

## Oral Histopathology

David E. Klingman, DMD

Diplomate, American Board of Oral and Maxillofacial Pathology

Diplomate, American Board of General Dentistry

### Series 12 (12 cases)

Case	Features
Cavernous hemangioma	<ul style="list-style-type: none"> <li>Multiple enlarged endothelial lined channels containing blood</li> </ul>
Varix	<ul style="list-style-type: none"> <li>A single enlarged endothelial lined channel containing blood</li> </ul>
Lobular capillary hemangioma, ulcerated	<ul style="list-style-type: none"> <li>A vascular neoplasm consisting of bundles/lobules/tufts of small capillaries; the surface epithelium shows a focal discontinuity (ulcer)</li> </ul>
Lipoma	<ul style="list-style-type: none"> <li>A well-defined tumor consisting of enlarged <i>adipocytes</i> (fat cells)</li> </ul>
Melanocytic nevus	<ul style="list-style-type: none"> <li>A skin lesion consisting of nests or <i>theques</i> of 'nevus cells' (these are cousins to melanocytes and stain with the immunohistochemical stain S-100 as in melanomas and granular cell tumors and nerve)</li> <li>The theques 'mature' as they form deeper into the dermis (from large <i>type A nevus cells</i> near the surface forming large nests, to smaller <i>type B nevus cells</i> which resemble lymphocytes to nerve or spindle-like cells in the deeper layers)</li> </ul>
Odontogenic keratocyst	<ul style="list-style-type: none"> <li>Basal palisading, 5-8 cell layers, parakeratin shed into the lumen</li> </ul>
Orthokeratinizing odontogenic cyst	<ul style="list-style-type: none"> <li>Palisading absent, prominent orthokeratin/granular layer and shedding of compact orthokeratin into the cyst lumen (resembles <i>epidermal inclusion cyst</i> of the skin)</li> </ul>
Peripheral giant cell granuloma	<ul style="list-style-type: none"> <li>A gingival lesion with multinucleated giant cells</li> </ul>
Carcinoma in situ arising in a dentigerous cyst	<ul style="list-style-type: none"> <li>A long-standing cyst which enlarged late in the patient's life and which demonstrates areas of nuclear and cellular atypia, nuclear pseudoinclusions (evident as pale inclusions in the enlarged darkly-staining nuclei) and full-thickness epithelial disarray</li> <li>Cholesterol clefts are also noted as needle-like 'washed out' formations</li> </ul>
Amalgam tattoo, with foreign body giant cell reaction	<ul style="list-style-type: none"> <li>Exogenous granular to filamentous pigment with a multinucleated giant cell reaction (one multinuclear cell shows cytoplasmic vacuoles)</li> </ul>
Mucoepidermoid carcinoma	<ul style="list-style-type: none"> <li>Solid and cystic areas consisting of mucus cells, epidermoid (epithelial-like) and intermediate cells; some of the cells in this case appear optically clear; mucus is noted as more pink-staining material in the center of the cystic spaces</li> </ul>
Benign mixed tumor (pleomorphic adenoma)	<ul style="list-style-type: none"> <li>The most common benign salivary gland tumor</li> <li>A well-defined predominantly encapsulated tumor consisting of spindle, epithelioid and plasmacytoid (plasma cell like) <i>myoepithelial cells</i>, formation of <i>ducts</i> and some areas near the periphery which consist of a pale-staining (chondro)myxoid stroma (the characteristics of mixed tumors include these elements -myoepithelial cells, ducts, chondromyxoid stroma and hyalinized stromal elements)</li> </ul>