Oral Histopathology

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Series 28 (13 cases)

Case	Features
Orthokeratinizing odontogenic cyst	• Only mild hint at basal palisading but marked orthokeratosis (nuclei lacking in keratin layer, prominent granular layer)
Odontogenic keratocyst	• Basal palisading, 8+ layers of cells, corrugated parakeratin
Odontogenic keratocyst, cortical plate	• Same case as previous, showing significant thinning of the cortical plate
Odontogenic keratocyst	• Basal palisading, 8+ layers of cells in some areas (or some transverse sectioning creating artifactual 'thickening' of the cyst lining), parakeratin
Salivary duct cyst	• An epithelial lined cyst adjacent to minor (mucus) glands on the palate; the thickening and apparent separation of the cyst lining from the connective tissue may represent artifact and orientation more than true epithelial proliferation
Salivary duct cyst with oncocytic metaplasia	• Single to double layer of oncocytic (pink) cells line this cyst
Squamous cell carcinoma with necrosis	• Well-defined keratinizing squamous cell carcinoma with nuclear pleomorphism, prominent nucleoli, keratin pearl formation; some areas show necrosis (the 'architecture' is still present but the cells and nuclei are lost in a sea of amorphous keratin) • Necrosis is considered a factor for poor prognostic outcome
Squamous cell carcinoma, perineural and perivascular invasion	• Similar histology to previous case, but the carcinoma is seen abutting a large/muscular artery and surrounding/abutting a nerve in the higher magnification views • Lymphovascular and perineural invasion are considered factors for poor prognostic outcomes
Adenoid cystic carcinoma	• This carcinoma shows the variability in morphology that may be seen; some areas show cribriform ("Swiss cheese") with basement membrane like material in the pseudocystic space, other areas are more tubular; nuclei are generally small, darker and irregular to wedge-shaped
Peripheral ossifying, ulcerated	• Gingival nodule with bone and osteoid, ulcer and fibrin
Neurofibroma	• Ill-defined proliferation of spindle cells admixed with neural to fibrous stroma, nuclei are comma or wavy in shape • Numerous mast cells ("purple fried eggs") are a common finding in neurofibromas and lipid (fat) tumors
Granulomatous inflammation (Crohn's disease)	• Inflammation and multiple granulomas (accumulations of epithelioid histiocytes and multinucleated giant cells); there is a tissue fold in one area (an artifact of processing) • Special stains (PAS, GMS, acid fast bacillus) were negative; patient had significant GI disease
Sequestrum, c/w mature BFOL (trephined implant)	• A mature osteocementum with reversal lines was trephined with a failing implant; the fibrillary to amorphous lavender material is bacterial debris