

Oral Histopathology

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Series 7 (5 cases)

| Case | Features |
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| Mucocele, superficial | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 <i>osteomyelitis with proliferative periostitis (Garre' osteomyelitis)</i> |
| c/w osteoid osteoma | <ul style="list-style-type: none">• The histology is that of a <i>benign fibro-osseous lesion</i> (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 | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 <i>TUGSE</i> or <i>traumatic ulcerative granuloma with stromal eosinophilia</i> or <i>eosinophilic ulcer</i>) |