Oral Histopathology

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Series 29 (6 cases)

Case	Features
Sialolith	• Lamellated (layered) calcified material, partially decalcified, from Stensen's (parotid) duct
Foreign body reaction to graft	• The pale lavender angular material is the graft; more pink-staining bone can be seen forming around the graft scaffold • A multinucleated giant cell reaction can easily be identified
Adenoid cystic carcinoma	• Cribriform ("Swiss cheese"), tubular and solid patterns are noted • Nuclei in general are darker and smaller in many areas but are also more round in other areas (the typical nuclear characteristic for adenoid cystic carcinoma is small, dark, and wedge or triangular shaped but variability does occur) • The stroma is heavily hyalinized • The presence of solid forms is indicative of a more aggressive variant of adenoid cystic carcinoma
Benign mixed tumor	• Well-defined partially/thinly encapsulated salivary tumor consisting predominantly of nest of plasmacytoid myoepithelial cells in a chondromyxoid stroma • The terms *myoepithelial rich mixed tumor* or even *myoepithelioma* may be used by some pathologists to characterize this (it has no bearing on prognosis or management)
Epidermoid cyst	• Skin cyst, often called *sebaceous cyst* clinically (which is a non-existent entity), lined by orthokeratinized epithelium with keratin in the cyst lumen • Normal adnexal structures (hair follicles, sebaceous elements, and sweat glands and ducts) are also easily identified
Varix and organizing thrombus	• The thrombus, characterized by alternating lines of fibrin and hemorrhage (*incremental lines of Zahn* which are less well defined in this case), has separated from the varix during processing • The varix is easily identified as a single large irregularly shaped (folded in processing) endothelial lined channel • The following may all appear clinically similar: *varix, hemangioma, lobular capillary hemangioma, cavernous hemangioma, hematoma* and *mucocele* – diascopy (blanching with a slide or pressure) would favor hemangioma, lesions which do not blanch on diascopy are more likely hematomas and more fluid-filled or blue/translucent lesions clinically suggest mucoceles (as generalizations)