

Oral Histopathology

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Series 10 (12 cases)

Case	Features
Plasmacytoma, cytology	<ul style="list-style-type: none">• 2 slides, air dried, stained with DiffQuik, show sheets of plasma cells (harder to identify nuclear features and minimal cytoplasm)• 2 slides, Papanicolaou stained, show nuclear features in more detail; nuclei are eccentric and some cells show a characteristic perinuclear hof (clearing of cytoplasm), most evident in the two cells bottom center on the higher magnification
Lymphoepithelial carcinoma	<ul style="list-style-type: none">• Normal parotid gland at top with encapsulated tumor mass (low magnification)• Higher magnification shows combined lymphoid/epithelial neoplasm consisting of sheets of predominantly small to moderately sized lymphocytes infiltrating squamous islands and residual duct elements
Benign fibro-osseous lesion	<ul style="list-style-type: none">• A cellular spindle cell background with wispy osteoid and partially calcified bone; these features are more consistent with a (juvenile) ossifying fibroma• Osteoblastic rimming not identified as in cemento-osseous dysplasia
Squamous cell carcinoma	<ul style="list-style-type: none">• Moderately to poorly differentiated; many areas do not show keratinization but do show marked nuclear pleomorphism
Pyogenic granuloma, ulcerated	<ul style="list-style-type: none">• Ulcer more visible at lower power (top area) with underlying granulation tissue
Peripheral ossifying fibroma, ulcerated	<ul style="list-style-type: none">• Ulcer evident at low power (top) with underlying granulation tissue and dystrophic calcifications
Oncocytic papillary cystadenoma with lymphoid stroma	<ul style="list-style-type: none">• Double layer of bright pink (oncocytic) cells lining cyst-like areas with a background lymphoid stroma; in the parotid this would be a <i>Warthin tumor</i> but this case was from the buccal mucosa
Odontogenic keratocyst	<ul style="list-style-type: none">• Basal palisading, 6-8 cell layers, (wavy) parakeratin lining cyst• Some satellite odontogenic rests and cysts
Respiratory mucosa and minor glands	<ul style="list-style-type: none">• Pseudostratified ciliated columnar epithelium and mucus glands (same case as the OKC from previous slides, represents continuity of the OKC with the Schneiderian membrane in a maxillary cyst)
Nerve	<ul style="list-style-type: none">• Axons and myelin (washed out in processing)
Epithelial inclusion cyst	<ul style="list-style-type: none">• A cyst lined by simple squamous to cuboidal epithelium, containing pale staining keratin and occasional desquamated epithelial cells
Keloid	<ul style="list-style-type: none">• From the skin; unremarkable epidermis (epithelium with basket-weave keratin, some focal melanosis at high magnification) and underlying dense collagen and focal areas of extremely dense bands of bright pink collagen devoid of any fibroblasts