

Oral Histopathology

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Series 6 (11 cases)

Case	Features
Pyogenic granuloma, ulcerated	<ul style="list-style-type: none">• Ulceration (loss of epithelial layer)• Acute and chronically inflamed granulation tissue
Lymphoepithelial cyst, with taste buds (foliate papilla)	<ul style="list-style-type: none">• Unremarkable squamous epithelium• Cyst surrounded by lymphoid elements (low power, right side)• Taste buds (third slide, lower left side)
OKC	<ul style="list-style-type: none">• Palisading (alignment) of basal layer• 5-8 cell layers• Parakeratin lining cyst cavity; keratin debris
SCCA, well differentiated	<ul style="list-style-type: none">• Nests and islands of squamous epithelium• Formation of keratin pearls• Nuclear pleomorphism
Mucocele, extravasation type	<ul style="list-style-type: none">• Minor salivary glands (low power, upper left)• Well-defined mucus pooling (low power, lower right)• Extravasated mucus lined by compressed granulation tissue
Salivary duct cyst (mucocele, retention type)	<ul style="list-style-type: none">• Well-defined epithelial-lined cyst (dilated duct) containing mucus lined by simple cuboidal epithelium• Minor salivary glands
Mucoepidermoid carcinoma	<ul style="list-style-type: none">• In some places a simple cyst lined by cuboidal to respiratory-type epithelium• Higher power views show proliferation of islands/nests containing mucus cells, epithelial (epidermoid) cells and 'intermediate' cells• Evaluation of entire lesion warranted, since some areas can mimic simple cysts or mucoceles
Vegetable matter	<ul style="list-style-type: none">• At low power, the solid vegetable matter (upper left) and kernel (lower right) can be identified• At high power, the individual cells and cell walls (appear white, washed out during processing) are notable
Varix with organizing thrombus	<ul style="list-style-type: none">• A single 'hemorrhagic' pool is noted; the endothelial lining is difficult to assess due to compression• At high power, the alternating <i>incremental lines of Zahn</i> (alternating layers of red blood cells and fibrin), central cholesterol occluding the vessel are noted
CGCG (central giant cell granuloma)	<ul style="list-style-type: none">• The key feature is the presence of multinucleated giant cells easily identified at high power; hemosiderin (brownish) pigment is noted• In this case, the history (a lytic lesion of the jaw) aids in rendering the diagnosis of a central rather than peripheral lesion• Patients should be evaluated for parathyroid and renal disease
Squamous papilloma with candida (HIV+)	<ul style="list-style-type: none">• The papillary nature is evident• Fungal hyphae and spores are noted in the stratum corneum at high power (purple dots and elongated hyphae)