸內菌(Enterobacteraceae)克雷白氏肺炎菌(Klebsiella pneumoniae)是一種伺機性感染的病原細菌，且與肝，肺膿瘍感染相關。然而頭頸部感染多為齒源性細菌致病，因克雷白氏肺炎菌(Klebsiella pneumoniae)引起之感染極為罕見。本病例為一84歲糖尿病之女性，主訴左側唇角部疼痛，初步診斷為左唇潰瘍。經口服抗生素治療後未緩解，於兩日後入院，因腫脹程度增加，轉變為蜂窩性組織炎。經抗生素治療四天後，腫脹無明顯改善且擴散至左側頰側及頸部，變成嚴重之蜂窩性組織炎並危及生命，經清創手術及妥善照顧，於入院後十四天出院。藉此病例，與臨床醫師分享處理口腔顎顏面部非齒源性蜂窩性組織炎之經驗。

齒源性壞死性筋膜炎合併縱膈腔炎—病例報告

A case of odontogenic descending necrotizing fasciitis with mediastinitis — a case report

黃正鈞▲(Huang C C)　黃振勳(Huang J S)　王東堯(Wong T Y)　陳畊仲(Chen K C)

國立成功大學醫學院附設醫院口腔顎面外科

Descending necrotizing mediastinitis (DNM) resulted from dental extraction is a rare but extremely serious infection with a high mortality rate. Once established, the infection process of DNM is rapid from the submandibular space down into the mediastinum via the retropharyngeal and retrovisceral spaces. We presented a case of a 77-year-old male patient who revealed left submandibular and neck swelling following left lower first molar removal 7 days ago. The radiographic examination indicated that abscesses accumulation in the left submandibular space, prevertebral space and upper mediastinum existed. Therefore, DNM was suspected and we performed an urgent surgical debridement of deep neck spaces and mediastinum with chest surgeons. After operation, antibiotic therapy with Tazocin was adopted according to the wound culture report which showed that Viridans streptococcus was the responsible agent. However, neutrophilia, high C-Reactive Protein (CRP) level and febricity still persisted. The abscess formation over left anterior chest wall was also noted. Subsequently, surgical re-intervention was managed and the second culture obtained during drainage of the mediastinum was positive for pan-drug resistant Acinetobacter baumannii (PDRAB). Therefore, the patient was isolated and we changed antibiotic therapy to Tienamand and Fluconazole. The healing of left neck wound was in progress; hence, we operated further debridement and approximated the wound edges. Antibiotic therapy persisted with Tienam and we changed wound dressing three times per day. The wound healed and improved gradually. In addition, the CRP level and the total number of white blood cells decreased step by step and then the patient was discharged. Based on the treatment course of this case, prompt surgical intervention and proper antibiotic therapy are the key to the infection control involved in deep cervical spaces and mediastinum. This case also emphasizes the cardinal importance of immediate consultation with chest surgeons if cervicothoracic CT-scan showed abscesses spread into upper mediastinum or the patient is present with the signs of septic shock such as tachycardia, orthopnea and hypotension. Furthermore, it is vital to consider a PDRAB cause in patients with mediastinitis who are not responsive to broad spectrum antibiotics and surgical drainage.

貼示論文報告018

顏面神經麻痺－三病例報告
Facial nerve palsy — 3 cases report

蔡百泰▲(Tsai P T)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Facial nerve palsy (FNP) is a problem that involves the paralysis of unilateral or bilateral facial expression muscles. Patients suffered from it often declaim not be able to close their eyes and mouths. Facial asymmetry due to muscle stiffness is also complained. In addition to loss function of facial expression, the cornea will be dried and damaged due to inability to close eyes. The causes of FNP can be classified into central and peripheral lesions according to anatomic location. It is crucial to exclude central lesions, such as intracranial hemorrhage, tumor or infection. History taking, physical examination and imaging studies may initially rule out serious causes. Previous reports demonstrate that corticosteroid was effective for recovery. Here we present three cases of FNP: The first one developed FNP after mandible block anesthesia injection, which may be related to the anatomical variation. The second one has facial trauma history and FNP due to virus infection was suspected. The third patient has great psychosocial pressure with history of virus infection. The three cases have different histories and disease courses, which may provide some clues for differential diagnosis, logical deduction and treating modality. Keywords: Facial nerve palsy, facial asymmetry, corticosteroids.

顏面部創傷後之三叉神經神經感覺失能－病例報告

Trigeminal nerve hypoesthesia post facial trauma — a case report

蔣孟達▲(Chiang M T)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Trauma of mid-face region frequently involves nasal, zygomaxillo complex and maxillary bone etc. It often results in many complications, and the most common one is nerve injury. The incidence is about 80%. However, the main sensory nerve that supporting mid-face region is trigeminal nerve, and the general complication followed by nerve injury of this place is hypoesthesia. It is relatively important to accept well clinical diagnosis and treatment of the trigeminal nerve hypoesthesia when it occurred after facial trauma. The purpose of this study was to share the process of the treatment for trigeminal nerve hypoesthesia post mid-face trauma and keep following the symptoms after receiving treatments.

鄉村地區顏面骨骨折特色與住院延長相關因子探討

Assessment of the clinical factors for prolonged hospital stay in patients with facial bone fractures

張起華▲(Chang C H)　楊榮武(Yong R W)　張雅菁(Chang Y C)　蔣維凡(Chiang W F)

柳營奇美醫院口腔顎面外科

顏面骨折部位包括下顎骨、上顎骨、顴骨、鼻骨和額骨，其中下顎骨又可分為多個次部位。依其發生原因之不同，可以是單一部位或是多重部位骨折，各有不同之治療難度。在台灣，針對顏面骨折的成因、骨折部位和形式、手術治療與相關預後的文獻並不多，以位處鄉村地區的單一醫院研究文獻更付之闕如。方法與材料：以2009年至2011年間在柳營奇美醫院口腔顎面外科治療的顏面部骨折病患進行回溯性研究，並針對相關延長住院日因子分析，共73名病患納入本研究。結果：成因以摩托車事故為主要原因(71.2%)。其中67例有下顎骨骨折(34例單一次部位，33例屬多重次部位，共102處)、10例發生上顎骨骨折(2例為勒福氏第一型、2例為勒福氏第二型、1例為勒福氏第三型、2例腭骨骨折、3例屬勒福氏型合併腭骨骨折)、19例顴骨骨折、3例鼻骨骨折和1例鼻-眼-篩骨複合體骨折。對於住院日延長之原因，我們發現ISS(Injury Severity Score)大於15分、下顎骨多重性骨折、合併下顎骨與中顏面骨骨折是相關因素。住院延長與疾病本身嚴重程度和治療之併發症具相關，本研究以此簡單且客觀之數據進行顏面骨骨折病例分析，以期有利瞭解鄉村區之顏面骨骨折病例表現特色與相關治療成果，以提供公共衛生學家進行相關政策制定之參考。

貼示論文報告021

顎顏面骨折之治療經驗

Experience of treatment of facial bone fracture

曾建福▲(Tseng C F)　林涵威(Lin H W)　唐宗凡(Tang T F)
林秉毅(Lin P Y)　郭英雄(Kuo Y S)

亞東紀念醫院口腔顎面外科

針對顎顏面外傷而言，顎面外傷發生的機會在每一次意外中佔有一定的比率，骨折的發生也常會困擾各醫院的牙科醫生，治療的特色和檢查的方法都是我們想盡可能的去瞭解，對此我們特別收集了亞東紀念醫院自2005年5月至2011年9 月到本院就診的病患來統計分析，結果共收集了116位因顎顏面骨折就醫接受進一步治療的病例，男性佔了75位，而女性佔了43位，男女比例為1.7比1，在這期間，到本院口腔外科接受全身麻醉手術治療的病例數為1894人次，顎顏面骨折病人佔6.1%，統計其發生年齡可以發現在10到19歲間的人數為26人，男性16人和女性10人，20到29歲間的人數為48人，男性為35人和女性為13人，男女比例將近3比1，在30歲前的病患佔有63%的比例，男性更佔發生率中的43.9%，當中以交通意外為最多，骨折以下顎骨骨折為最多，手術方式以開放性骨折復位手術為主，病人都可以在術後恢復咀嚼功能，有鑑於骨折發生的在患多集中於年輕男性病患，故於病患就診時應多注意檢查，減少延誤治療。

右側顳顎關節頭脫位進入中顱窩—病例報告

Mandibular condyle dislocation into middle cranial fossa — a case report

陳癸菁▲(Chen K J)　陳遠謙(Chen Y C)　吳禕凡(Wu Y F)　張加明(Chang C M)

中國醫藥大學附設醫院口腔顎面外科

Impacted to mandible typically results in ipsilateral or contralateral condylae neck fracture. Fracture of the glenoid fossa with a mandibular condyle dislocation into the middle cranial fossa is a rare event. This is a case of 20-year-old man suffered from road traffic accident, resulting in multiple fractures to his bilateral femoral and left distal radius. He was referred from orthopedic department with complaints of malocclusion and restricted opening of the mouth. Clinical examination revealed that the mandible was retropositioned and was shift to the right side, Anterior open bite and limitation of mouth opening were observed, Lateral mandibular motion was restricted bilaterally. The CT scan showed the the right condylar dislocation into the middle cranial fossa. Attempts to reduce the fracture with closed reduction under general anesthesia by use of maxillomandibular fixation failed. It was then decided to open reduction. Condylotomy was performed by intra-oral approach then acceptable occlusion was achieved. Elastic inter-maxillary traction was performed and maintained for 2 weeks. No neurological complications was observed postoperatively. After 8 months,the interincisial distance was 50 mm,with a deviation in the maximum mouth opening to the right side. Neurological finding was normal. A variety of successful treatment have been reported in the literature.In early diagnosis, closed reduction with initial intermaxillary fixation and secondary functional therapy with elastics seems warranted. For considerable vertical instability, an immediate open reduction with glenoid fossa reconstruction is advocated. Our method is condylotomy via intra-oral approach result in satisfied treatment outcome.

復發性顳顎關節黏連之手術處理

Surgical intervention of recurrent temporomandibular joint ankylosis

顏明良▲(Yen M L)　吳家佑(Wu J Y)　彭伯宇(Peng B Y)　劉定國(Liu T K)

台北醫學大學附設醫院牙科部口腔顎面外科

顳顎關節發生黏連原因多與外傷有關。造成黏連之機轉為關節囊內的傷害，伴隨張口運動不足。顳顎關節髁頭骨折可以封閉式復位處理，少數案例須進行開放式復位，本病歷將討論之個案為一31歲女性，因張口嚴重受限，經由轉診至本院求診。病患於3歲時發生車禍，當時並無做任何外科治療，之後因嚴重張口受限，於他院接受手術治療，總計八次手術，但並無顯著改善。理學檢查發現張口度約為一公分，放射線檢查顯示左側人工髁關節置換，右側髁關節骨性吸收。病患接受手術移除左側髁關節黏連與人工贗復物併髁關節間隙成形術，術後張口練習及長期追蹤。張口度恢復，未復發再黏連之現象。

經皮顴骨骨釘輔助顴上顎複合體骨折復位

Percutaneous malar bone screw for reduction of ZMC fracture

王得方▲(Wang T F)　陳遠謙(Chen Y C)　張加明(Chang C M)
張佩穎(Chang P I)　陳癸菁(Chen K J)

中國醫藥大學附設醫院口腔顎面外科

顴上顎複合體(zygomaticomaxillary complex)骨折在顏面外傷中是相當常見的情形。手術復位有很多方式，包括使用Carroll-Girard screw經皮(percutaneous)暫時嵌入顴骨隆突(zygomatic eminence)，此器械可於顴骨複位時進行 3-D立體性的調整，相當方便，然而於國內卻未必隨手可得。本文使用的顴骨骨釘(malar bone screw)乃為骨科常備之迷你骨釘及相關常用之手術器械，經皮穿透顴骨隆突部位的內外兩層皮質骨，使骨釘裸露於皮膚切線之外大約2.5~3.0公分，再用自聚性矯正樹脂(self-curing orthodontic resin)於骨釘頭部製作一個球形握把，於斷骨處執行骨板固定時，得以避免顴骨隆突位置下陷，待骨板固定完成後，立即將此骨釘移除。截至目前，本院已採用此法治療顴上顎複合體骨折共計36個病例，術後追蹤效果良好。與傳統Carroll-Girard screw比較，本文的骨釘及其上所附著的樹脂，材料極易取得而且價格低廉，並能得到相同的效果，故提出與同業經驗分享。

突發性顳顎關節窩內骨塊剝落—病例報告

Idiopathic bony Fragmentation of the glenoid fossa of TMJ — a case report

邱日宥▲(Chiu J Y)　簡杏宜(Hani Surianti)　陳癸菁(Chen K J)
張佩穎(Chang P I)　陳遠謙(Chen Y C)

中國醫藥大學附設醫院口腔顎面外科

顳顎關節窩內之非創傷性骨塊剝離是極為罕見的病例。文獻記載，在顳顎關節窩內若發生骨塊剝離時，幾乎都有創傷的病史，抑或是先有慢性關節發炎造成骨頭刺激增生又伴隨有創傷所造成。本病例為一位53歲男性，在未受任何外力撞擊下，因右側耳前部位突發性腫痛並造成咬合異常(右側牙齒開咬)而來就診；經由縝密影像檢查確認右側顳顎關節窩內有一片放射線不透射性異物，隨後以耳前切線的術式，自右側顳顎關節窩之上關節腔內(superior joint space)取出一塊約1公分大小的扁平狀但邊緣銳利之骨塊，術中也採用玻尿酸進行關節腔的潤滑；術後咬合立即恢復正常且沒有造成右側顏面神經任何分枝受損，目前穩定在門診持續追蹤。本報告擬進一步探討顳顎關節窩內非創傷性骨塊發生的機轉、並回顧玻尿酸在顳顎關節腔沖洗的適用性，期望提供一診療方式供同業參酌。

