Oral Histopathology

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Series 41 (11 cases)

Case	Features
Squamous cell carcinoma, moderately differentiated	• Largely a well-differentiated keratinizing carcinoma with some nonkeratinizing areas with increased pleomorphism and less discernible squamous origin
Mild epithelial dysplasia, HOK/HPK, acanthosis	• There is both hyperorthokeratosis (lack of nuclei in stratum corneum with prominent granular layer) and hyperparakeratosis (nuclei in the stratum corneum), acanthosis (thickening of the stratum spinosum) and some mild atypia in the basal layers • This is a common presentation for leukoplakias in high risk sites; biopsy reports will often include statements about excision of residual lesion and careful long-term follow up
Lichen planus, atrophic/erosive, with focal ulcer	• The characteristics of lichenoid mucositis (band-like lymphocytic infiltrate, some lymphocytes in epithelium) masked by ulcer and fibrin • The clinical presentation is/was that of a lichen planus with focal areas of erosion/ulceration
Mucocele, extravasation type	• Excised in its entirety, mucus lined by compressed granulation tissue • Minor glands show sclerosing sialoadenitis
Mucocele, extravasation type	• This is the typical presentation of a 'late' mucocele, where all that remains is compressed granulation tissue and minor salivary glands • There is some thought that, if left long enough and repeatedly traumatized, mucoceles may develop into fibromas
Ulcerated peripheral giant cell granuloma	• Multinucleated giant cells in an ulcerated gingival lesion with ulcer/fibrin and granulation tissue
Fibroma, giant cell type	• Typically present on tongue, gingiva and lingual aspect of mandibular canines (so-called *retrocuspid papilla*) • Characterized by fibrous connective tissue with large stellate fibroblasts, some with multiple nuclei • May be a true tumor vs. reactive type fibroma, excision is curative • NOT to be confused with *giant cell granuloma* (these are lesions of osteoclast-type giant cells, not fibroblasts)
Salivary adenoma with features of canalicular adenoma	• One of a variety of *monomorphic adenomas*, these are benign salivary tumors, frequently located in the upper lip • Cells are uniform with bland nuclei, cuboidal to columnar in shape with formation of strands or 'canals' and often internal cystic spaces
BFOL, c/w cemento-osseous dysplasia	• Irregularly shaped trabeculae of osteocementum in a vascular to fibrous background with some hint of 'cementicle' formation • The polarized images show the more haphazard structure compared to the native bone
BFOL, c/w fibrous dysplasia	• The 'retraction' of the trabeculae from the stroma is more characteristic of fibrous dysplasia (and has been reported in the literature)
Diffuse large B cell lymphoma	• Sheets of abnormal lymphocytes with mitoses evident • Immunohistochemistry is mandatory in these cases