

Oral Histopathology

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Series 40 (8 cases)

Case	Features
Odontoma, complex	<ul style="list-style-type: none"> • There are amorphous accumulations of enamel and dentin, along with odontogenic epithelium (in some area suggestive of cyst lining, in other areas more nested); the overall histology does not suggest formation of well-shaped teeth • There are also some ghost-like cells and amorphous calcified material
Myxoma, cutaneous (superficial angiomyxoma)	<ul style="list-style-type: none"> • This is a soft tissue mass consisting of loose or myxoid stroma with epithelioid to spindle shaped cells; some vessels are noted which introduces the diagnosis of <i>angiomyxoma</i> • Occasional mast cells may raise <i>myxoid neurofibroma</i> as part of the differential and myxoid lesions such as this would include a differential diagnosis including myxoma (and variants) and neural lesions (a stain for S-100 positive would suggest neurofibroma)
Ulcerated lobular capillary hemangioma, sutured at stalk	<ul style="list-style-type: none"> • This is a nodule, which is ulcerated (the fibrin and ulcer are evident) consisting of vascular granulation tissue forming some semblance of 'lobules' which intermix with salivary tissue deeper in the specimen • The suture (silk suture), which polarizes, is noted at the deep margin
OKCs (x 3), by frozen and permanent	<ul style="list-style-type: none"> • These are three odontogenic keratocysts from the same individual, with the distinct histologic features (basal palisading, 4-6 layers of cells, parakeratin) and which are in some places 'proliferative' • The differences between frozen and (formalin) fixed tissue can be observed • Cases such as these should raise the suspicion of nevoid basal cell carcinoma syndrome
Carcinoma in situ	<ul style="list-style-type: none"> • Full thickness disarray, dysplasia and pleomorphism, but limited to the epithelium (without invasion)
Squamous cell carcinoma, well differentiated	<ul style="list-style-type: none"> • This is a keratinizing squamous cell carcinoma
Squamous cell carcinoma, well differentiated	<ul style="list-style-type: none"> • This is a heavily keratinized squamous cell carcinoma
Reactive lymph node with granulomas	<ul style="list-style-type: none"> • This lymph node has largely been replaced by small 'tight' granulomas consisting largely of epithelioid histiocytes • Special stains (PAS, GMS, AFB) fail to highlight organisms • Immunohistochemistry is performed; CD68 highlights the histiocytes, S-100 is largely negative, as is CD1a (ruling out Langerhans cell histiocytosis but highlighting nerve and fat) • Granulomatous and histiocytic diseases in the lymph nodes raises a number of diagnoses which often mandate special stains and immunohistochemistry