梭狀細胞脂肪瘤
Spindle cell lipoma

陳睿妍▲(Chen J Y)　宋昌霖(Sung C L)　許朝添(Hsu C T)　陳文惠(Chen W H)

義大醫院口腔顎面外科

脂肪瘤是一種很常見的軟組織腫瘤，但是出現在口腔裡的機率卻是很低的。本病例是一位60歲男性，主訴是左邊臉頰有腫脹和壓痛感，症狀持續一年以上。在觸診方面可以感覺到可移動有良好邊界的腫塊，影像學檢查則發現有約2.2 cm大小的囊腫狀病灶在左側臉頰中，臨床印象為皮脂囊腫。故在全身麻醉下將腫瘤切除，術後病理報告為梭狀細胞脂肪瘤，術後病人恢復良好，並持續追蹤觀察，目前無復發之跡象。脂肪瘤是一種良性、生長緩慢的腫瘤，大多沒有病狀且有良好的邊界，出現在口腔中的機率很低，在口腔良性病變中大約佔1%~4%，成人的機率比較高，但在性別方面沒有太大的差別，頰粘膜是最常見的位置，其次是舌頭。而梭狀細胞脂肪瘤在脂肪瘤中的比例並不高，在口腔中通常會出現在嘴唇上。因本病例為罕見病例，故在此提出以供參考。

疣狀黃瘤一病例報告
Verruciform xanthoma — a case report

方家恩▲(Fang C E)　彭奕炘(Peng Y H)　彭伯宇(Peng B Y)

台北醫學大學附設醫院口腔顎面外科

疣狀黃瘤為一發生率僅0.025%至0.094%之罕見良性腫瘤，好犯於口腔黏膜，但皮膚上也可能發生且多在生殖器官。疣狀黃瘤臨床呈斑樣或結節狀，外觀呈乳突狀、顆粒狀或疣狀樣，通常無痛無症狀且生長緩慢。多處生長並不多見。治療方式為手術切除，預後極佳，復發率極低。本病歷報告為一45歲男性，於硬顎軟顎交接處右側有一 1 × 1.3公分之乳突狀腫瘤。病人自述病患有抽煙喝酒習慣，而該病灶於口腔內已20餘年，並無疼痛或表面潰瘍情形。病患除高血壓外並無其他病史，且從未住院或接受過任何手術。臨床初步臆斷為乳突瘤，治療方式採全身麻醉下進行腫瘤切除手術。術後病理切片報告為口腔疣狀黃瘤。術後病人復原情形良好，持續於門診進行追蹤，目前無復發情形。

下顎神經鞘瘤—病例報告

Intraosseous neurilemmoma of the mandible — a case report

魏鈴穎▲(Wei L Y)　郭生興(Kok S H)　陳信銘(Chen H M)
章浩宏(Chang H H)　鄭世榮(Cheng S J)　李正喆(Lee J J)

國立臺灣大學附設醫院口腔顎面外科

神經鞘瘤(Neurilemmoma)是一種源自神經外胚層的良性腫瘤，主要是由周邊神經髓鞘上的許旺氏細胞(Schwann's cell)增生而來，因此又稱許旺氏瘤(Schwannoma)。神經鞘瘤主要好發於四肢的屈肌表面及頭頸部軟組織，骨內神經鞘瘤較為罕見，其中以下顎骨之病例報告最多。臨床上，骨內神經鞘瘤可發生於任何年齡，約有八成病例在50歲之前會被診斷出來，患者女性略多於男性。其生長緩慢，造成骨頭擴張、腫大為最主要的症狀，約有一半的病例伴隨疼痛或麻木感。本病例報告為一位63歲男性，因左下顎臼齒鬆動而求診，影像學可見一2.5公分×3.5公分之放射通透性病灶位在左下顎骨體，口內則無明顯腫大情形，病人亦無疼痛或麻木感。電腦斷層則可觀察到一邊緣完整合併骨擴張之病灶，且與左下後牙之根尖無明顯相通。經手術切除骨腫瘤及組織病理學檢查後，確認為神經鞘瘤。術後半年內無復發情形且可見骨質新生於缺損區。有鑑於骨內神經鞘瘤之罕見性，且易與其他較常見病灶如根尖囊腫、齒源性角化囊腫，或造釉細胞瘤混淆，故提出此病例報告，並就臨床及病理特性上加以討論。

貼示論文報告029

顎骨內造釉細胞瘤—病例報告
Ameloblastoma of mandible — a case report

陳志僑▲(Chen C C)　吳家佑(Wu C Y)

台北醫學大學牙科部口腔顎面外科

病患為二十歲男性，主訴為左側臉頰持續約數個月的腫脹。理學檢查發現下顎左側第二大臼齒突出，且在其後方牙齦有一粉紅色隆起組織。環口放射線攝影顯示下顎左側一三乘三公分，邊緣清晰之放射線透射性病灶，及下顎左側第二大臼齒移位合併牙根吸收。切片檢查結果為多囊性造釉細胞瘤。安排全身麻醉下進行下顎骨局部切除術，並以自體腸骨及鈦金屬骨板進行重建。本文將針對造釉細胞瘤之處理及重建方式進行比較。

上顎侵犯眼眶底部造釉細胞瘤之切除與重建－病例報告

The resection and reconstruction for a maxillary ameloblastoma invading the orbital floor — a case report

柳依青▲(Liu Y C)　郭生興(Kok S H)　李正喆(Lee J J)　陳信銘(Chen H M)
章浩宏(Chang H H)　鄭世榮(Cheng S J)

國立台灣大學附設醫院口腔顎面外科

46歲男性病患，來院前半年確診為左上顎造釉細胞瘤(Ameloblastoma)，須手術切除。病患遲疑數月並多方徵詢，最後輾轉至本院口腔外科。電腦斷層影像發現，腫瘤已侵犯左上顎近中線、向上至蝶骨外翼板(external pterygoid plate)、鼻竇腔(maxillary sinus)直至眼眶下緣，並造成眼眶底骨(orbital floor)近乎穿孔(perforation)，所幸尚無顱底(skull base)侵犯及肺部轉移(lung metastasis)。安排病人於全身麻醉下接受腫瘤切除手術。眼球做適當保護後將眼瞼縫合(tarsorrhaphy)，接著採用中臉部脫套手術(midface degloving surgery)，由口內前庭(vestibule)處切開後，再向上剝離至眼眶下緣，由硬顎、軟顎中線及眼眶下緣距腫瘤一公分之安全距離處將腫瘤完整切除，以鈦金屬眼底網架(orbital mesh)重建切除之眼眶底部並修復鼻翼寬度後，再以前側大腿游離皮瓣(anterolateral thigh free flap)修補軟組織缺損。術後病人顏面無手術疤痕、視力無受損，無複視(diplopia)或溢淚(epiphora)情況，傷口癒合良好，追蹤至今無復發。

貼示論文報告031

Gardner′s syndrome早期診斷：一個家族報告

Gardner's syndrome--the importance of early diagnosis : a family report

葉峄嵘▲(Yap C Y)　楊榮武(Yang R W)　于錫倩(Yu H C)　蔣維凡(Chiang W F)

柳營奇美醫院口腔顎面外科

Gardner Syndrome (GS) is a genetic disorder that considered as variant of familial adenomatous polyposis (FAP). GS is an autosomal dominant form of polyposis characterized by presence of multiple polyps in the colon and accompanied by multiple tumors outside colon. The extracolonic tumors may include osteomas of skulls, cutaneous tumors such as epidermoid cyst and sebaceous cysts, ocular and dental abnormalities. The countless polyps in the colon predispose to the development of colon cancer. Approximate 100% gastrointestinal polyps will undergo malignant transformation, thus an early diagnosis and regular surveillance by means of colonoscopies are important to prolong patient's life. We present a case of GS in a 17-year-old female who complained growing masses over mandible angle and multiple teeth missing. Facial examination of the patient revealed an obvious asymmetry and disfigurement of the left mandibular body, angle and ramus. After serial examinations, the case demonstrates classical features of GS including multiple polyps in the colon, diffuse sclerosis and multiple osteomas in the skull and facial bones, multiple impacted teeth, supernumery teeth, and desmoids tumors. In addition, evidence of GS as an inheritance disease was proved in this case as a complete family history was noted. The aim is to emphasize these features seen in the head and neck region and their particular importance in terms of early recognition and diagnosis of the underlying disease. The subsequent management of such patients is discussed.

貼示論文報告032

下顎骨軟骨黏液樣纖維瘤—病例報告

Chondromyxoid fibroma over mandible — a case report

吳吉祥▲(Wu J S)　陳冬英(Chen T Y)　鄭介原(Cheng C Y)　劉崇基(Liu C J)

馬偕紀念醫院口腔顎面外科

Chondromyxoid fibroma is a rare benign tumor of chondrol origin. It usually affects the metaphyses of the long bone of the lower extremities in young people. Extremely rare cases were reported in the jaw and skull bones. In the orofacial field, it is difficult to distinguish from chondrosarcoma or chondroma and other tumors. In this case we reported, a patient complained numbness over lower left lip and pain over left mandibular 3rd molar area. On radiography, a well defined radiolucent with calcifications combining lesion noted at left mandible with IAN compression. It mimicked odontogenic cyst and marsupialization was performed. Because of its rarity, we present it.

下顎造釉細胞瘤併發肺轉移—病例報告

Mandibular ameloblastoma with pulmonary metastasis — a case report

傅康貴▲(Fu K K)　郭生興(Kok S H)

台大醫院牙科部口腔顎面外科

造釉細胞瘤約佔所有口腔腫瘤的1%，好發於下顎骨，特別是在大臼齒區。造釉細胞瘤多為良性，少有轉移，但偶有惡性造釉細胞瘤的報告，發生率約佔所有造釉細胞瘤的2%。在定義上惡性造釉細胞瘤為具有遠端轉移，但組織學上仍為典型的造釉細胞瘤。過去文獻報告惡性造釉細胞瘤多發生於原病灶復發經多次手術之病例。本文提出一例罹患下顎前齒區造釉細胞瘤的患者，經過手術切除，三年後在一次健康檢查胸部X光片中，發現左側肺葉下端有一1.6 CM的結節，經過胸部電腦斷層掃瞄後發現兩側肺葉有多處結節。病人接受肺楔狀切除手術移除部分結節，並從術後的病理報告發現結節為轉移性的造釉細胞瘤，病人目前狀況穩定，在口腔原發處並無腫瘤復發。因為遠端轉移的造釉細胞瘤較少見，故提出報告。

發生於腮腺區的Castleman′s disease─病例報告

Castleman's disease in parotid region — case report

陳建晟▲(Yen M L)　劉崇基(Liu C J)　林鈞盛(Lin J S)

台北馬偕醫院口腔顎面外科

簡介：Castleman氏病(Castleman's disease)為一種少見的淋巴節疾病。因淋巴結感染造成局部或全身性的發炎反應，依臨床可分為單發及多發性。病理分為透明血管增生型、漿細胞型及混合型。我們報告一位46歲女性患者，臨床表徵為左側腮腺腫大，初步診斷為多型性腺瘤，術後最終病理報告是Castleman's disease於腮腺部位。根據相關的研究指出，可能的致病機轉為人類皰疹病毒-8複製，造成系統性發炎及細胞增生。患有多發性漿細胞型愛滋病患者也常伴隨人類皰疹病毒-8的感染。手術對單發性治療效果良好，至於多發性多採藥物及化學治療。在這病例報告中也回顧一些最新的期刊，從臨床表徵、病理、分析診斷、治療方式作簡單的介紹。

貝克型肌肉萎縮症於上顎囊腫剜除後引發橫紋肌溶解及心跳停止一病例報告

Management of rabdomyolysis and IHCA after maxillary cyst enucleation in a patient with BMD — a case report

洪孟豪▲(Hung M H)　郭生興(Kok S H)　李正喆(Lee J J)　陳信銘(Chen H M)
章浩宏(Chang H H)　鄭世榮(Cheng S J)

國立台灣大學醫學院附設醫院口腔顎面外科

貝克型肌肉萎縮症(Becker muscular dystrophy, BMD)為一X染色體變異之遺傳性肌肉萎縮症，發病年齡多於五歲前後，常出現之情形為運動後酸痛或無力，罹病者血液中肌酸激酶(creatine kinase)之量亦較常人為高。本病例為一罹患BMD之22歲男性，因左上第三大臼齒為一高位阻生齒合併囊腫，於全身麻醉下進行囊腫剜除術並移除該牙。術後患者於恢復室時發生休克，插管及施行心肺復甦並無恢復生命跡象，緊急啟動葉克膜體外循環機之置放(ECMO)，合併約一萬毫升輸液搶救，並再次於手術室檢查手術傷口並進行氣切以得以保住生命。急救時抽血檢驗發現其血中鉀離子濃度異常升高，懷疑因橫紋肌溶解造成突發性心跳停止。安排全身CT檢查並無發現大出血之器官，於加護病房照顧中，出現急性腎衰竭之跡象，因而使用連續靜脈血液透析治療體液滯留。腿部亦因出現腔室症候群(compartment syndrome)引發肌肉缺血壞死及雙腳無力無法行走而進行筋膜切開術及復健治療。橫紋肌溶解以及腎功能異常及行走功能亦在術後三個月逐漸恢復。回顧文獻可知，當BMD合併麻醉後橫紋肌溶解發生時有極高之死亡率，此病例因適時的急救以及妥善的內外科照護而存活，特此提出以供參考。

右下顎骨動靜脈畸形—病例報告

Arteriovenous malformation at right mandible — a case report

吳禕凡▲(Wu Y F)　陳遠謙(Chen Y C)　張加明(Chang C M)
張佩穎(Chang P I)　陳癸菁(Chen K J)

