

Oral Histopathology

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Series 9 (9 cases)

Case	Features
Blue nevus	<ul style="list-style-type: none">• Unremarkable squamous epithelium• Underlying spindle-like proliferation of pigmented cells and melanin pigment, 'aligned parallel to epithelium'• Clinically may be confused with melanotic macule, melanoma or medication induced pigment (biopsy therefore recommended)
Severe epithelial dysplasia	<ul style="list-style-type: none">• Dysplasia characterized as <i>mild</i> (lower epithelial third), <i>moderate</i> (mid-epithelial), or <i>severe</i> (upper two thirds) or <i>carcinoma in situ</i> (full thickness dysplasia)• Epithelial maturation is absent, there is pleomorphism, hyperchromatism of nuclei but somewhat 'normal' or unaffected parakeratinized stratum corneum• Invasive carcinoma not identified (basal layer intact)
Complex odontoma	<ul style="list-style-type: none">• Largely composed of dentin (uncondensed images, while more grainy, better demonstrate dentinal tubules) and enamel which is washed out in decalcification process (appears as white areas with some residual basophilic/purple enamel matrix)
Salivary duct cyst, with mucus cell prosoplasia	<ul style="list-style-type: none">• Surface epithelium and underlying cyst containing mucus• The cyst lining shows many mucus/goblet cells (the term <i>prosoplasia</i> refers to 'differentiation to a more specialized cell type' vs. <i>metaplasia</i> or 'differentiation to a different cell type')
Fordyce granules	<ul style="list-style-type: none">• Sebaceous elements characterized by large foamy cells with very well defined cell borders, small centrally placed nuclei• Sebaceous cells may be confused with mucus cells; however, mucus cells typically have a much more 'fluffy' pale purple cytoplasm whereas sebaceous cells have a more grainy 'soap-like' cytoplasm
Pemphigoid	<ul style="list-style-type: none">• The characteristic of pemphigoid is <i>subepithelial</i> separation (due to the autoimmune reaction at the basement membrane)
Epidermoid cyst	<ul style="list-style-type: none">• Cyst lining with marked granular layer and <i>orthokeratin</i> (absence of nuclei in the stratum corneum)• On the skin, this is an <i>epidermoid cyst</i>• In the jaw, this may appear as the so-called <i>orthokeratinizing odontogenic cyst</i> (OOC) and should not be equated with either the histology or high recurrence rates of OKCs (recurrence rates for OOC's are much lower, ~10-15%)
Cavernous hemangioma	<ul style="list-style-type: none">• Large endothelial-lined channels located beneath the surface epithelium• Red blood cells are identified in some of the vascular lumens
BFOL, c/w cemento-osseous dysplasia	<ul style="list-style-type: none">• BFOL (benign fibro-osseous lesion) consisting of a cellular fibrous spindle-cell to vascular stroma with abnormally shaped bone and osteocementum-like trabeculae and round 'cementicles'• There is some osteoblast rimming (more often seen in cemento-osseous dysplasia, ossifying fibroma and osteoblastoma and less commonly seen in fibrous dysplasia)• Radiographic evaluation is mandatory and should accompany all cases