

## Oral Histopathology

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### Series 14 (11 cases)

Case	Features
Canalicular adenoma	<ul style="list-style-type: none"> <li>Similar to the case from the previous series, this benign salivary tumor (common to the upper lip) demonstrates interlacing 'canaliculi' consisting of basaloid cells; the cells in this case have a more tall/columnar appearance (which is more common in canalicular adenomas than other salivary tumors and may aid in diagnosis)</li> </ul>
Benign mixed tumor	<ul style="list-style-type: none"> <li>Well defined but incompletely encapsulated</li> <li>Majority of cells are epithelioid to plasmacytoid (with some spindle shaped) myoepithelial cells</li> <li>There are fewer ducts and much less myxoid/hyalinized stroma; the term <i>myoepithelial rich mixed tumor</i> or even <i>myoepithelioma</i> may be considered in cases with only a myoepithelial cell component and lacking ducts</li> </ul>
Benign mixed tumor	<ul style="list-style-type: none"> <li>All the common elements – myoepithelial cells in nests and cords, chondromyxoid stroma, cartilage and ducts – are present</li> </ul>
Benign mixed tumor	<ul style="list-style-type: none"> <li>Half the tumor resembles the 'classic' mixed tumor (myoepithelial cells, ducts, chondromyxoid stroma)</li> <li>Half is more cellular and consists predominantly of myoepithelial cells</li> </ul>
Granular cell tumor with 'PEH'	<ul style="list-style-type: none"> <li>Lesion from the tongue</li> <li>The submucosal proliferation of granular cells (both condensed and uncondensed) is easily identified</li> <li><i>Pseudoepitheliomatous hyperplasia (PEH)</i> is a proliferation of epithelium seen in some of these cases; it mimics invasive squamous cell carcinoma; however in this context and at high magnification, the proliferation is benign (pleomorphism, mitoses are not noted)</li> </ul>
Lipoma	<ul style="list-style-type: none"> <li>Adipose tumor, with a minor myxoid stromal component</li> </ul>
Lichen planus	<ul style="list-style-type: none"> <li><i>Lichenoid mucositis</i> characterized by a band-like lymphocytic infiltrate, some percolation of lymphocytes into the epithelium (<i>exocytosis</i>) are noted; saw-tooth rete are absent but not required (the clinical picture included striated lesions, i.e. <i>Wickham's striae</i>, characteristic for lichen planus)</li> </ul>
Salivary duct cyst with oncocytic metaplasia	<ul style="list-style-type: none"> <li>This cyst (dilated duct) shows pink cells (oncocytes) lining the cyst</li> </ul>
Salivary duct cyst vs. oncocytic papillary cystadenoma	<ul style="list-style-type: none"> <li>This cyst is similar to the previous case but shows papillary infoldings; a <i>sialolith</i> (salivary stone) is present in the cyst lumen</li> </ul>
Mesenchymal chondrosarcoma	<ul style="list-style-type: none"> <li>The hard tissue (not well decalcified) is malignant cartilage</li> <li>The streaming 'blue cells' are the malignant chondroblasts (and this type of chondrosarcoma is considered part of a spectrum of <i>small round blue cell tumors</i> which are in general aggressive malignancies)</li> </ul>
Odontogenic fibromyxoma	<ul style="list-style-type: none"> <li>The tumor, from the maxilla, bears resemblance to the myxoid character of a primitive dental pulp seen in an earlier series (odontoma); the spindle-shaped fibroblast like cells are <i>myofibroblastic</i> in nature (and not true fibroblasts)</li> </ul>