中國醫藥大學附設醫院口腔顎面外科

患者11歲男性，右下顎第一大臼齒嚴重齲齒到牙科診所求治，在拔除患齒術中發現該處牙齦極易出血，故中止治療，壓迫止血後讓其返家休息，但隔日突然覺得口內滲血，漱口後流血不止，送往區域醫院急診，止血後建議患者轉診進一步治療。患者至本科門診時，已無急性出血，口內在右下第一大臼齒齲齒殘根頰側前庭處發現隆起腫塊，其色澤偏暗紫，以指觸摸具有搏動感。在環口X光片上自右下顎前牙區根尖處延伸至右下顎第一大臼齒根尖處有一廣泛性、邊緣不規則的放射線可透性區域，佐以患者的臨床表徵，懷疑是顎骨內的血管性病灶。從電腦斷層影像可發現病灶位於右下顎骨體至右下顎骨副聯合處，並且有顯著的造影增強現象，顯示其為可疑的顎骨內血管性病灶。安排患者入院，由放射科醫師在局部麻醉下進行血管攝影，確認為高血流量的動靜脈畸形，先經右側股動脈注射組織膠使病灶血流量降低，再安排全身麻醉下在右下顎骨病灶區直接注入栓塞用的線圈，將此血管性病灶完全阻塞。患者於栓塞術後三個月，局部麻醉下拔除右下顎第一大臼齒殘留齒根。在後續追蹤期間，未造成進一步的併發症，目前仍定期於門診追蹤。顎骨區動靜脈畸形若處理不慎，可能造成危及生命的大量出血，經由與放射科醫師良好的配合，可達到良好的治療成果，故提出本病例報告，可做為類似病例診斷及治療上的參考。

左側下顎骨髁頭骨性脂肪瘤—病例報告
Osteolipoma over left mandibular condyle — a case report

何祖銘▲(Ho C M)　黃逸岳(Huang I Y)　吳崇維(Wu C W)

高雄醫學大學附設中和紀念醫院口腔顎面外科

脂肪瘤是一種常見的良性腫瘤，常見於身體各個部位，比較常發生於身體主幹及四肢，在口腔及顎骨比較稀有，其組織特性可能有不同變異，包括血管脂肪瘤(angiolipoma)，肌脂瘤(myolipoma)，血管肌脂瘤(angiomyolipoma)，髓脂肪瘤(myelolipoma)，軟骨脂肪瘤(chondroid lipoma)及骨性脂肪瘤(osteolipoma)。骨性脂肪瘤十分罕見，目前並沒有文獻提及有發生在下顎骨髁頭。本院提出一位71歲女性患有骨性脂肪瘤，患者主訴其下巴逐漸往右邊偏斜，並無法正常咀嚼食物，故來求診。身體檢查發現患者下頦偏往右側，左側後牙有開咬之狀況。環口X光片片發現左側的下顎骨髁頭有明顯的增生之情形。電腦斷層發現：左側下顎骨髁頭疑似纖維性發育不全(fibrous dysplasia)，大小約為3公分。初步判斷為左側下顎骨髁頭疑似纖維性發育不全。安排手術切除左側下顎骨髁頭，術後病理報告為骨性脂肪瘤，患者恢復良好，能正常咀嚼，外觀亦有所改善。

頦部肌肉內纖維脂肪瘤—病例報告
Right chin intramuscular fibrolipoma — a case report

陳怡睿▲(Chen Y J)　方羿蓁(Fang Y C)

大千綜合醫院口腔顎面外科

The lipoma is a benign tumor of fat. Although it represents by far the most common mesenchymal neoplasm, lipomas of the oral and maxillofacial region are much less frequent. Here we report a case about a 26-year-old man who referred to our dental clinic to evaluate a mass on right chin. He found a painless swelling area on right chin for more than 1.5 years and the lesion grew off and on. Recently, the mass revealed painful swelling, tender, redness, and local heat. Facial cellulitis was diagnosed and I&D were done at general surgery department. But right chin mass still noted and larger than before. Oral examination showed lower anterior vestibule mild swelling and overlying mucosa was intact, not painful, non-tender, and without lip/ facial numbness. Right chin mass, which near right anterior mandibular lower border and cross midline, about 5.0 cm x 3.5 cm in area, appear as poorly defined, firm, and diffuse swelling. Pain also be noted recently. MRI report showed an inhomogeneous contrast enhancement over subcutaneous of right chin region. After incisional biopsy, histopathology report revealed intramuscular fibrolipoma. So we arranged a total tumor excision that included involved muscle and protected the morphology of chin under general anesthesia. After 1 year follow up, there is no clinical signs of recurrence, close follow up is still on going.

下顎骨組織細胞增生症—病例報告
Langerhans' cell histiocytosis of mandible — a case report

于會▲(Yu H)　陳遠謙(Chen Y C)　張加明(Chang C M)　張佩穎(Chang P I)　陳癸菁(Chen K J)

中國醫藥大學附設醫院口腔顎面外科

在所有患組織細胞增生症(Langerhans' Cell Histiocytosis)的病患中約10%是口腔病灶，臨床表徵以頭頸部最為常見。疾病本身分為良性及惡性，良性通常是單葉或多葉性的嗜酸性肉芽腫，惡性為Letterer-Siwe disease, histiocytic lymphoma，然而不管是良性或惡性皆具有腫瘤的特性。以頭頸部來講，LCH好發於下顎骨，臨床症狀包括自發性、持續性之疼痛且有bony swelling、牙齒之鬆動…等。嗜酸性肉芽腫通常發生在骨骼，如肋骨、骨盆、四肢長骨、顱骨及顎骨)；比較少見發生在軟組織，但小孩及年輕人是發族群。放射線影像一般是多葉放射線透射影像，良性及惡性的特徵是一樣的。本病例介紹一位6歲小女孩，在左側下顎骨第二乳臼齒、第一小臼齒牙胚至萌發中的左下第一大臼齒區域呈現多葉性不規則的放射線透射性影像，且臨床上左臉頰有明顯bony hard swelling加上壓痛之情形，為其進行拔牙及切片手術後，確定診斷為組織細胞增生症；之後會診小兒血液腫瘤科接受化學治療，目前仍持續追蹤觀察中。

以舌唇黏合術治療有上呼吸道阻塞的皮爾羅賓氏症患者—兩個病例報告

Tongue-lip adhesion in the management of pierre robin sequence with upper airway obstruction — two cases report

呂明怡[*]▲(Lu M Y) [‡]陳家玉(Chen J Y) 周明勇[*,†] (Chou M Y) 彭芷瑜[*,†] (Peng C Y)

[*]中山醫學大學附設醫院口腔顎面外科 [†]中山醫學大學牙醫學系
[‡]中山醫學大學附設醫院小兒科

皮爾羅賓氏症(Pierre Robin Sequence)是一種罕見的先天性疾病，合併有下顎嚴重後縮、舌頭後位與腭裂等表徵。上呼吸道阻塞與餵食困難是患有此症的嬰兒在臨床上時常遇到問題。嚴重的上呼吸道阻塞時常需要手術介入來解除，但手術適應症與方法及何時手術仍存在爭議。本文報告兩個皮爾羅賓氏症的病例，因為上呼吸道阻塞，經評估後接受舌唇黏合術治療而在臨床上得到改善，包括拔除插管、改善血氧濃度、體重增加等。舌唇黏合術是一個簡單的外科步驟，並少有併發症，可以成功的治療部分嚴重上呼吸道阻塞的皮爾羅賓氏症患者，當術前評估呼吸道阻塞是因為舌根部後位引起時，可以優先考慮以舌唇黏合術治療。

年輕女性患有復發性骨內巨大細胞肉芽瘤—病例報告

A young female patient with recurrent central giant cell granuloma — a case report

張哲綸▲(Chang C L)　劉崇基(Liu C J)

台北馬偕醫院口腔顎面外科

Central giant cell granuloma (CGCG) of the jaws is an uncommon benign intraosseous lesion accounting for approximately 7% of all benign tumors of the jaws. The histological features of CGCG is defined by the WHO as an intraosseous lesion consisting of cellular fibrous tissue that contains multiple foci of hemorrhage, aggregations of multinucleated giant cells, and, occasionally, trabeculae of woven bone. However, the true nature of this lesion is controversial and remains unknown; the three competing theories are that it could be a reactive lesion, a developmental anomaly or a benign neoplasm. Furthermore, the actual aetiology of CGCG is still unclear, although inflammation, hemorrhage and local trauma have all been suggested; it has also been hypothesized that CGCG may have a genetic aetiology. The clinical behavior of CGCG ranges from a slowly growing asymptomatic swelling to an aggressive lesion that manifests with pain, local destruction of bone, root resorption, or displacement of teeth. Aggressive subtypes of CGCG have a tendency to recur after excision. CGCG usually occurs in patients younger than 30 y/o, and is more common in females than in males, and is more common in the mandible than in the maxilla. This case report describes a recurrent central giant cell granuloma involving the body and ramus of the mandible in a 24 y/o woman. Mandible expansion lesion was found one year ago. She received the conservative treatment by curettage and peripheral ostectomy. After the initial treatment the symptom and sign were improved. But unfortunately the bony expansion with tenderness was noted 2 months ago. When the recurrence was detected by the CT scan. Aggressive treatment was performed including en bloc resection of mandible with free fibular bone flap reconstruction. The histopathological examination revealed as recurrent CGCG. After discharge she was followed up periodically in OPD without recurrent until now.

左側下顎骨纖維性發育不良－病例報告
Fibrous dysplasia of left mandible — a case report

吳契璁▲(Wu C T)　沈炯志(Shen C C)　張婷菡(Chang T H)
林志恭(Lin C K)　張燕清(Chang Y C)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Fibrous dysplasia is a benign lesion in which consist of replacement of the medullary bone with fibrous tissue, causing the expansion and weakening of the areas of bone involved. There are two types of fibrous dysplasia: monostotic (about 70-80%) and polyostotic. Although its etiology has been defined, the mechanism of spontaneous resolution is still unclear. Clinical management of fibrous dysplasia is mostly conservative surgical removal without extensive surgery, but radiation therapy is contraindicated. This is a 27 years young girl who suffered from painless swelling over left mandible for one year. We arranged the bone biopsy under local anesthesia and the examination of computer tomography for her. The pathological report is fibrous dysplasia. Then we decided to adopted the treatment of camouflage. Closely follow up 3 months, the wound is healing well and there is no sign of recurrence.

顎骨漿細胞肉芽腫—病例報告
Plasma cell granuloma of jaw — a case report

邵子齡*▲(Shao T L)　高陳叔生*(Kao Chen S S)　陳元武†(Chen Y W)

*國軍桃園總醫院牙科部　†三軍總醫院口腔顎面外科

Plasma cell granuloma is a rare reactive proliferous lesion, composed of mainly polyclonal plasma cells accompany with acute and chronic inflammatory cells infiltrated. It manifests primarily in the lungs, but rare in the oral cavity. Because of the clinical features and radiological expression of the plasma cell granuloma are easily misdiagnosed with malignant tumor, it needs pathological examination combined with immunochemical stain to confirm the diagnosis. The first choice of treatment of the plasma cell granuloma is surgical excision. Adjunctive high dose steroid or radiotherapy reserved for the lesion which can not be surgical excised. In this case, a protruding mass revealed on the edentulous ridge of the left mandible about 4 x 2 x 2 cm in size. After CT examination, it presents a budding expansile radiolucency lesion with ventral cortical bone wall off. After the tumor was excised, the pathological report confirmed it as a plasma cell granuloma. The patient has been followed for 2 years, and no sign of recurrence is found.

兩側及復發性耳下腺淋巴樣乳頭囊狀腺瘤—兩病例報告

Bilateral and recurrent papillary cystadenoma lymphomatosum of parotid gland — two cases report

唐宗凡▲(Tang T F)　曾建福(Tseng C F)　林秉毅(Lin P Y)
林涵威(Lin H W)　郭英雄(Kuo Y S)

亞東紀念醫院口腔顎面外科

淋巴樣乳頭囊狀腺瘤，亦稱Warthin氏瘤，為發生率第二高(僅次於多形性腺瘤)之唾液腺良性腫瘤。好發於男性，多發生於單側腮線，復發率低，與抽菸有高度相關性。 其臨床表徵常為一緩慢生長、無症狀之腫瘤，僅有少數患者會伴隨患部疼痛、耳鳴甚至耳聾及顏面神經麻痺的現象。單純切除腫瘤或是腮腺淺葉摘除術並保留顏面神經為目前較常見的治療方式。術後最常發生的併發症為暫時性顏面神經的麻痺，然而仍有少數患者會產生永久性顏面神經麻痺。本院於2009年及2010年經驗之兩病例，案例一為55歲男性，其因右側腮線淋巴樣乳頭囊狀腺瘤於2009年5月至本院求診，經腫瘤切除手術摘除後於10個月後回診發現右側耳下區腫脹，診斷為復發性之淋巴樣乳頭囊狀腺瘤，經腮線全葉摘除術後病理報告顯示為一多發性淋巴樣乳頭囊狀腺瘤。患者術後傷口恢復良好，然而產生了顏面神經麻木之現象，追蹤至2011年8月已恢復大部分功能。案例二為59歲男性，因左側耳下區腫脹於2009年11月至本院求診。經核磁共振檢查後發現，患者為同時發生於雙側腮線之淋巴樣乳頭囊狀腺瘤。經腫瘤切除手術後，患者術後恢復良好，觀察至2010年4月無復發及發生顏面神經麻木之現象。

以去頭皮除皺術切線進行耳前區腫瘤摘除術—病例報告

Minimal incision rhytidectomy approach in preauricular region — a case report

楊芊瑩▲(Yong C Y)　方致元(Fang I Y)　周珊如(Zhou S R)　錢世康(Chien S K)
侯俊羽(Ho C Y)　林冠州(Lin K C)

台北市立萬芳醫院口腔顎面外科

Tumors of parotid gland and preauricular area are treated via preauricular approach generally. The risks of this approach are facial nerve injury and obvious scar. Recently, the minimal incision rhytidectomy approach is presented. The advantages of minimal incision rhytidectomy approach are good exposure, no neck scar, no significant difference in mean time of surgery, improved patient satisfaction and without additional risk of complication. Therefore the minimal incision rhytidectomy approach can replaced the traditional preauricular approach.

