

Oral Histopathology

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Series 17 (16 cases)

Case	Features
BFOL, c/w mature periapical COD	<ul style="list-style-type: none"> Compact lamellar bone with some peripheral 'reversal lines' suggestive of cementum component (dense bone island would appear similarly)
BFOL, c/w focal COD	<ul style="list-style-type: none"> Compact lamellar bone with some peripheral 'reversal lines' suggestive of cementum component; there are some 'cementicles' and osteoblast rimming in a fibrous stroma at the periphery
Lymphoepithelial cyst	<ul style="list-style-type: none"> Cyst lined by squamous epithelium; lymphoid component surrounds the cyst (a.k.a. <i>branchial cleft cyst</i>)
Lymphoepithelial cyst	<ul style="list-style-type: none"> Cyst lined by squamous epithelium, with well-formed lymphoid follicles
Fordyce granules	<ul style="list-style-type: none"> Parakeratinized squamous epithelium and underlying sebaceous elements; minor salivary gland lobules also present
Minor salivary glands	(same case as the previous case of Fordyce granules)
Mucosal neuroma	<ul style="list-style-type: none"> Haphazardly arranged nerve bundles with elongated 'wavy' nuclei Multiple neuromas → consider <i>multiple endocrine neoplasia</i> Multiple neurofibromas → consider <i>neurofibromatosis</i>
Fibromyxoma	<ul style="list-style-type: none"> Squamous epithelium and underlying ill-defined proliferation of bland spindle cells in a fibrous to myxoid (loose) background
Ossifying fibroma/pyogenic granuloma (combined)	<ul style="list-style-type: none"> Gingival nodule containing both bone and granulation tissue; surface ulceration and fibrin noted
Polarizable foreign body	<ul style="list-style-type: none"> The material is <i>birefringent</i> when viewed under polarized light The morphology is most consistent with either cotton roll or gingival retraction cord
Sialolith	<ul style="list-style-type: none"> Partially decalcified, lamellated (layered) calcium salts and bacteria
Osteonecrosis (bisphosphonate related)	<ul style="list-style-type: none"> Non-viable bone (absent osteocytes in empty lacunae) and bacterial debris (high power) demonstrating radiating filaments known as <i>Splendore-Hoeppli phenomenon</i>
Odontogenic myxoma	<ul style="list-style-type: none"> Low magnification: bone (right) and basophilic fibrillary mass High magnification: bland spindle cells in a heavily basophilic but loose or myxoid background (specimen was from maxilla)
Nasopalatine duct cyst	<ul style="list-style-type: none"> Cyst (area #8-9) lined by simple cuboidal epithelium, some detaching from connective tissue; radiograph showed a large heart shaped radiolucency; teeth responded normally and non-lingering to thermal stimulus
Odontogenic keratocyst	<ul style="list-style-type: none"> Cyst (area #8-9) lined by epithelium with basal palisading, 5-6 cell layers, and some corrugated parakeratin [compare to the nasopalatine duct cyst... same area but entirely different histology... biopsy importance highlighted]
Amalgam tattoo	<ul style="list-style-type: none"> Particulate pigment in a dense fibrous connective tissue, with accumulation around small blood vessels and suggestion of foreign body reaction