

Oral Histopathology

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Series 19 (9 cases)

Case	Features
Squamous papilloma	<ul style="list-style-type: none"> Papillary proliferation of squamous epithelium with orthokeratin/parakeratin on surface (may appear clinically more white than pink)
Cavernous hemangioma	<ul style="list-style-type: none"> Squamous epithelium with underlying dilated endothelial lined vessels
Fordyce granules	<ul style="list-style-type: none"> Squamous epithelium and sebaceous glands
c/w focal cemento-osseous dysplasia (COD)	<ul style="list-style-type: none"> Mixed density lesion, area #29-30, not attached to roots Dense irregular bone fragments, some with purple reversal lines (suggestive of osteocementum) and some areas with fibrous to vascular stroma
Sclerotic osteocementum, c/w focal COD	<ul style="list-style-type: none"> Mixed radiodensity lesion, area #30, not attached to root Predominantly dense/compact bone with some peripheral reversal lines suggestive of osteocementum
Polymorphous low grade adenocarcinoma	<ul style="list-style-type: none"> Challenging (again) due to absence of epithelium for orientation Salivary tumor with areas of streaming, slate blue background stroma, invasion into adjacent minor salivary glands and a separate tumor focus (high magnification, upper left) and invasion into two small nerve fibers (high magnification, near inked margin)
Mucoepidermoid carcinoma	<ul style="list-style-type: none"> Cystic and solid areas with numerous mucus cells, epidermoid and intermediate cells
Mucoepidermoid carcinoma, central (intraosseous)	<ul style="list-style-type: none"> Lesion from the mandible Resembles a simple cyst in some areas Proliferative process with mucus cells, epidermoid and intermediate cells (as in the previous case) Possible development from odontogenic cysts (ex. glandular odontogenic cyst or mucus cells present in lining of dentigerous cysts, lateral periodontal cysts, etc.) – evaluation of whole cyst contents is always recommended (don't rely on small biopsy specimens or frozen section specimens only)
Adenocarcinoma, c/w metastasis (colon)	<ul style="list-style-type: none"> Gingival tissues should never have glandular elements The presence of glands in gingival tissues should immediately raise suspicion for a primary adenocarcinoma that has invaded or a metastasis These glands have taller cells with crowded nuclei and some infolding of the epithelium into the gland lumen, suggestive of (but not limited to) breast, lung or colon Metastatic (adeno)carcinomas to the jaws and gingiva most often include <i>breast, lung, thyroid, colon, kidney, prostate</i>; breast and prostate favor the jaws and may produce a mixed radiodensity lesion, the rest usually produce lytic lesions only; renal (kidney) cancer favors the gingival tissues Useful aids include clinical history (ask about primary tumors in breast, lung, colon, prostate, etc.), gender (male → prostate, female → breast), and immunohistochemistry (cytokeratin panels, specific antibodies for thyroid, lung, breast, colon, kidney, prostate, pancreas, etc.)