下顎單囊造釉母細胞瘤－病例報告

Unicystic ameloblastoma at mandible — a case report

徐允中▲(Hsu Y C)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Differentiating ameloblastomas from other cystic lesions in the maxillomandibular region is important because of their high recurrence rates. We report a case of a large unicystic ameloblastoma in a 20-year-old male, as diagnosed by conventional radiography, CT image, and fine-needle aspiration cytology. The tumor was treated by modified technique of enucleation, and we retained the integrity of the inferior alveolar nerve successfully. Microscopically the tumor showed two histologic types of intraluminal proliferation and intramural invasion. After several follow-up visits, there has been no evidence of recurrence for 33 months after surgery. We reviewed the literatures, and discussed the images, fine-needle aspiration cytology, and the subtypes and surgical options of unicystic ameloblastoma, respectively.

咬合平面未明顯歪斜的顏面不對稱
Facial asymmetry patients with even occlusal plane

陳登偉▲(Chen T W)　方晶晶(Fang J J)　劉佳觀(Liu J K)　王東堯(Wong T Y)

成大醫院口腔顎面外科

顏面不對稱的主訴，是正顎手術病人常見的求診原因之一，但並不易被適切診斷。顏面不對稱常被認為與咬合平面的歪斜相關，因此許多學者將治療的主要目標，設定為矯正歪斜的咬合平面；然而，較少有文獻探討咬合平面未明顯歪斜的顏面不對稱。本研究的目的，在於探討咬合平面未明顯歪斜的顏面不對稱病人，其發生的比率以及不對稱的型態。本研究的對象，是本院口腔顎面外科接受顏面不對稱治療的病人，這些病人皆安排電腦斷層掃瞄、最佳對稱面分析系統(BPS program)分析，以及傳統二維正面測顱(frontal cephalometry)分析。本研究將最佳對稱面系統分析後，偏移距離大於4 mm，或是偏移角度大於4度的病人納入研究，並且將咬合平面歪斜角度小於或等於2度的病人，定義為咬合平面未明顯歪斜(even occlusal plane)。研究結果：14個納入研究分析的顏面不對稱病人中，有9個病人咬合平面未明顯歪斜。多數呈現較大偏移角度的不對稱病人，會出現明顯下顎骨Z軸(Z-axis)上的旋轉，並呈現較大的偏移距離。結論：咬合平面歪斜，不一定是顏面不對稱病人的必然指標，三維立體影像分析，對於顏面不對稱病人的完整診斷與矯治，是重要且必須的一環。

中山醫學大學附設醫院口腔顎面外科正顎手術病例分析

Analysis of orthognathic surgery in CSMUH OMS dept

彭芷瑜▲(Peng C Y)　吳伯璋(Wu B C)　蔡樂霖(Tsai L L)　黃淑卿(Huang S C)　周明勇(Chou M Y)

中山醫學大學附設醫院口腔顎面外科 / 中山醫學大學牙醫學系

1970年代開始，正顎手術的研究與實踐發展輝煌騰達，使得正顎手術逐漸成為顎顏面畸形治療的一個常規選擇。許多病人藉此治療方式可以獲得單由齒顎矯正無法達成的穩定咬合與和諧美觀的顏面輪廓。因為對於顎骨構造、口腔環境與咬合功能的特殊專業要求，口腔顎面外科醫師在正顎手術的領域裡扮演一個重要的角色。本文主要目的是探討中山醫學大學附設醫院口腔顎面外科自2003年3月起至2011年8月這八年間，203個正顎手術病例加以統計分析，就性別、年齡層、診斷、手術術式、住院天數等作一討論。藉由本文，希望對本院的正顎手術有一系統性的回顧瞭解與認識，並進一步從中檢討，作為本院日後正顎手術之發展與改進的依據，以期為患者提供更理想的治療。

正顎手術併發暫時性的顏面神經麻痺－病例報告
Bell's palsy after orthognathic surgery — a case report

游竣傑▲(Yu C C)　吳哲輝(Wu Jerry)　林宏政(Lin H C)　李嘉鐸(Lee C T)

台北國泰綜合醫院口腔顎面外科

本病例為32歲女性。病人患有下顎過度生長與安格氏第三級異常咬合，經術前矯正治療後，接受雙側下顎骨直枝垂直截骨術與上下顎間固定。術後第一日發現，病人右後腦杓疼痛及耳朵附近漲痛，但無臉部麻痺現象。術後第三日出院後下午，患者發現右嘴角歪斜，右眼無法閉合，回診發現右臉肌肉無法活動，疑似Bell's palsy，給予類固醇、血管擴張劑、活性維生素B12治療，並安排眼科與神經內科會診，做進一步評估與診斷。經由會診與頭部斷層掃描檢查，沒有腦內出血與其他病灶之發現，並確診為Bell's palsy。經過3個月的門診追蹤與藥物治療，患者之右邊眼瞼、鼻翼、嘴角皆逐漸恢復運動功能，觸診之疼痛感與皮膚感覺異常亦日漸改善。目前仍進行術後追蹤及齒列矯正。Bell's palsy發生於正顎手術後較為少見，此次提出經驗分享，以供日後診斷與治療之參考。

顏面不對稱病人的單純頦緣傾斜－22個病例研究

Isolated chin border canting in facial asymmetry patients — a study of 22 consecutive patient

陳孟延▲(Chen M Y)　王東堯(Wong T Y)　方晶晶(Fang J J)　劉佳觀(Liu J K)

國立成大醫學院附設醫院口腔顎面外科

Chin is the single most important region for symmetry evaluation. Chin canting has been regarded as a consequence of mandible asymmetry. Some patients still presented chin asymmetry after surgical correction of jaw asymmetry. Few literatures addressed isolated chin canting. The purpose of this study was to detect chin canting with computer simulation, to determine the associated factors and to evaluate treatment results. Twenty-two consecutive facial asymmetry patients underwent OGS in NKCUH. Chin canting was defined as difference between chin plane and FH plane by more than 2 degree. Genioplasty was performed to level the chin canting if existed following navigational planning. Nine of twenty-two facial asymmetry patients presented chin canting after navigation planning. Eight patients had undergone leveling genioplasty. One case had residual chin canting after leveling genioplasty. In conclusion, isolated chin border canting existed in a number of asymmetrical face. Most cases were associated with significant facial asymmetry. Detection and correction of chin canting could be achieved by computer navigation and simulation.

顎顏面手術術後骨化性肌炎－病例報告

Myositis ossificans after surgery in the maxillofacial region — a case report

粘炳樟▲(Nien P C)　陳畊仲(Chen K C)　王東堯(Wong T Y)　黃振勳(Huang J S)

成大醫院口腔醫學部口腔顎面外科

Myositis ossificans is a pathological condition that heterotopic calcification deposit within soft tissue. In the cases of myositis ossificans traumatica (MOT), the calcification might develop in response to tissue injury such as trauma and surgery, or tissue inflammation. But the prevalence in oral-maxillofacial region is rare. We report a case of myositis ossificans after debridement surgery in oral and maxillofacial region. The patient who is a 73 year-old female with facial cellulitis underwent operations of incision and drainage. No abnormal calcification was found before the surgical intervention. Heterotopic bone formation after surgery was found within temporalis and medial pterygoid muscle, and caused trismus. Myositis ossificans was confirmed with computed tomography scan. The clinical course of this case and a review of the literature would be discussed.

下顎根尖下截骨術及雙側下顎骨聯合旁截骨術術後疼痛度之比較

Comparison of post operative pain between anterior mandibular segmental osteotomy and bilateral parasymphyseal osteotomy

蘇袓瑋▲(Su C W)　陳俊明(Chen C M)　賴聖宗(Lai Steven)　楊家福(Yang C F)　黃逸岳(Huang I Y)

高雄醫學大學附設醫院口腔顎面外科

To compare postoperative pain in patients undergoing 2 different procedures for the treatment of bimaxillary protrusion. ASO group: anterior segmental osteotomy of maxilla (ASO Mx) + anterior segmental osteotomy of mandible (ASO Md) + genioplasty (Gep). BpsO group: ASO Mx + Bilateral parasymphyseal osteotomy of mandible (BpsO Md) + Gep. Materials and methods: A 10-cm visual analog scale (VAS) was used to evaluate postoperative pain over 2 days in 32 patients who underwent orthognathic surgery (15 in ASO; 17 in BpsO). Patient- and operation-related factors (age, blood loss, operation time, preoperation and postoperation blood parameters) were assessed. Postoperative VASs were compared between both groups. Results: Patient- and operation-related factors had no difference in both groups. Mean operation time and blood loss were 406.67 min and 388.67 mL in the ASO group, and 447.35 min and 365 mL in the BpsO group, respectively. Mean VAS scores on the first and second postoperative day were 3 cm and 1.4 cm in the ASO group, and 2.82 cm and 1.76 cm in the BpsO group. Concerning the postoperative VASs, there are no significant differences between ASO and BpsO groups. Conclusion: Postoperative pain control following orthognathic surgery was acceptable, and presented no different between ASO and BpsO procedures.

雙側下顎骨副骨聯合截骨術之失血量研究

Correlation between blood loss and patient-related factors including blood components among patients undergoing bilateral parasymphyseal osteotomy

林蔚庭▲(Lin W T)　陳俊明(Chen C M)　楊家福(Yang C F)　黃逸岳(Huang I Y)

高雄醫學大學附設醫院口腔顎面外科

To determine the correlation between pre- and postsurgical loss of blood and blood components among patients undergoing treatment for facial deformities by bilateral parasymphyseal osteotomy (BPsO). Materials and methods: The pre- and postoperative values of blood components were determined in 30 facial deformity patients who underwent orthognathic surgery by hypotensive anesthesia. Correlations among the blood loss, sex, age, operation time, and reduced values of blood components were assessed by a correlation matrix. The mean blood loss and operation time were 437.5 (± 52.5) ml and 355.8 (± 209.42) minutes, respectively. Two patients included in this study had required blood transfusion. The mean reduced RBC (×10^6/μL), Hb (g/dl), and Hct (%) were -1.02, -2.98, and -9.18, respectively. There was no significant correlation between blood loss and other related factors (e.g., age, operation time, and reduced blood components). However, all patients showed significantly lower values of blood components after surgery. No significant factor was associated with blood loss and reduced blood components among patients undergoing BPsO. Furthermore, hypotensive anesthesia is a well-accepted method to reduce blood loss during orthognathic surgery.

雙自由皮瓣於頭頸癌切除後廣泛顏面缺損之應用
Double free flaps reconstruction in head and neck cancer patients

徐偉凱▲(Hsu W K) 羅正興(Lo C H) 李芳輝(Lee F H) 蘇偉嘉(Su W C) 白馨(Pai H)

嘉義市天主教聖馬爾定醫院口腔顎面外科

顏面、口腔廣泛性複合組織缺損包含顎骨、口腔黏膜、皮膚、肌肉、甚至涵蓋舌頭及嘴唇等高度活動性結構。這樣一個龐大且多層次的組織缺損對於重建而言是一個相當大的挑戰。在我們十年(民國90年2月至100年8月)的自由皮瓣重建經驗裡，共有19個病人在頭頸癌術後同時接受雙皮瓣重建(simultaneous double free flaps)。同時使用雙自由皮瓣的目的不僅可以提供適當的顎骨重建且又有足夠的軟組織覆蓋缺損。本科雙自由皮瓣主要是使用腓骨自由皮瓣合併橈前臂皮瓣，共有15位；其他四位為腓骨自由皮瓣合併大腿前外側肌皮瓣。接受如此大範圍重建之病人皆屬於口腔癌分期後期的病人，三位屬於第三期，其他皆為第四期。總地平均手術時間19小時又34分鐘。整體皮瓣失敗率為5.26%，兩塊失敗皮瓣皆為腓骨自由皮瓣；再探查比率為13.2%，其中四位發生靜脈血栓。平均外側皮瓣面積為88.8(32-132)平方公分，內側皮瓣面積為100.2(56-150)平方公分，腓骨截骨長度為15.0公分。平均追蹤時間為22.5個月，截至出稿日仍有73.7%人存活。對於死亡病例平均存活期為 22.2個月。對於廣泛性顏面部組織缺損患者，使用雙自由皮瓣重建是一個有效且安全的方式，且能增加病患生活品質。

嘴角及唇部重建－病例報告
Mouth angle and lip reconstruction — a case report

許文祥▲(Hsu W S)　高主強(Kao C C)　劉淑澄(Liu S S)

花蓮市基督教門諾會醫院口腔顎面外科

口腔癌侵犯嘴角及唇部所造成之缺損，術後美觀及功能的重建相當困難，由於牽涉不同組織構造的重建，相對地提高手術的複雜性。目前的重建方法包括局部皮瓣修補、遠處根蒂皮瓣、遠處游離肌皮瓣顯微手術修補等術式，如果只採取單一重建補修術式，僅能解決有限的功能及美觀。游離肌皮瓣具有表皮較薄，血管較長，解剖位置固定，較佳的延展性、柔韌性及可塑性，提供各式各樣的變異設計等優點。對於較大的缺損，將游離肌皮瓣、局部皮瓣與遠處根蒂皮瓣合併應用，不但提供口腔內及臉頰缺損的覆蓋，同時又能維持嘴唇與嘴角的功能與形狀，以達到兼顧外觀及功能的雙重目的。

應用新式胸鎖乳突肌皮瓣在口底癌患者之重建
The sternocleidomastoid perforator flap reconstruction in a patient with mouth floor SCC

陳泓志▲(Chen H C)

高雄榮民總醫院口腔顎面外科

傳統的帶蒂胸鎖乳突肌皮瓣(pedicled sternocleidomastoid flap)因旋轉弧度受限，體積有限和不穩定的血管供應受限了臨床上的應用。在此臨床口底癌病例報告中我們使用了2011年由Dr. Avery CM提出有別於傳統帶蒂胸鎖乳突肌皮瓣一種新的技術。此手術方式，將胸鎖乳突肌皮瓣根源處切斷，使皮瓣的自由性更大。使傳統的帶蒂胸鎖乳突肌皮瓣變為一個單純由甲狀腺上動脈及伴隨靜脈穿通血管所支配的皮瓣。此手術方式提供了臨床上另一項重建選擇，尤其是對於有嚴重系統性疾病之患者能減少手術範圍及時間，惟臨床進行改良性頸部淋巴廓清術時會增加其困難性及對於有頸部淋巴結轉移患者並不適用。但新式胸鎖乳突肌皮瓣皮瓣旋轉的弧度大大提高和擴大皮瓣的應用潛力。

舌根部鱗狀上皮細胞癌的術後重建

Postoperative reconstruction for the squamous cell carcinoma of the tongue base

侯俊羽▲(Ho C Y)　錢世康(Chien S K)　鄭育誠(Cheng Y C)
周珊如(Zhou S R)　方致元(Fang I Y)　林冠州(Lin K C)

台北市立萬芳醫院口腔顎面外科

The dilemma of tongue reconstruction is between the volume and the mobility. Kimata et al. (2003) concluded that the protuberant tongue reconstruction was suggested for better swallowing ability. The width was more important than length and the flap 30% wider than defect was suggested. Traditionally, the radial forearm free flap (RFFF) is a thin and pliable free flap without restriction of tongue movement. However, RFFF leaves conspicuous esthetic deformity and numbness of forearm. Besides, it may not provide enough bulk for deglutition. The anterolateral thigh (ALT) vascular pedicle is another choice. It maintains adequate tongue-palate contact but restricts the mobility. Nevertheless, the flap may be thinned for pure intraoral defects. The vessels (pertcratns) are usually more than 10cm and the diameter is more than 2 mm, which is adequate for anastomosis in the neck region. The flap is extensive and the size can be up to 15 cm in width and 25 cm in length. The donor site can be closed primarily if the width of flap does not exceed 8 to 9 cm. Therefore, the ALT is bulky, reliable vascularity and extreme versatility free flap for tongue reconstructions.

