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| Mucocele, superficial                      | • Extravasated mucus immediately beneath epithelium  
• Granulation tissue and inflammation  
• Mucus producing glands, some with sialoadenitis (lymphocytes and plasma cells infiltrate between salivary acini)                                                                                     |
| Sequestrum and reactive and necrotic bone  | • Viable bone identified by the presence of osteocytes within lacunae  
• Non-viable bone (necrotic bone or sequestrum) is identified by the absence of osteocytes  
• The apparent ‘alignment’ of the viable bone trabeculae may appear radiographically as an ‘onion skin’ type of presentation (layering); in this case it represents reactive or reparative bone, but in cases with significant inflammation this may also be the presentation of osteomyelitis with proliferative periostitis (Garre’ osteomyelitis) |
| c/w osteoid osteoma                        | • The histology is that of a benign fibro-osseous lesion (BFOL) consisting of irregularly shaped bone trabeculae in a somewhat fibrotic to vascular background  
• Histologic clues which help are the rimming of bone trabeculae by osteoblasts (more common in osteoid osteoma and cemento-osseous dysplasias, less common in fibrous dysplasias) and the presence of some more bizarre cells with enlarged nuclei (which may be confused with malignant cells of osteosarcoma in some cases)  
• The clinical presentation of pain aids in favoring osteoblastoma, cementoblastoma or osteoid osteoma (though does not exclude other BFOLs or even osteosarcoma); radiographic evidence of continuity with a tooth root would of course favor cementoblastoma whereas an intact PDL and no root attachment (as in this case) would favor osteoblastoma/osteoid osteoma |
| Peripheral giant cell granuloma, ulcerated | • There are two ‘sets’ of pictures made from different areas of this giant cell lesion, one from the ulcerated area and one from the area with intact mucosa  
• In both areas, multinucleated giant cells are easily identified at high power; the stroma (as in most of these cases) is hemorrhagic [so, as in pyogenic granulomas, these have a tendency to bleed when manipulated]  
• Clinical history in this case was a lesion without radiographic change |
| Pyogenic granuloma, ulcerated, with stromal eosinophilia | • The histology is of an ulcerated mass of granulation tissue (pyogenic granuloma)  
• The presence of eosinophils (bright magenta cells with a ‘pig snout’ appearance’ at high power) are likely irrelevant to the clinical course; in ulcerated lesions of the tongue these are often noted in deep ulcers that infiltrate muscle (the so-called TUGSE or traumatic ulcerative granuloma with stromal eosinophilia or eosinophilic ulcer) |

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