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Case Report

A case of spontaneous regression of lymphoma in the mandibular gingiva after biopsy



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ABSTRACT

We report a case of lymphoma that developed on the mandibular gingiva and spontaneously regressed after biopsy was performed. The patient was an 87-year-old man who visited our hospital with a complaint of gingival swelling in the left mandibular molar region. We observed an elastic, soft, well-demarcated, granuloma-like mass measuring 30 × 25 mm in size and comprising partially white pseudomembranous areas. We conducted a biopsy, which confirmed a pathologic diagnosis of a diffuse large B-cell lymphoma. Because of age constraints, the patient was monitored without being administered aggressive therapy, and the mass disappeared 20 days after biopsy. We then performed a follow-up biopsy, which revealed the absence of tumor cells. There was no recurrence of lymphoma during the 2.5-year follow-up period.

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1. Introduction

Spontaneous disappearance of malignant tumors is extremely rare, but it has been reported in cases of hypernephroma, neuroblastoma, malignant melanoma, breast tumor, and leukemia [1]. Cases of spontaneous disappearance of lymphomas have also been reported, but very few such cases have been reported for high-grade lymphomas of the oral cavity. Here we report the treatment and case of high-grade lymphoma in the mandibular gingiva that spontaneously disappeared.

2. Case report

2.1. Patient

An 87-year-old man presented to our hospital with a complaint of gingival swelling in the left mandibular molar region.

2.2. Initial examination

The patient was examined at the beginning of January 2007.

2.3. Chief complaint

The patient complained of swelling in the left mandibular gingiva.

2.4. Family history

There is no significant family history that may be related to the patient's case.

2.5. Medical history

The patient was undergoing treatment for old cerebral infarction and premature ventricular contraction at the neurology and cardiovascular departments of our hospital. He was on ticlopidine, spironolactone, furosemide, and mecobalamin. The patient did not appear to have suppressed immunity and was not on immunosuppressant medication.

2.6. History of present illness

At the beginning of January 2007, the patient visited a major university hospital because of swelling in the left molar region of the mandibular gingiva. He was then referred to our department because he was regularly visiting the neurology and cardiovascular departments of our hospital for his other conditions.

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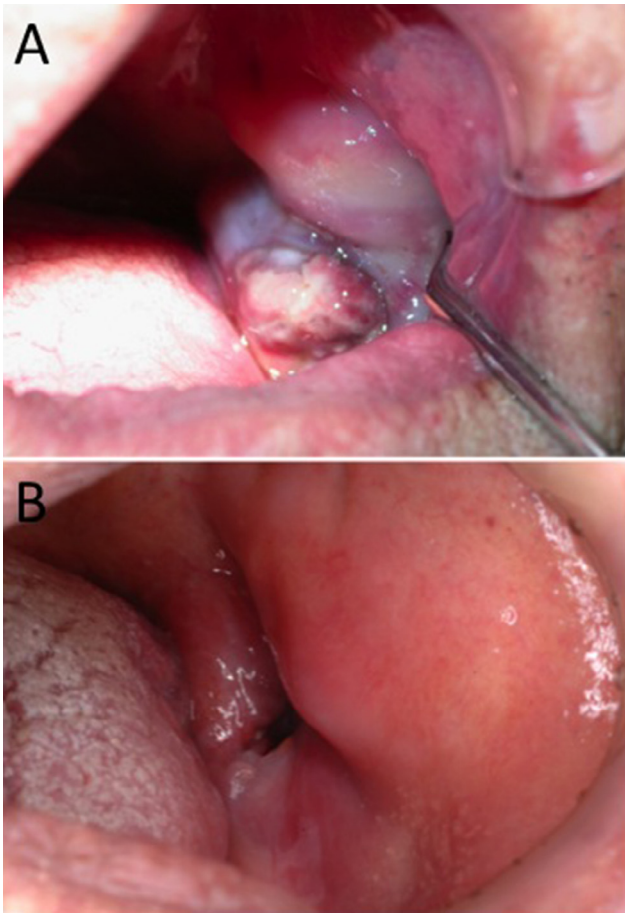


Figure 1. (A) At the first medical examination, a 30 × 25-mm mass with clear borders was identified in the left molar region of the mandibular gingiva. (B) Twenty days after biopsy, the tumor was found to have disappeared.

3. Presentation

3.1. General findings

The patient had a height of 153 cm, weighed 61 kg, and had a body temperature of 35.7°C. No swelling was found in the cervical, axillary, or inguinal lymph nodes. Night sweat, visceral pain, and malaise were not observed.

3.2. Intraoral findings

A 30 × 25-mm mass with well-defined borders was identified in the left molar region of the mandibular gingiva. It was elastic, granuloma-like, and had a partially white pseudomembrane (Figure 1A).

3.3. Panoramic radiographic findings

The remains of a wisdom tooth root were found in the left mandible (Figure 2).

3.4. Computed tomography (CT) scan findings

A CT scan performed on the patient showed a non-uniform contrasted mass near the left lower wisdom tooth (Figure 3A).



Figure 2. Panoramic radiographic findings showed a wisdom tooth root in the left mandible.

3.5. Magnetic resonance imaging (MRI) findings

T2-weighted images revealed non-uniform low signals with some high signals. T1-weighted images revealed uniform medium signal intensity. Dynamic MRI revealed an increasing trend over time for non-uniform contrast of the mass soon after its detection (Figure 3B). Lymphoma is a non-uniform mass without rim enhancement.

3.6. Fluorine-18-fluorodeoxyglucose positron emission tomography (FDG-PET) findings

FDG-localized accumulation was noted in the left mandible (maximum standardized uptake values [SUVmax], 6.00). No increased accumulations were noted in the neck and other regions (Figure 3C).

3.7. Clinical diagnosis

The patient was diagnosed with cancer on the left mandibular gingiva.

3.8. Treatment and course

The patient was hospitalized at our department from mid-January 2007 to undergo more detailed testing and treatment. On the day of admission, for biopsy, partial tissue samples from the anterior and posterior sides of the tumor were collected with a scalpel. The pathologic diagnosis was diffuse large B-cell lymphoma. After biopsy, azithromycin was administered to prevent infection. The patient consulted the hematology department of our hospital, but active treatment was not conducted in consideration of the patient's advanced age, and a "wait-and-see" approach was taken. Twenty days after biopsy, the tumor was found to have disappeared. The lower left wisdom tooth was extracted and another biopsy was performed on the same area. The results of this biopsy revealed no malignant findings (Figure 1B). The patient was followed up for 2 years and 6 months until he transferred to another hospital, but no relapse was observed. Subsequently, the patient died from other disease.

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