嚴重免疫低下病人口內同時二原發惡性腫瘤之處置—病例報告

Management of the severe immune compromised patient with synchronous oral cancer — a case report

沈炯志▲(Shen C C)　陳元武(Chen Y W)

三軍總醫院牙科部口腔顎面外科

Advanced or recurrent oral squamous cell carcinoma leads to poor prognosis, so synchronous oral cancers also make the worse outcome, too. Standard treatment of this condition is radical removing the malignant tumor with neck lymphatic dissection. Recent study revealed that radiation therapy combined with target therapy had improved the survival rate and life quality for these advanced malignant tumor patients. A 42-year-old patient was diagnosed as synchronous squamous cell carcinoma over left maxilla and mandible respectively. The bony invasion of maxilla and mandible was detected by image studies. The patient's general conditions were complicated, including post liver transplantation status, immunosuppressive agent (FK506) usage, post transplant diabetes mellitus (PTDM), and chronic renal insufficiency. The radiation therapy combined with target therapy and cryosurgery were performed for the patient. Finally, the tumor was released, the oral function was preserved, and the patient was satisfied. This worth experience provides alternative modality for clinical use.

硼中子捕獲治療與復發性頭頸癌
Boron neutron capture therapy (BNCT) in recurrent head and neck cancer

黃弘昌▲(Huang H C)　陳一瑋(Chen I W)　王令瑋(Wang L W)
雷文天(Lui M T)　高壽延(Kao S Y)　羅文良(Lo W L)

台北榮民總醫院口腔顎面外科

近年來雖然醫學的進展越來越先進，然而頭頸癌的存活率在近數十年來的存活率並沒有顯著的進展，術後腫瘤局部復發的情形還是不少，尤其原發頭頸癌越晚期，疾病控制情形越不佳。復發性頭頸癌的治療傳統上一樣是朝三個方面考慮：手術治療、放射線治療及化學治療。但是復發性頭頸癌常常會發生臨床上不適合上述三種治療方式的情形，因此發展其它治療方式或許可以改善復發性頭頸癌的治療效果。硼中子捕獲治療跟傳統放射線治療不同的地方在於硼中子捕獲治療是一種二元的(binary)的治療方式：它必須同時存在硼元素及熱中子束才能發生細胞破壞的效果。因此如果我們在使用含硼藥物時，若能夠將硼元素在正常組織中的分佈降至最低、增加腫瘤細胞硼元素的含量密度，則即使正常組織與腫瘤細胞照射相同密度的熱中子束，細胞破壞的效果卻是截然不同的。本次報告將簡介硼中子捕獲治療及其臨床試驗用於復發性的頭頸癌的效果、副作用及預後，其中包含本院的病例報告。

5-氨基酮戊酸光動力療法為有效治療口腔疣狀癌的另類療法

Topical 5-aminolevulinic acid mediated photodynamic therapy is an effectively alternative treatment for verrucous carcinoma

何念恩▲(Ho N E)　郭生興(Kok S H)　李正喆(Lee J J)　章浩宏(Chang H H)
鄭世榮(Cheng S J)　陳信銘(Chen H M)

臺大醫院口腔顎面外科

Verrucous cancer (VCA) is one of highly prevalent oral cancer. Conventional treatment is widely surgical excision, but the large tissue defect is not preventable. Our previous studies have shown that the topical 5-aminolevulinic acid-mediated photodynamic therapy (topical ALA-PDT) using the 635-nm lightemitting diode (LED) light is very effective for verrucous hyperplasia with no significant tissue defect. In this study, we used the similar strategy to treat VCA. Materials and methods: In this study, 7 VCA locating at varied areas of oral cavity were recruited to be treated with topical ALA-PDT using the 635-nm LED once a week. Before topical ALA-PDT treatment, all patients received oral cancer stage work up. Except one VCA was a T4N0M0 case, the others were T2N0M0 cases. Results: All 7 VCA were completely cured with no significant tissue defect. After 1 to 6 years follow-up, there is no any recurrence or detectable neck lymph nodes metastasis in all 7 VCA. Discussion: VCA is a kind of more outgrowth, but fewer metastasis tumor. These characteristics of VCA compensate the limitations of ALA-PDT to treat malignant diseases, which are shallow light emission and helpless for local or distant metastasis. This study showed that the laser light mediated topical ALA-PDT is very effective for treatment of VCA with no significant tissue defect. We suggest that topical ALA-PDT is able to be used as an effectively alternative treatment for VCA.

顱底手術之顳下區腫瘤切除術—病例報告

Infratemporal resection of malignant tumor — a case report

楊方瑜▲(Yang F Y)　郭生興(Kok S H)　李正喆(Lee J J)　陳信銘(Chen H M)
章浩宏(Chang H H)　鄭世榮(Cheng S J)

臺大醫院口腔顎面外科

臨床上第四期口腔癌之五年存活率大約為21%，而腫瘤若侵犯到顳下區則五年存活率更低。顳下區之腫瘤切除手術操作靠近顱底，手術治療有相當的難度：將腫瘤清除乾淨，避免術中大出血，減少影響病人外觀等為臨床醫師的考驗。在此提出一臨床病例及手術方式以供參考：一臨床診斷為臼齒後三角區口腔鱗狀上皮細胞癌之病人，期數為cT4bN0M0，核磁共振掃描結果顯示腫瘤由左下牙齦及臼齒後三角區延伸至左側下顎髁突、下顎骨喙狀突及顳下區，最長徑達九公分。病人先接受放射化學治療後，安排入院進行腫瘤切除、頸部淋巴廓清及游離皮瓣重建手術。手術方式採用顳下區腫瘤切除術之設計，由左嘴角及頸部切開術將臉部皮瓣側向及向上翻開，使上顎骨及顴弓完整暴露，也在顳區加上切線翻開皮瓣使顳肌露出以得到足夠之腫瘤安全距離。接著在上顎骨之前壁開洞以暴露後壁來將上顎完整分離且避免傷及內頸動脈，並切除部分顴弓搭配顳曲皮瓣以進行顳下區之切除，維持腫瘤完整，確保安全距離而完全切除腫瘤。術後病人恢復良好，重建後的外觀對稱性佳；病理報告顯示檢體邊緣並無腫瘤侵犯，無頸部淋巴轉移，持續於門診追蹤。

原發性上顎瀰漫性大B細胞淋巴瘤—病例報告
Primary diffuse large B cell lymphoma of maxilla — a case report

黃金聲▲(Huang C S)

台北醫學大學 署立雙和醫院 口腔顎面外科

發生在口腔部位的淋巴瘤僅佔所有口腔惡性腫瘤的3.5%，其中瀰漫性大B細胞淋巴瘤(diffuse large B-cell lymphoma)是一種非霍奇金淋巴瘤(Non-Hodgin lymphoma)，好發於老年人，男性多於女性，發生部位上顎多於下顎；臨床症狀包括局部腫脹，表面潰瘍以及疼痛；X光影像發現骨頭吸收破壞；組織切片可見B淋巴細胞瀰漫性增殖。治療上以化學藥物治療為主，視需要加上放射線治療。本案為指出一名75歲男性，主訴為最近兩個月上顎牙齦持續腫脹且疼痛，檢查發現在上顎前牙區有一5cm*3cm的腫塊，黏膜顏色呈淡紫色，質地彈性，伴隨牙齒搖動，環口X光片顯示牙根周圍呈現放射線透射區，電腦斷層指出上顎前牙頰側、舌側皮質骨遭破壞。切片檢查為惡性淋巴瘤。再經全身檢查確認原發部位在上顎骨，故安排化學藥物治療。治療後反應良好，腫塊完全消退，並持續追蹤。

口腔中非霍奇金氏淋巴瘤—病例報告
Non-Hodgkin's lymphoma in oral cavity — a case report

何宗訓▲(Ho T H)　魏鈴穎(Wei L Y)　郭生興(Kok S H)　李正喆(Lee J J)

台灣大學臨床牙醫研究所

在臺灣地區頭頸部的惡性腫瘤當中，鱗狀細胞癌最為常見，淋巴瘤則少見。但由於淋巴瘤沒有特殊的臨床病徵，除腫脹外少有疼痛或潰瘍，所以難以在第一次就做出正確的診斷。霍奇金氏疾病和非霍奇金氏淋巴瘤這此二類淋巴瘤並無法利用臨床症狀來判斷，而需以細胞組織學區分，霍金氏疾病有SternbergReed cell。此通用的工作分型，可把淋巴瘤惡性程度分為低度、中度及高度，但其中並沒有區分B細胞或T細胞。非霍奇金氏淋巴瘤當中，濾泡淋巴瘤在歐美國家是主要腫瘤，但在東方國家卻不多見，在臺灣則少見(約佔5%)。濾泡淋巴瘤好發於40歲以上成人，男女比率相近，幾乎不會發病於20歲以下族群。通常以淋巴腺腫大表現，無其他症狀，其骨髓侵犯率為40-60%。病患為54歲女性，於本院就診一年前開始發現右臉部腫脹情形，並在他院接受影像學及切片檢查，報告為慢性發炎組織。隨後於本院再度接受切片檢查，報告仍為慢性發炎。但在回診中發現腫塊逐漸變大，於是安排接受手術切除。在病史方面，有控制不佳的高血壓，無煙、酒或檳榔的使用習慣。病理診斷結果顯示此病例為綜合瀰漫性及結節性B細胞淋巴瘤，符合濾泡淋巴瘤的表徵。此疾病需和齒源性的感染或是唾液腺結石做鑑別診斷。

下顎骨漿細胞瘤—病例報告

Solitary plasmacytoma in mandible — a case report

莊函屏▲(Chuang H P)　蕭應良(Hsiao Y L)

台中榮民總醫院口腔顎面外科

Plasma cell neoplasm is a hematologic malignancy characterized by monoclonal proliferation of abnormal plasma cell. It arises either within bone marrow or soft tissue and is categorized into multiple myeloma, solitary plasmacytoma of the bone (SPB) and extramedullary plasmacytoma (EMP). The incidence of SPB is relatively low among all plasma cell neoplasms; however it has the potential to proceed to multiple myeloma of which prognosis is considered poor. The treatment options of this hematologic disease includes systemic chemotherapy, localized radiotherapy and surgical intervention. In this article, we present a 61-year-old male patient of multiple recurrent solitary plasmacytoma in nasal cavity. He received Caldwell Luc's operation, ethmoidectomy, local radiotherapy with 5000cGy, 25fr (from 2002-3-19 to 2002-4-16) and chemotherapy regimens due to the relapse of the disease in February in 2009. The patient visited our OMFS outpatient department for oro-cutaneous wound over right side lower face after extraction of lower right third molar in May in 2011. Biopsy of the lesion in mandible was performed and the patho-histological report was salitary plasmacytoma. The course of this disease , the diagnosis, the treatment options and the relative literatures will be reviewed.

下顎骨間葉型軟骨肉瘤—病例報告
Mesenchymal chondrosarcoma of mandible — a case report

趙于華▲(Chao Y H)　陳萬宜(Chen M Y)

台中榮民總醫院口腔顎面外科

Mesenchymal chondrosarcoma is one of the most unusual neoplasms. It usually appears in the second and third decades of life. This neoplasm affects females more frequently than it does in males.

These neoplasms are characterized by its bimorphic histological pattern. This type of neoplasm shows aggressive local behavior as well as a high metastatic potential. Due to these features and the high risk of recurrence, the prognosis is poor. In this report we present a case of mesenchymal chondrosarcoma primarily involving the mandible.

A 28-year-old woman, who felt numbness of her left chin for 1 year and came to our hospital for evaluation and management. After biopsy examination, pathology report showed that it was a mesenchymal chondrosarcoma of left mandible. Since the patient refused to undergo radical resection operation. Post-op radiotherapy was arranged.

