

Oral Histopathology

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Series 18 (14 cases)

Case	Features
Labial minor salivary gland biopsy	<ul style="list-style-type: none"> A focus of lymphocytes (upper left gland) is consistent with the diagnosis of Sjogren Syndrome
Labial minor salivary gland biopsy, c/w Sjogren Syndrome	<ul style="list-style-type: none"> High magnification view of previous case; plasma cells also noted
Pemphigus (frozen section)	<ul style="list-style-type: none"> Fresh specimens (or those in Michel solution) prepared for immunohistochemistry are first frozen before application of fluorescent labeled antibodies; this frozen specimen shows the intraepithelial separation of pemphigus nicely (immunofluorescence showed a web-like distribution of antibodies to IgG and complement, consistent with pemphigus)
Lichenoid mucositis, proximity to amalgam	<ul style="list-style-type: none"> Bandlike lymphocytic infiltrate and germinal center formation (not uncommon in these cases); some percolation (<i>exocytosis</i>) of lymphocytes into epithelium; findings consistent with lichenoid reaction to amalgam (highlights importance of clinical history)
Benign mixed tumor	<ul style="list-style-type: none"> Fragmented and devoid of epithelium (proves a challenge for diagnosis); bland myoepithelial cells, hyalinized stroma and duct formation favor diagnosis of <i>mixed tumor</i>
Polymorphous low grade adenocarcinoma (PLGA)	<ul style="list-style-type: none"> Fragmented and devoid of epithelium (same challenge); areas of cell streaming, cribriform (Swiss cheese), slate blue stroma and proximity to/infiltration of minor salivary glands (low power, upper right) favor diagnosis of <i>PLGA</i>
Osteoporotic marrow defect	<ul style="list-style-type: none"> Ill-defined radiolucency, posterior mandible Bone and marrow elements, including two megakaryocytes (large 'binucleated' pink cells)
Simple/hemorrhagic/idiopathic/traumatic/solitary bone cyst	<ul style="list-style-type: none"> Clinical/surgical presentation: empty cavity (important) Fibrous connective tissue, hemorrhage, alternating lines of fibrin and blood but NO CYST LINING
Glandular odontogenic cyst with SOT-like elements	<ul style="list-style-type: none"> Cyst lining contains multiple mucus (goblet) cells and areas of focal thickening; epithelial odontogenic rests (<i>squamous odontogenic tumor-like</i> rests) are noted as an incidental finding and are common in the walls of odontogenic cysts
Orthokeratinizing odontogenic cyst	<ul style="list-style-type: none"> While some hint of basal palisading is present, the predominant cyst lining has a prominent granular layer and marked orthokeratin production
Ameloblastic fibro-odontoma/dentinoma	<ul style="list-style-type: none"> Loose pale staining myxoid (pulp-like) background, numerous proliferating epithelial odontogenic rests and hard tissue, most resembling dentin with some nonpdecalfied enamel-like matrix
Odontogenic myxoma	<ul style="list-style-type: none"> Bone and loose/myxoid stroma with bland spindle cells (maxilla)
Fordyce granules	<ul style="list-style-type: none"> Numerous sebaceous elements; epithelium noted on right side
Restylane	<ul style="list-style-type: none"> Foreign material in round non-polarizing spherules with foreign body giant cell reaction AAOMP maintains a library of these images, from which we as pathologists draw diagnostic comparisons