Oral Histopathology

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Series 42 (11 cases)

Case	Features
Fibrolipoma	• Nodule composed largely of adipose tissue with some fibrous connective tissue intervening
Peripheral giant cell granuloma	• Gingival nodule with multinucleated giant cells
Dentigerous cyst	• Impacted tooth with simple cyst lining; the connective tissue in the cyst wall has a fibrous to myxoid appearance; in those cases where lining cannot be identified, the terminology *fibromyxomatous connective tissue consistent with the wall of a dentigerous cyst* may be used
Odontogenic keratocyst	• Palisading (alignment) of basal nuclei, 5-8 cell layers, and corrugated parakeratin
Adenomatoid odontogenic tumor	• Swirls and gland-like structures of epithelioid to spindle shaped odontogenic epithelium with some ghost cells, calcifications and dentin-like material • Often the clinical presentation is the "lesion of 2s or 2/3's" – 2/3 anterior, 2/3 maxilla, 2/3 female and 2/3 in the first 2 decades of life; presenting as a radiolucency with or without radiopacities
Schwannoma	• A benign neural (nerve-related) lesion characterized by *Antoni A* or *Antoni B* tissue (the Antoni A tissue consists of palisaded *Verocay bodies*) • This case is a combination of Antoni A and Antoni B tissue and consists of streams of bland nerve tissue with elongated but plump nuclei with some nuclear inclusions but no marked pleomorphism or mitoses
Neurofibroma	• Juxtapose this to the schwannoma, this lesion consists of spindled nerve cells with comma-shaped or wavy nuclei in a fibrous background stroma • The presence of mast cells (not identified here) also suggests the diagnosis of *neurofibroma*
Verruciform xanthoma	• Clinically these are papillary lesions which overlap with squamous papillomas and in some cases papillary dysplasias • Histology shows V-shaped/chevron/papillary/verrucous epithelium with an orange-red color to the keratin which 'plugs' the epithelium and the characteristic foam-like *xanthoma cells* present in the papillary connective tissue
Seborrheic keratosis	• Clinically this is the waxy/raisin-like 'stuck on' lesion, often on the face, often in individuals in their 4^{th}-5^{th} (or older) decades of life • There is epidermal thickening, formation of keratin pearl-like cysts, a flat to pushing basal layer of cells, and there may be pigmentation
Blue nevus	• Clinically these are usually blue/gray to brown macules present on skin or mucosa • The histology shows spindle-shaped highly pigmented cells in the dermis/submucosa which often run parallel to the overlying epithelium
Melanoma	• The topic of melanoma is complex and often requires the input of a skin pathologist • The basic features that lead to the diagnosis in this case are variably sized nests (theques) with cellular and nuclear atypia and pleomorphism; pigment may be present (as in this case) or absent; there may also be *Pagetoid* (vertical) spread of abnormal melanocytes through the epithelium