上顎部亮細胞瘤—病例報告

Clear cell sarcoma of palate — a case report

洪啟勛▲(Hung C H)　吳政憲(Wu C H)　邱昱瑋(Chiu Y W)　林依靜(Lin I C)

行政院國軍退除役官兵輔導委員會台北榮民總醫院口腔顎面外科

Clear cell sarcoma (CSS), also known as clear cell sarcoma of tendons and aponeuroses or malignant melanoma of soft tissue, is a rare translocation-associated soft tissue malignancy with melanocytic differentiation. The tumor is predominantly located in the extremities with a predilection for the lower extremities. It was first described by Enzinger in 1965 and according to literature, the incidence of CSS is approximately 1% of all soft tissue sarcoma and rarely found in the head and neck region. Clinically, CCS presents as a poorly defined, slow-growing, and painless deep-lying mass. Here we presented a case of an 8-year-old female presented with a painless mass over left palate with progressive change in size for one year. Oral exam revealed swelling of left palatal mucosa with intact mucosa. Computed tomography showed a 2x2cm soft tissue lesion over left paramedium hard palate with destructive bony border Microscopically, the tumor cells were polygonal to spindle shaped which invaded to the oral mucosa. The cells were immunoreactive for S-100 and HMB-45. The result from fluorescence in situ hybridization (FISH) demonstrated positive reaction for EWS gene translocation. The pathologic diagnosis confirmed to be clear cell sarcoma. The patient was then received whole body tumor survey and ablative surgery. For the age of the patient, surgical reconstruction and oral rehabilitation were challenging. In this report, we intended to describe the course of this rare disease and discuss the associated treatment flow.

上顎無特殊性腺癌—病例報告

Adenocarcinoma not otherwise specified of the maxilla — a case report

陳怡伶▲(Chen I L)　陳雅薇(Chen Y W)　于恩浩(Yu E H)
涂曦丰(Tu H F)　高壽延(Kao S Y)　吳政憲(Wu C H)

台北榮民總醫院口腔顎面外科/國立陽明大學附設醫院

Adenocarcinoma not otherwise specified (NOS) is a malignant neoplasm of the salivary glands with ductal, glandular or secretory differentiation that cannot be attribute to any other currently recognized type of salivary gland carcinoma. The incidence of this subgroup of tumors is rare and diversity in the cytoarchitecture which may ranging from low-grade to high-grade differentiation. Morphologically, they may exhibit a solid or a cystic pattern. Adenocarcinoma, NOS, is more common in the major salivary gland. However, when the tumors developed in the maxillary region, they may be mistaken as a benign odontogenic or sinonasal lesions. Here we presented a case of adenocarcinoma of left maxillary region that was initially diagnosed as an odontogenic cyst. A 33-year-old non-smoker male patient presented with swelling and discharge over left palatal area for two months. For this, he had received root canal treatment of tooth #26 at local dental clinic for the suspicious etiology of the swelling. However, the swelling persisted and he was referred for further management. Clinical appearance showed swelling over left palatal mucosa with intact mucosal surface. The texture was fluctuant. Image studies revealed an expansile radiolucent lesion over the left maxillary sinus floor with eggshell like bony margin. Originally, a benign odontogenic / non-odontogenic cyst or tumor was impressed and the patient received surgical enucleation. However, the pathologic report disclosed salivary gland type adenocarcinoma. He was further received tumor survey and treatment. In this report, we intended to present the clinical course of the disease and discuss the associated decision flow. Radiolucent lesions of the maxilla exhibit relative diverse pathologic entities compared to the mandible. Pathologic diagnosis either by incisional biopsy or fine needle aspiration before definitive surgical treatment is indicated to avoid detention in treatment.

下肢滑液膜肉瘤之口內轉移—病例報告

Synovial sarcoma of lower extremity with oral metastasis — a case report

蔡俊益▲(Cai J Y)　陳遠謙(Chen Y C)　張加明(Chang C M)
張佩穎(Chang P I)　陳癸菁(Chen K J)

中國醫藥大學附設醫院口腔顎面外科

滑液膜肉瘤(synovial sarcoma)是一種少見的高度惡性軟組織肉瘤，傾向侵襲三十歲以上的男性且預後不良。此病好發於四肢關節的鄰近部位，在頭頸部的病例則相當罕見。腫瘤細胞以纖維細胞或上皮細胞轉變為主。本病例為一55歲男性，於本院接受右側下肢滑液膜肉瘤截肢手術後，輔以放射線及化學治療；因左側下顎牙齦有突出腫塊且持續增大而至本科求診，在暫停化學治療，且全血細胞減少(pancytopenia)狀況有所改善下，手術切除該進展頗快之口內病灶；術後病理報告證實為轉移性單相滑液膜肉瘤。待口腔術後傷口穩定時，又持續接受化學治療；五個月後追蹤，口內同一部位又有復發情形。就目前可供參閱的文獻，腫瘤大小是最有用的分期鑑別方法，而滑液膜肉瘤具化學敏感性，治療方式主要是以手術切除及配合放射線或化學治療。由於滑液膜肉瘤遠端轉移至口內實屬罕見，特提出報告及相關文獻回顧。

口腔癌中癌幹細胞標記Oct4與Nanog的上升與其cisplatin化療抗藥性呈正相關

Markedly increased Oct4 and Nanog expression correlates with cisplatin resistance in oral squamous cell carcinoma

蔡樂霖▲(Tsai L L)　余承佳(Yu C C)　張育超(Chang Y C)
余權航(Yu C H)　周明勇(Chou M Y)

中山醫學大學口腔醫學研究中心

Oral squamous cell carcinoma (OSCC) is the sixth most prevalent cancer worldwide. Cancer stem cells (CSC) model theoretically contribute to tumor growth, metastasis, and chemo-radioresistance. Cisplatin is a widely used chemotherapeutic agent for OSCC treatment. The aim of this study was to compare stemness genes expression in chemo-sensitive and chemo-resistant specimens and further explore the potential markers that may lead to induce chemo-resistance in OSCC. The study method is the treatment of OC2 cells with cisplatin select cisplatin-resistant OC2 cells. Self-renewal ability was evaluated by cultivating parental and cisplatin-resistant OC2 cells within sphere-forming assay after serial passages. Differential expression profile of stemness markers between parental and cisplatinresistant OC2 cells was elucidated. The parental and cisplatin-resistant OC2 cells were assessed for migration invasion clonogenicity tumorigenic properties in vitro. Expression of stemness markers in chemo-sensitive and chemo-resistant patients with OSCC was performed by immunohistochemistry staining in vivo. Sphere-forming self-renewal capability was increased in cisplatin-resistant OC2 cells. Cisplatinresistant OC2 cells highly expressed the steaminess markers (Nanog, Oct4, Bmi1, CD117, CD133, and ABCG2). Furthermore, cisplatin-resistant OC2 cells increased migration invasion clonogenicity ability. Notably, up-regulation of Oct4 and Nanog expression was significantly observed in cisplatin-resistant patients with OSCC (**$P < 0.01$). These data indicate that cancer stemlike properties were expanded during the acquisition of cisplatin resistance in OSCC. Clinically, oral cancer stemness markers (Oct4 and Nanog) over expression may promote the OSCC's recurrence to resist cisplatin.

雷公藤內酯醇抑制藥物抗性及提升化療與放療之效果

Triptolide circumvents drug-resistant effect, enhances 5-fluorouracil and ionizing antitumor effect on oral cancer cells

陳元武▲(Chen Y W)

三軍總醫院口腔顎面外科

Investigation of the Triptolide (TPL) treatment provides antitumor effect on drug-resistant, 5-fluorouracil and ionizing. Materials and methods: Protein extraction and western blot analysis, determination of caspase-3 activity, xenograft tumor model, terminal deoxynucleotidyltransferase-mediated dUTP nick end labeling (TUNEL) assay, immunohistochemistry staining, statistical analysis, etc. Results: Compared with control cells, MRP proteins were expressed by 7.41±4.29, 34.38±8.01, and 61.0±7.05% in TPL-treated KB, KB-7D, and KB-tax cells, respectively. MDR proteins were expressed by 27.36±6.66, 24.45±6.78 and 51.73±14.55% in TPL-treated KB, KB-7D, and KB-tax cells, respectively. Compared with control cells, caspase-3 activity increased 9.31±0.10-fold, 5.17± 0.03-fold, and 6.32±0.70-fold in TPL-treated KB, KB-7D, and KB-tax cells, respectively. Mcl-1 proteins were expressed by 47.3±23.4, 76.27±5.14, and 60.71±21.75% in TPL treated KB, KB-7D, and KB-tax cells, respectively. XIAP proteins were expressed by 36.36±11.94, 56.91±12.35, and 56.67±13.91% in TPL-treated KB, KB-7D, and KB-tax cells, respectively. KB xenografts reduced in weight by 87.35±5.78, KB-7D by 72.4±6.15%, and KB-tax by 63.3±5.9% upon TPL treatment. The data had revealed synergistic effect of TPL combined with 5-FU on drug-resistant cells in vivo. Moreover, the combination of TPL plus IR reduced cell survival and enhanced apoptosis, compared with single treatment. In vivo, tumor growth of SAS xenografts was reduced further in the group treated with TPL plus IR compared with single treatment. Immunohistochemistry of HIF-1a in tumor tissues indicated that the combination of TPL plus IR resulted in significantly enhanced apoptosis compared with single treatments. Conclusions: These results indicate the therapeutic value of TPL on multidrug-resistant cells, and when combined with 5-fluorouracil or ionizing radiation for the enhancement of cancer therapy.

貼示論文報告071

口腔癌與神經周圍侵犯及神經生長因子之關聯性

The relationship of oral squamous cell carcinoma, perineural invasion and nerve growth factor

于恩浩▲(Yu E H)　涂曦丰(Tu H F)　張國威(Chang K W)

國立陽明大學附設醫院牙科部口腔顎面外科

Perineural invasion (PNI), a histopathologic factor in surgical specimen, is known as an poor prognostic indicator in oral squamous cell carcinoma (OSCC) patients. The exact mechanism of PNI still doesn't understand well. Nerve growth factor (NGF), a member of neurotrophic factors, can induce cell proliferation, growth and differentiation in neural cell. Some evidence showed that high NGF secretion by cancer cell is correlated to PNI in several types of cancer and implied that NGF played a major role of PNI mechanism. We collected 101 OSCC cases between 2002-2005. TNM stage, histopathologic factors (including PNI, lymphovascular permeation, tumor thickness, differentiation, invasion front) and follow-up result was recorded. 46 surgical specimens were obtained and tissue array for NGF expression by IHC was performed. The relationship between disease free survival, PNI and NGF expression was tested. Kaplan-Meier disease free survival curve showed PNI positive group had poor survival result. Multivariate analysis showed PNI, T and N were independent factor of disease free survival and PNI was an independent factor for regional metastases. IHC for NGF expression in surgical specimen revealed PNI was significantly related to higher NGF expression. Our result implied PNI was an independent factor for disease free survival and regional metastases in OSCC. PNI might provide another pathway for caner spreading, like metastases by lymphatic or vascular system. Higher NGF expression was significantly related to PNI, which could be recognized in the timing of incisional biopsy. Aggressive surgery treatment might be planned before operation and adjuvant therapy might be benefit for this group of patients.

經由營養介入提升頭頸癌病患營養狀況指標—體重及攝食量之比率

Improving the nutritional status of head and neck cancer patients by nutrition intervention — the ratio of body weight and dietary intake

李俊瑩▲(Lee C Y)　李思蓉(Lee S J)　陳毓宏(Chen Y H)　陳萬宜(Chan M Y)
程稚盛(Cheng C S)　黃穰基(Wong Y K)

台中榮民總醫院口腔顎面外科

頭頸癌患者因腫瘤分期及部位不同、代謝改變、缺乏正確飲食觀念及治療副作用產生等因素，會造成營養的流失增加及攝食量減少，易有營養不良情況發生。在接受抗癌治療中若營養狀態不佳，則治療過程造成之併發症將大為增加，預後亦隨之降低。經營養研究指出利用病人主觀性整體營養評估表(Patient- Generated Subjective Global Assessment, PG-SGA)進行早期篩檢、評估癌症病患營養狀況，有效作為評估營養需求之依據。本研究於台中榮民總醫院化學治療室、放射腫瘤科進行，受試者304位頭頸癌患者，實際追蹤97人，經由營養介入，包括：營養師針對初次到院進行抗癌治療之患者進行營養評估及飲食指導、針對體重及進食量減少之營養不良高風險患者進行追蹤及問題解決，如有進食障礙者，營養師教導腸道供給營養品使用、灌食配方製作及正確食用量。醫師藉由促進腸蠕動、食慾及相關藥物緩解副作用產生，並評估患者狀況建議鼻胃管、胃及空腸造口使用，個管師及社工師則介入了解社會層面因素，解決頭頸癌症患者面臨之問題，藉由跨團隊合作提升整體營養狀況。結果發現，頭頸癌患者體重及熱量攝取減少佔所有收案癌症患者比率約39%，經營養介入後體重增加及維持者佔64.6%、攝食量增加及維持者佔70.6%，在統計上攝食量有顯著增加、體重減輕的情形有減緩。本結論，經由營養介入可減少頭頸癌患者營養不良狀況，提升營養指標—體重及攝食量之比率。

Rb藉由調控DNMT1之表現以維持間葉幹細胞於靜止狀態並避免其過早衰老

Rb maintains quiescence and prevents premature senescence through up-regulation of DNMT1 in mesenchymal stem cells

王瑀▲(Wang Y)　高壽延(Kao S Y)　洪士杰(Hung S C)　楊政杰(Yang C C)

台北榮民總醫院口腔醫學部口腔顎面外科

Mesenchymal stem cell is one specific type of adult stem cells, which can be isolated from bone marrow or dental pulp, cultured expansion in vitro, and have the ability to differentiate into multiple lineage of cells and tissues. Owing to being easily obtained and isolated, expanded in culture to a very high number, and lack of adverse effects in clinical applications, MSCs are now applied in a variety of cell therapies. However, entering the senescence state decreases the proliferation rate and restricts the culture expansion of MSCs. In order to improve the efficiency of MSCs in clinical applications, we therefore went further to explore the mechanism of MSCs senescence. We compared several gene and protein expressions in early and late passage bone marrow stem cells (BMSCs), and found that Rb and DNMT1 both expressed high in early passage BMSCs and then reduced after expansion. Some previous studies revealed that Rb could stimulate the activity of DNMT1 promoter, and the others showed that the methylation of p21 and p16 (the MSCs senescence gene) would silence the gene and prevent MSCs from entering the senescence stage. To figure out the relationship between Rb, DNMT1 and MSCs senescence, we used siRNA to knockdown Rb in early passage BMSCs, and found that the expression of DNMT1 also declined accordingly. After few passages of expansion, BMSCs with Rb knockdown quickly got into premature senescence stage. On the contrary, transient expression of Rb in late passage MSCs upregulated the expression of DNMT1. Taken together, these studies suggest Rb expressed in early passage MSCs upregulates DNMT1 expression and inhibits senescence in MSCs. In the future, overexpression of Rb in MSCs might be applied to inhibit the expression of senescence genes, and then improve the efficiency of MSCs in clinical use.

