Oral Histopathology

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Series 36 (10 cases)

Case	Features
Granulomatous inflammation, hx of Crohn's disease	• Granulomas (collections of epithelioid histiocytes and multinucleated giant cells) • Special stains (PAS, GMS, AFB) fail to show micro-organisms
Traumatic bone cyst	• Connective tissue, bone, hemorrhage • No cyst lining • Clinically an empty cavity is usually noted at surgery (but may be hemorrhagic; fine needle aspiration may be advisable first)
Traumatic bone cyst	• Connective tissue, bone, hemorrhage • No cyst lining
Surgical ciliated cyst	• A cyst lined by respiratory type epithelium • The history of surgery is consistent with the diagnosis (usually results from entrapment of sinus mucosa which leads to cyst formation during surgical healing)
Mucocele, extravasation type	• Mucus lined by compressed granulation tissue • Adjacent minor salivary glands are also noted
Ameloblastoma	• Nests and islands of odontogenic epithelium with palisading and reverse polarization of peripheral nuclei, stellate reticulum formation
Glandular odontogenic cyst with cholesterol	• A 'transitional' type epithelium (between squamous and respiratory type) with some mucus cells • Cholesterol (washed out in processing) is noted in the cyst lumen
Orthokeratinizing odontogenic cyst	• Cyst lined by orthokeratinized squamous epithelium (prominent granular layer); minimal to no basal palisading
Diffuse large B cell lymphoma	• Sheets of atypical large lymphocytes • Green arrows point to 'normal' lymphocytes (for size comparison) • Mitotic figures are numerous
Myeloma	• Sheets of atypical lymphocytes, only some of which are plasmacytoid • The immunohistochemistry aids in diagnosis – CD138 (a marker specific for plasma cells), kappa (immunoglobulin light chain) without lambda (i.e. *kappa light chain restriction*); CD56 and CD117 are less specific but suggest a more primitive tumor; Ki-67 is a proliferation marker (it's very high here, over 50%)