

## Oral Histopathology

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### Series 23 (14 cases)

Case	Features
Intraosseous cavernous hemangioma	<ul style="list-style-type: none"> <li>Bone with infiltrating dilated vascular channels</li> </ul>
Melanocytic nevus	<ul style="list-style-type: none"> <li>Well-formed nests or <i>theques</i> which mature to smaller nests, lymphocyte-shaped cells and <i>neurotized</i> (nerve-like) cells in lesion, superficial to deep</li> </ul>
Peripheral giant cell granuloma	<ul style="list-style-type: none"> <li>Gingival nodule with multinucleated giant cells</li> </ul>
Peripheral ossifying fibroma	<ul style="list-style-type: none"> <li>Gingival nodule with well-formed bone</li> </ul>
Peripheral odontoma with ghost cells	<ul style="list-style-type: none"> <li>Gingival nodule with enamel and dentin structures, columnar ameloblast-like cells, primitive pulp tissue (lavender staining, resembles dental pulp), some loose or myxoid areas and amorphous to spherical pink-staining ghost cells</li> </ul>
Angioleiomyoma	<ul style="list-style-type: none"> <li>A well-defined tumor composed of vascular elements and proliferating smooth muscle (derived from the vascular walls); the smooth muscle becomes somewhat amorphous and pink but 'cigar-shaped' nuclei can be identified (a trichrome stain or immunohistochemistry for smooth muscle markers can be used if there is uncertainty of diagnosis)</li> </ul>
Condylar head, with marrow	<ul style="list-style-type: none"> <li>Condylar resection; a rim of dense bone surrounds hematopoietic marrow (numerous large pink-staining megakaryocytes which will mature into platelets are notable); the third and fourth high power slides show the avascular densely fibrous tissue of the meniscus (condylar disc)</li> </ul>
Lichen planus	<ul style="list-style-type: none"> <li>Band-like lymphocytic infiltrate and orthokeratinized mucosa with <i>exocytosis</i> (percolation of lymphocytes into epithelial layer) and <i>liquefactive degeneration</i> and blurring of the basal epithelial layer</li> </ul>
Stomatitis venenata	<ul style="list-style-type: none"> <li>This is a hypersensitivity type mucositis and is histologically nonspecific (it bears some similarity to a hybrid between lichenoid mucositis and psoriasiform mucositis); the presence of eosinophils (granular pink cells seen at high power) is the clue to allergen/hypersensitivity</li> <li><i>Stomatitis venenata</i> from topical hypersensitivity (mouthwashes, etc.) whereas <i>Stomatitis medicamentosa</i> from ingested materials (often medications); both present as mucositis or ulcerative disorder in most cases</li> </ul>
Superficial epithelial slough (dentifrice)	<ul style="list-style-type: none"> <li>Secondary to topically applied agents (usually mouthwashes and some toothpastes such as tartar control formulations)</li> <li>Epithelium without connective tissue; the epithelial cells are necrosing and ballooning (clinically patient had asymptomatic slough of epithelium)</li> </ul>
Moderate epithelial dysplasia and punctate ulcer	<ul style="list-style-type: none"> <li>Dysplastic changes (disarray and some hint of 'dropping' of rete into the connective tissue) are found 1/3 to 1/2 the way up the epithelial layer; ulcer devoid of epithelium and has granulation tissue</li> </ul>
Squamous cell carcinoma, well differentiated	<ul style="list-style-type: none"> <li>Infiltrating nests and islands of abnormal squamous epithelium with nuclear pleomorphism and formation of keratin pearls (well differentiated)</li> </ul>
Squamous cell carcinoma, well differentiated	<ul style="list-style-type: none"> <li>Surface epithelium with carcinoma arising from/infiltrating under epithelium (clinically manifests as the rolled or indurated borders in these lesions)</li> <li>Well differentiated with individual cell keratinization, dyskeratosis and mild to moderate nuclear atypia (note the prominent nucleoli)</li> </ul>
Sialoliths, multiple, with ductal ectasia	<ul style="list-style-type: none"> <li>Ductal <i>ectasia</i> (dilation) with calcified masses in lumen; surrounding salivary lobules show sclerosing sialoadenitis</li> </ul>