探討HIF-1 alpha在口腔鱗狀上皮細胞癌，疣狀乳突增生之表現差異及其與血管增生因子(CD31，CD34和vWF)之比較

The expression pattern of HIF-1 alpha in oral squamous cell carcinoma, verrucous hyperplasia and its correlation to angiogenic markers (CD 31, CD 34 and vWF)

李立慈▲(Lee L T)　黃穰基(Wong Y K)

台中榮民總醫院口腔顎面外科

Hypoxia-inducible factor-1 alpha (HIF -1 alpha)在細胞癌化之過程中可能扮演有一定角色。缺氧的環境可因細胞本身之變化或腫瘤組織體積增加所造成。本次研究之目的是在觀察HIF-1 alpha在口腔鱗狀上皮細胞癌，疣狀乳突增生的表現差異及其與血管增生因子(CD31，CD34和vWF)之比較。在49個病人中，有11個為過度角化，11個為疣狀乳突增生，27個為鱗狀上皮細胞癌。在以免疫螢光化學染色結果方面:HIF -1 alpha於疣狀乳突增生之上皮層有homogenous的表現，除了基底層外。在鱗狀上皮細胞癌中，well-differentiated SCC，其 HIF -1 alpha 以homogenerous的表現較明顯；poorly-differentiated SCC其HIF -1 alpha以 heterogenous的表現較明顯。在與血管增生因子(CD31，CD34和vWF)之比較。疣狀乳突增生其connective layer有帶狀之granulation tissue形成，並伴隨有血管增生因子(CD31，CD34和vWF)的表現。在鱗狀上皮細胞癌，腫瘤細胞團之周圍有血管增生因子(CD31，CD34和vWF)的表現，其中以CD31表現之特異性較明顯。結論：缺氧之環境及腫瘤細胞特性可能會造成HIF-1 alpha之表現。疣狀乳突增生中，於connective layer有granulation tissue的反應。在鱗狀上皮細胞癌中，則會有新生血管於腫瘤細胞團周圍。不同HIF-1 alpha表現的分布情形，對鱗狀上皮細胞癌與疣狀乳突增生的鑑別診斷有其幫助。減少的CD31於腫瘤細胞團周圍之表現可能與腫瘤invasion有關。

口腔癌患者血清中血小板衍生性生長因子AA之表現分析

Serum concentration of platelet-derived growth factor AA in oral squamous cell carcinoma

王有宇▲(Wang Y Y)　鄭介原(Cheng C Y)　林鈞盛(Lin J S)　劉崇基(Liu C J)

台北馬偕紀念醫院口腔顎面外科

口腔癌的平均五年存活率在過去二十年來並沒有很顯著的改善，如能驗證出分子生物層面上的腫瘤標記，對於口腔癌治療及追蹤都會有相當大的幫助。在目前的研究中顯示，血小板衍生性生長因子(PDGF)和細胞週期調控及細胞凋零有關，且PDGF和血小板衍生性生長因子受體(PDGFR)的基因表現和許多疾病甚至癌症的病程有關。本實驗室之前的研究發現PDGFA, PDGFB, PDGFC, 以及PDGFR β 之mRNA在口腔癌腫瘤組織中有過度之表現。本研究則是探討人類血小板衍生性生長因子AA(PDGF-AA)在血液中的蛋白質表現和臨床病理之相關性。樣本為150位口腔癌病人之血液檢體，以酵素連結免疫吸附法(ELISA)分析PDGF-AA之血清中濃度，以統計方法分析濃度和臨床病理相關因子之相關性。結果PDGF-AA之蛋白質表現和口腔鱗狀細胞癌之頸部淋巴轉移有顯著相關($p = 0.0007$)且濃度越高其存活率越差($p = 0.04$)，故推論PDGF-AA可做為預後評估的工具。

年輕口腔癌—病例報告
Oral cancer in young — a case report

許修銨▲(Hsu H A)　張婷菡(Chang T H)　陳元武(Chen Y W)

三軍總醫院口腔顎面外科

Though most oral cancer occurs in older population, a trend of increasing number of oral cancer patients who are below 40 years old has been discovered. In the young oral cancer group, especially females, many of them are little or no exposure to the traditionally recognized risk factors, such as tobacco smoking, alcoholic drinking and betel nuts chewing. We report a 26-year-old, non-habitue male, who received surgical treatment for his non-HPV related squamous cell carcinoma of tongue, and we design a study to see if genetic alteration might be the possible etiology of oral cancer in the young male.

貼示論文報告J-001

Effects of mouth opening exercises for masticatory muscle tendon-aponeurosis hyperplasia

Noriyuki TAKASHI[1], Nobuo INOUE[2], Yasunori TOTSUKA[1]

[1] Oral and Maxillofacial Surgery, Department of Oral Patho-biological Science, Graduate School of Dental Medicine, Hokkaido University, Sapporo, Japan

[2] Geriatric Stomatology, Department of Oral Health Science, Graduate School of Dental Medicine, Hokkaido University, Sapporo, Japan

Masticatory muscle tendon-aponeurosis hyperplasia is characterized by long-term painless limitation of mouth opening due to contracture of the masticatory muscles, resulting from hyperplasia of tendons and aponeuroses. Pharmacotherapy and occlusal splints for the treatment are ineffective, so mouth opening exercises and bilateral aponeurectomy of the masseter muscle and coronoidectomy are applied. This present study was performed to evaluate the effectiveness of mouth opening exercises in patients with masticatory muscle tendon-aponeurosis hyperplasia.

The subjects were 18 patients diagnosed as masticatory muscle tendon-aponeurosis hyperplasia between 1990 and 2011. Their mean age was 39.4 years (range 10-62 years). Of 18 patients, 4 were treated only with mouth-opening exercise. The remaining 14 patients were treated with preoperative mouth-opening exercises, bilateral aponeurectomy of the masseter muscle, coronoidectomy and postoperative exercises. Postoperative physiotherapy was started 3-4days after the surgery and continued until the maximum mouth opening increased to more than 40 mm.

Before treatment, Mean maximum mouth opening (MMO) was 24.6 mm (range 15-31 mm). Mean MMO after mouth-opening exercise improved to 29.7 mm (range 20-39 mm). Four patients did not undergo operations, because MMO was improved to more than 35 mm. Before treatment, their MMO was more than 30 mm. Mean MMO of the remaining 14 patients increased to 35.8 mm (range 28-46 mm) in postoperative one month. Their MMO was improved to more than 40 mm less than one year.

Previous reports were described that physical therapy was ineffective for masticatory muscle tendon-aponeurosis hyperplasia. In this study, however, 4 patients restored adequate mouth opening by the physiotherapy. It is possible to treat only by physiotherapy for a patient with MMO of more than 30 mm before treatment. The mouth opening exercise is very important for restoring of mouth opening.

The effect of concurrent chemoradiotherapy of the metastatic lymph node in advanced lower gingival carcinoma

Y Ohiro, K Kuribayashi, Y Ashikaga, M Ono, K Tei, Y Totsuka

Department of Oral and Maxillofacial Surgery, Graduate School of Dental Medicine, Hokkaido University

Background: We conducted a regimen of preoperative concurrent chemoradiotherapy (preoperative CCRT) with docetaxel and cisplatin for locally advanced oral squamous cell carcinoma to improve the clinical outcome. Last year, we reported the response rate and the pattern of the residual tumor in primary site after preoperative CCRT at this congress. The response rate was evaluated by the histopathological tumor regression. The purpose of this study is to determine the effect of preoperative CCRT in metastatic regional lymph node in advanced lower gingival carcinoma.

Materials and Methods: Fifteen patients with previously untreated Stage IV lower gingival carcinoma were enrolled in this study. Patients were 7 male and 8 female of 65 years median age (range 51 to 77 years). Among these patients, 8 cases had 15 metastatic regional lymph nodes. All patients received preoperative CCRT with docetaxel (10 mg/m^2, weekly) and cisplatin (4 mg/m^2/radiation). Radiation was delivered at 1.8, 2.0 or 2.5 Gy/day to a total dose of 39.6 or 40 Gy. The clinical response rate was estimated by the "Response Evaluation Criteria in Solid Tumors (RECIST)". All patients underwent surgery and the efficacy of the preoperative CCRT was estimated histopathologically in resected specimen according to the Japan Society for Head and Neck Cancer Classification (the 4th edition).

Results: Clinical response rate showed SD in 3 lymph nodes and PR in 12. Histopathological evaluation showed Grade Ia in 1 lymph node, Grade Ib in 2, Grade II in 1 and III in 11. In grade Ia and Ib specimens, well-preserved cancer cells represented in the keratinized tissue or fibrous tissue. In grade III and II specimens, potentially surviving or nonviable tumor cells were observed. All patients survive with tumor free status except only one patient who died from tongue cancer appeared 3 years after initial treatment.

Conclusion: Locoregional control by preoperative CCRT may contribute to the good survival rate of the advanced lower gingival carcinoma.

Correspondence: yohiro@den.hokudai.ac.jp

貼示論文報告J-003

MUC1 expression in squamous cell carcinoma of the tongue

H. Itoh, Y. Jinbu, N. Miyagi, Y. Ohyatsu, T. Noguchi, M. Kusama, K. Tsukinoki

Jichi Medical University and Kanagawa Dental College

Mucins are high-molecular-weight glycoproteins with oligosaccharides attached to serine or threonine residues of the mucin core protein backbone by o-glycosidic linkages. In the recent reports, MUC1 mucin is associated with invasive growth of the tumors and poor outcome of the patients.

We performed immunohistochemical staining of MUC1 and analyzed the relation with the clinicopathologic characteristics in human tongue cancers.

Oral biopsy speciments of 30 cases of tongue cancer diagnosed and treated at Jichi Medical University Hospital were used. Clinical information for the subjects was reviewed and statistical analysis was performed using the chi-square test.

The overall MUC1 positivity was 60%. The percentage of MUC1-positive specimens in the T3+T4 group (86%) was higher than that in the T1+T2 group (52%). The percentage of MUC1-positive specimens in the N+ group (67%) was slightly higher than that in the No group (58%). A higher percentage of MUC1 expression was shown in the advanced mode of invasion (4C) group (71%) compared with that of the mode of invasion (2+3) group (56%). The percentage of MUC1-positive specimens in the postoperative neck lymph node metastasis group (75%) was higher than that in the no metastasis group (54%). However, statistical significance was not found.

MUC1 was preferentially expressed in advanced and metastatic squamous cell carcinoma of the tongue and appears to be one of predictive marker for lymph node metastasis.

貼示論文報告J-004

Wound dressing method using polyglycolic acid sheet (PGA sheet) and fibrin glue spray for wound surfaces following oral tumor resection

Norito Miyagi, Hiroto Itoh, Yasuhisa Shinozaki, Ryuji Nakayama Yoshiyuki Tsuchiya, Tadahide Noguchi, Yoshinori Jinbu, Mikio Kusama

Department of Dentistry, Oral and Maxillofacial Surgery, Jichi Medical University

Objective: Our department has traditionally treated wounds following tumor resection with methods such as single-stage suture, suture using artificial dermal substitutes, and full-thickness skin graft. In recent years, however, we have used a wound dressing method combining a polyglycolic acid sheet (hereafter, PGA sheet) with a fibrin glue spray that is used in respiratory and gastrointestinal surgery for reinforcing the suture site, preventing air leaks, and achieving hemostasis, following oral tumor resection, and achieved favorable wound healing. We herein report its usefulness.

Subjects: Subjects were 16 patients with oral cancer (tongue cancer, n=9; upper gingival cancer, n=1; carcinoma of the oral floor, n=2; lower gingival carcinoma, n=3; and buccal mucosa cancer, n=1) who underwent the present procedure following oral tumor resection during the one-year period from 2010 to 2011.

Operative procedure: After sufficient hemostasis was confirmed at the wound site following tumor resection (including cases of bone removal), a small amount of the liquid fibrin glue was applied by hand to the wound surface, followed by application of the PGA sheet. The liquid fibrin glue and liquid thrombin were added to a dedicated spray can, the mixture was sprayed onto a sheet at low pressure, and excess fibrin glue was removed by applying hand pressure.

Results: Postoperative bleeding occurred in two patients. Nasogastric feeding was performed postoperatively for 5-7 days. Favorable graft survival was observed on rough bone surfaces, muscle, and fresh surfaces in submucosal tissue, and wound healing was favorable. In addition, no cases of persistent postoperative wound pain or marked scar contracture were observed.

Conclusion: The wound dressing method combining a PGA sheet with fibrin glue spray enabled smooth operative procedures and postoperative wound care, and was shown to be a useful treatment method that can be expected to alleviate postoperative pain, enable sufficient hemostasis, and prevent scar contracture in both soft tissue and on bone surfaces.

