Oral Histopathology

David E. Klingman, DMD
Diplomate, American Board of Oral and Maxillofacial Pathology
Diplomate, American Board of General Dentistry

Series 34 (11 cases)

Case	Features
Fibroma	• Unremarkable squamous epithelium and nodular proliferation of underlying fibrous connective tissue
Fibromyxoma	• Similar to the fibroma but with a more myxoid (blue) background
Mucocele, extravasation type	• Extravasated mucus with glands
Hyperplastic foliate papilla with taste buds and lymphoid aggregate	• There are many taste buds identified at high magnification (the barrel shaped formations within the epithelium) and multiple lymphoid aggregates and germinal center formation • Specimen from the lateral tongue (foliate papilla) area
Amalgam tattoo, polarized and unpolarized	• Large masses of nonpolarizable pigmented material (clinically a tattoo was evident and radiographically it's likely this amount of amalgam would be demonstrated as particulate radiopaque material) • The collagen polarizes, the amalgam does not
Squamous cell carcinoma, keratoacanthoma type	• Considered an indolent sometimes 'self-healing' carcinoma • Well-defined, somewhat dyskeratotic and formation of keratin pearls but limited to an epithelial process with some 'cupping' at the edges (may be confused with verruca vulgaris or common wart but lacking the marked granular cell layer seen in warts, although this case does exhibit orthokeratin, parakeratin and some granular layer)
Pemphigoid	• Subepithelial separation
BFOL, c/w focal cemento-osseous dysplasia polarized and unpolarized	• Tooth (root), bone and osteocementum are all noted • Reversal lines characterize the osteocementum (versus the bone) • Polarization nicely demonstrated differences in tooth (dentin), bone and more haphazard pattern in osteocementum
Central odontogenic fibromyxoma	• *Odontogenic myxoma* and *odontogenic fibromyxoma* of the jaws are likely part of a similar spectrum (or the same lesion) based on how much fibrous and how much myxomatous tissue is present; the cells are bland and spindle shaped and are considered 'myofibroblastic' • Epithelial odontogenic rests may or may not be present
BFOL, c/w focal cemento-osseous dysplasia polarized and unpolarized	• More characteristic of cemento-osseous dysplasia, showing irregular bone and osteocementum in a fibrous spindle cell background; cementicles are evident • The lesion 'blends' with the surrounding cortical bone • The polarized and unpolarized images nicely demonstrate the different characteristics of bone (very linear/regular) and osteocementum (more irregular and haphazard)

White sponge nevus, father, Papanicolaou White sponge nevus, child, Papanicolaou	• *White sponge nevus* is a 'genodermatosis' characterized by abnormalities in keratin production, usually presenting as bilateral or diffuse leukoplakia • Histologically, the notable characteristic is of 'paranuclear keratin condensation' and cytology is often helpful in identifying this – the father and son both show some evidence of this on cytology; the red-staining cells are the superficial (keratinizing) cells and the blue-staining cells are the more basal cells; careful examination demonstrates a deeper red stain around some of the nuclei, this is the paranuclear condensation [and shows utility of cytology over biopsy as less invasive method to develop a diagnosis]