

Oral Histopathology

David E. Klingman, DMD

Diplomate, American Board of Oral and Maxillofacial Pathology

Diplomate, American Board of General Dentistry

Series 33 (10 cases)

Case	Features
Fibroma	<ul style="list-style-type: none">• Unremarkable squamous epithelium and underlying fibrous hyperplasia (predominantly collagen)
Peripheral ossifying fibroma, ulcerated	<ul style="list-style-type: none">• Gingival nodule with bone; ulceration and fibrin are noted
Peripheral giant cell granuloma with calcification	<ul style="list-style-type: none">• Gingival nodule with multinucleated giant cells; this nodule also had bone (sometimes dual lesions are identified and some cases even have epithelial odontogenic rests and other elements)• Lesion was ulcerated with granulation tissue intermingled with the giant cells
Lipoma	<ul style="list-style-type: none">• Benign tumor consisting of adipose (fat)• Clinically these often appear as soft tissue nodules similar to fibromas and neuromas; color may or may not be helpful (yellow hue would suggest lipoma but many of these are pink as fibromas)
Gelfoam	<ul style="list-style-type: none">• Ulcerated nodule from an extraction site (clinically <i>epulis granulomatosum</i>)• Histologically consisted of ulcer and underlying granulation tissue with a foreign material consisting of angular basophilic (purple) fragments; comparison to known cases was consistent with Gelfoam
Central giant cell granuloma	<ul style="list-style-type: none">• A radiolucency consisting of multinucleated giant cells and bone• Evaluation for parathyroid and renal disease and radiographic review for multiple lesions which may suggest cherubism is advisable in these cases
Odontogenic keratocyst	<ul style="list-style-type: none">• Basal epithelial cell palisading, 5-8 cell layers, and parakeratin
Orthokeratinizing odontogenic cyst, focally inflamed	<ul style="list-style-type: none">• Orthokeratinized cyst lining, prominent granular layer and compact keratin expelled into the cyst lumen• Focal inflammation masks the histologic features and if limited samples were evaluated a diagnosis of <i>inflamed cyst</i> might be rendered (so evaluation of the entire cyst is warranted)
Lateral periodontal cyst	<ul style="list-style-type: none">• Radiolucent lesion, lateral to a root of a vital tooth, with simple to squamous epithelium which often separates from the connective tissue
Benign mixed tumor (pleomorphic adenoma)	<ul style="list-style-type: none">• Well defined salivary tumor composed mostly of myoepithelial cells in nests and sheets, with a chondromyxoid stroma; few ducts are identified• Unremarkable parotid gland is noted at the periphery• A green mark identified what was initially concerning for either invasion into the capsule or vascular invasion (which would suggest a diagnosis of <i>minimally invasive carcinoma ex pleomorphic adenoma</i> but the finding was considered by the staff member to be incidental and not affecting prognosis (which has been well reported in the literature)