貼示論文報告J-005

A case of prostatic carcinoma that metastasized to the mandible

Yukio ohyatsu, Yoshinori Jinbu, Kei Kashimura, Norito miyagi, Kaoru Ikeda, Hiroto Itoh,
Yoshiyuki Tsuchiya, Tadahide Noguchi, Mikio Kusama

Department of Dentistry, Oral and Maxillofacial Surgery, Jichi Medical University

Prostatic carcinoma is known to metastasize to bones such as the lumbar and thoracic vertebrae and pelvis, while metastases to the head and neck region are rare. In recent years, Prostatic carcinoma tends to increase in Japan, due to aging and westernization of diet.

A 69-year-old male was referred to our hospital due to a complaint of swelling in the right mandible. The patient had a mandibular tumor measuring 75 × 65 mm, difficulty with mouth opening, and numb chin syndrome. Computed tomography demonstrated a mass lesion with osteoblastic change measuring 50 × 50 mm in the right mandible. 99Tc scintigraphy showed multiple spots of accumulation throughout the entire body. Abdominal CT revealed the presence of a swelling of the prostatic gland with inhomogeneous contrast. The patient had high titers of prostate-specific antigen (PSA). Open biopsy of the mandible tumor and fine needle biopsy of the prostate gland were performed. These showed mandibular bone metastasis from a prostatic carcinoma. Administration of oral anti-androgen therapy and subdermal injection of LH-RH greatly reduced the size of the metastatic mandibular lesion. The patient's post-treatment course has been uneventful for the past 3 years, with negative tumor marker levels.

In addition to the clinical course of this rare case, a brief review of the literature is included.

貼示論文報告J-006

Does the swallowing function recover during the long-term in patients with surgically treated tongue carcinomas?

Kanchu Tei, DDS, phD*, Noriyuki Sakakibara, DDS, phD†, Yutaka Yamazaki, DDS, phD‡, Yoichi Ohiro, DDS, phD*, Mitsunobu Ono, DDS, phD* and Yasunori Totsuka, DDS, phD*

Oral and Maxillofacial Surgery, Graduate School of Dental Medicine, Hokkaido University, Sapporo, Japan.

*Department of Oral and maxillofacial Surgery

†Oral and maxillofacial surgery, Nikko Memorial Hospital

‡Department of Oral Diagnosis and Oral Medicine

Purpose: The present study aims to measure the post-surgical swallowing function in patients five years after operative treatment of tongue carcinoma.

Patients and Methods: Using a retrospective cohort study design, the investigators enrolled post-surgical patients treated for tongue carcinomas in Hokkaido University Hospital. The primary outcome variable was the Oropharyngeal Swallow Efficiency (OPSE) determined by videoflluoroscopic evaluation and the OPSE at present was compared with that at discharge. Other variables included present nutritional status (Body Mass Index: BMI, Serum Albumin), dietary intake, self-rating of the present swallowing function, and the occurrence of pneumonia. Statistical analysis used the paired t-test and Spearman's rank correlation.

Results: The swallowing function was assessed in 20 patients (11 males and 9 females) subjected to surgical treatment of tongue carcinomas; the median age was 70 years (range 56-90 years) at the present evaluation. The mean values of the liquid OPSE and paste OPSE at present were 26.6±21.2 and 21.9±22.5 respectively. The mean values of BMI and serum albumin at present were 22.2±3.4 and 4.5±0.3g/dl respectively. All patients had a full oral intake of foods, with a mean self-rated value of 6.4±2.5, an acceptable value as evaluated by the patients.

Pneumonia requiring hospitalization had not occurred in these patients.

Conclusions: Long-term follow-up of patients following operative treatment of tongue carcinomas demonstrate acceptable levels of oral function and nutritional status despite objective measures of poor swallowing efficiency assessed using a videofluoroscopy.

A squamous cell carcinoma of the tongue dorsum

Yasunori TOTSUKA, Mitsunobu ONO, Yoichi OHIRO, Kanchu TEI

Oral and Maxillofacial Surgery, Graduate School of Dental Medicine Hokkaido University

Introduction

The most common site of the tongue cancer is the lateral border and sublingual surface. Squamous cell carcinoma of the dorsum of the tongue is extremely rare. We report a case of squamous cell carcinoma at the dorsum of the tongue which is suspected to arising from chronic hyperplastic candidiasis.

Case Report

A 69-year-old man with a nodule on the dorsum of the tongue was referred to our department in December 2010. He noticed a mass of the tongue dorsum for 10 years. Until 2008, the mass repeated increasing or reducing in size. In the last 2 years, the mass have increased gradually.

The general physical and extra-oral examinations were unremarkable. Intra-oral examination revealed a nodule with 20 × 15 mm in size on the dorsum of the tongue. An ulceration measuring 10 × 10 mm was also found adjacent to the nodule. The mucosa of the dorsum of the tongue was thickened like pavement stone. The induration was noticed nearly the entire tongue, resulting in loss of mobility of the tongue.

The MRI findings showed a mass lesion occupied almost of the oral tongue. FDG-PET/CT images revealed the standardized uptake value (SUV) of the nodule was 9.7. Candida albicans was detected on the bacterial culture examination from dorsum of the tongue.

A clinical diagnosis was the tongue carcinoma (T4aN0M0) and chronic hyperplastic candidiasis. A squamous cell carcinoma was diagnosed by biopsy specimens. The patient received neo-adjuvant chemoradiotherapy, and then bilateral neck dissection, subtotal glossectomy, and reconstruction with rectus abdominis myocutaneous flap were performed.

One year after surgery, he has no recurrence or metastasis.

Reconstruction by pedicled fat-pad flap

Sakuma Kaname, Akadomari Keita and Mataga Izumi

Department of Oral and Maxillofacial Surgery, School of Life Dentistry at Niigata, The Nippon Dental University, Niigata, Japan

Buccal fat pad pedicle valve transplantation has recently been attracting attention as a method for forming a tissue defect reconstruction, especially of the upper jaw and cheek. We have applied this reconstructive procedure in our hospital between 1997 and 2007. Applied patients were 5, 3 men and 2 women, aged from 64 years to 89 years ,mean age was 75.8 years old. Short summary of our experienced patients were as follows. All tumors were histopathologically squamous cell carcinomas. Case 1: 68-year-old man, epithelial dysplasia buccal mucosa. Case 2: 89-year-old woman, T2N0M0 maxillary gingival carcinoma. Case 3: 64-year-old woman, T2N0M0 hard palate carcinoma. Case 4: 74 year-old man, T2N0M0 buccal mucosa carcinoma. CDDP 70 mg, 5FU 2500 mg underwent chemotherapy and 30Gy radiation therapy were employed as presurgical treatment. Case 5: 84 year-old man, T2N0M0 buccal mucosa carcinoma. 30Gy radiotherapy was underwent as presurgical treatment. At the surgery, combination coverage with artificial dermis for Case 1, Case 2 and Case 3 were used ,however, reconstruction by only buccal fat pad was underwent for Case 4 and Case 5. No postoperative tumor recurrence was observed.

This method requires less invasive surgery, has adapted to the elderly and patients with systemic complications, scar contractures of the reconstructions are well indicated for small elapsed without trismus. From previous reports by early summer, the cheek fat pad pedicle valve transplantation was considered excellent oral reconstruction with a high success rate and wide coverage.

貼示論文報告J-009

Surgical treatment of accessory parotid gland tumors

Akadomari Keita, Sakuma Kaname and Mataga Izumi

Department of Oral and Maxillofacial Surgery, School of Life Dentistry at Niigata, The Nippon Dental University, Niigata, Japan

An accessory parotid gland is located preauricular buccal area and it's duct is separated from main duct of parotid gland. Tumors arised from accessory parotid gland is not so often, however, we experienced five cases with tumors developed from the accessory parotid gland from 1996 to 2010. These cases are as follows; Case 1: 73 years-old woman. Solid tumor was located at right buccal area, 35×30 mm in size, and tumor was enucleated by preauricular approach to conserve facial nerves. Histopathological diagnosis was pleomorphic adenoma. Case 2: 76 years-old woman, Solid tumor was located at right buccal area, 50×55 mm in size, and tumor was enucleated by preauricular approach. Histopathological diagnosis was pleomorphic adenoma. Case 3: 77 years-old woman, Solid tumor was located at right buccal area, 70×80 mm in size, and tumor was enucleated by preauricular approach. Histopathological diagnosis was pleomorphic adenoma. Case 4: 27 years-old woman. Solid tumor was located at right buccal area, 10×10 mm in size, and tumor was enucleated by L-shaped preauricular and submandibular approach. Histopathological diagnosis was polymorphous low grade adenocarcinoma(PLGA). Case 5: 91 years-old man. Rapid growing tumor was located at left buccal area, 65×70 mm in size, and tumor was enucleated by preauricular and submandibular approach. Histopathological diagnosis was carcinoma ex pleomorphic adenoma. All tumors were performed the surgical removal of the tumor under the general anesthesia. The skin-incision lines were used the sigmoid-like temporal-preauricular-submandibular lines according to the peripheral approach for the identification and conservation of facial nerves. No recurrence and minimum facial palsy was remained under postoperative observation.

貼示論文報告J-010

A survey of surgical-orthodontic cases past a decade in the department of maxillofacial surgery of Tokyo medical and dental university

K. KUROHARA[1], N. ARAI[2], K. NAKAKUKI[1], Y. NINAKA[1], M. HOSOKI[1], N. TOMOMATSU[1], Y. MICHI[1], M. SUZUKI[1], H. YOSHIMASU[1], T. AMAGASA[1] and M. YAMASHIRO[1]

[1]Tokyo Medical and Dental University, The Maxillofacial Surgery, Tokyo Bunkyo-Ku, Japan,
[2]Toyama University, Toyama, Japan.

Objective: We surveyed the cases of patients with dentofacial deformity in the past decade in the Department of Maxillofacial surgery of Tokyo Medical and Dental University. Methods: The subjects consisted of all dentofacial deformity patients operated as surgical-orthodontic cases between January 2001 and December 2010. The items examined were as follows: I. Annual number of dentofacial deformity surgical-orthodontic cases and gender distribution II. Age of patients at the orthognathic surgery III. Classification of malocclusion IV. Procedure of orthognathic surgery V. Method of osteosynthesis of bone fragments. Result: Annual number of orthognathic surgery was about 50 cases in our department. The ratio of males and females was about 1 : 1. Age of patients at operation was about 25 years old. The progenie was major in classification of malocclusion. Sagittal splitting ramus osteotomy (SSRO) was major procedure of orthognathic surgery and 2 jaw (Le fort I osteotomy and SSRO) was increasing in recent year. Bicortical screw fixation was main osteosynthesis, however recently monocortical fixation with titanium or absorbable mini-plate was increased.

貼示論文報告J-009

Surgical treatment of accessory parotid gland tumors

Akadomari Keita, Sakuma Kaname and Mataga Izumi

Department of Oral and Maxillofacial Surgery, School of Life Dentistry at Niigata, The Nippon Dental University, Niigata, Japan

An accessory parotid gland is located preauricular buccal area and it's duct is separated from main duct of parotid gland. Tumors arised from accessory parotid gland is not so often, however, we experienced five cases with tumors developed from the accessory parotid gland from 1996 to 2010. These cases are as follows; Case 1: 73 years-old woman. Solid tumor was located at right buccal area, 35×30 mm in size, and tumor was enucleated by preauricular approach to conserve facial nerves. Histopathological diagnosis was pleomorphic adenoma. Case 2: 76 years-old woman, Solid tumor was located at right buccal area, 50×55 mm in size, and tumor was enucleated by preauricular approach. Histopathological diagnosis was pleomorphic adenoma. Case 3: 77 years-old woman, Solid tumor was located at right buccal area, 70×80 mm in size, and tumor was enucleated by preauricular approach. Histopathological diagnosis was pleomorphic adenoma. Case 4: 27 years-old woman. Solid tumor was located at right buccal area, 10×10 mm in size, and tumor was enucleated by L-shaped preauricular and submandibular approach. Histopathological diagnosis was polymorphous low grade adenocarcinoma(PLGA). Case 5: 91 years-old man. Rapid growing tumor was located at left buccal area, 65×70 mm in size, and tumor was enucleated by preauricular and submandibular approach. Histopathological diagnosis was carcinoma ex pleomorphic adenoma. All tumors were performed the surgical removal of the tumor under the general anesthesia. The skin-incision lines were used the sigmoid-like temporal-preauricular-submandibular lines according to the peripheral approach for the identification and conservation of facial nerves. No recurrence and minimum facial palsy was remained under postoperative observation.

A survey of surgical-orthodontic cases past a decade in the department of maxillofacial surgery of Tokyo medical and dental university

K. KUROHARA[1], N. ARAI[2], K. NAKAKUKI[1], Y. NINAKA[1], M. HOSOKI[1], N. TOMOMATSU[1], Y. MICHI[1], M. SUZUKI[1], H. YOSHIMASU[1], T. AMAGASA[1] and M. YAMASHIRO[1]

[1]Tokyo Medical and Dental University, The Maxillofacial Surgery, Tokyo Bunkyo-Ku, Japan,
[2]Toyama University, Toyama, Japan.

Objective: We surveyed the cases of patients with dentofacial deformity in the past decade in the Department of Maxillofacial surgery of Tokyo Medical and Dental University. Methods: The subjects consisted of all dentofacial deformity patients operated as surgical-orthodontic cases between January 2001 and December 2010. The items examined were as follows: I. Annual number of dentofacial deformity surgical-orthodontic cases and gender distribution II. Age of patients at the orthognathic surgery III. Classification of malocclusion IV. Procedure of orthognathic surgery V. Method of osteosynthesis of bone fragments. Result: Annual number of orthognathic surgery was about 50 cases in our department. The ratio of males and females was about 1 : 1. Age of patients at operation was about 25 years old. The progenie was major in classification of malocclusion. Sagittal splitting ramus osteotomy (SSRO) was major procedure of orthognathic surgery and 2 jaw (Le fort I osteotomy and SSRO) was increasing in recent year. Bicortical screw fixation was main osteosynthesis, however recently monocortical fixation with titanium or absorbable mini-plate was increased.