

Oral Histopathology

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Series 43 (13 cases)

Case	Features
Amalgam tattoo	<ul style="list-style-type: none">Dark gray to black pigmented material is identifiable near the base of the specimen
Exogenous non-polarizable foreign material	<ul style="list-style-type: none">The presence of non-polarizable rectangular to rhomboid crystalloid structures may be the result of any number of foreign materials
Junctional melanocytic nevus	<ul style="list-style-type: none">There are nests or <i>theques</i> of nevus cells (melanocyte cousins) present at the epidermal-dermal junctionA junctional nevus has theques at the epidermal-dermal junction, an intradermal nevus has theques in the dermis, and a compound nevus has both
Compound melanocytic nevus	<ul style="list-style-type: none">Compare to the previous case; this case has theques or nests of nevus cells at both the epidermal-dermal junction and as 'maturing' nests in the dermis (that range from larger nests more superficially to smaller nests and more lymphocyte-like smaller cells in deeper areas)
Blue nevus	<ul style="list-style-type: none">Compare to the previous two cases; these nevus cells are heavily stained spindle cells that are arranged parallel to the epidermis; the pigmentation results in a blue/gray hue due to the <i>Tyndall effect</i> which results from alteration to light perceived by the eye
Telangiectases	<ul style="list-style-type: none">Clinically, small punctate vascular lesionsHistologically, there are small capillary-like endothelial-lined channels beneath the epithelial layer
Salivary duct cyst with sclerosing sialoadenitis	<ul style="list-style-type: none">Large squamous epithelial lined cyst from the floor of the mouth (or any number of locations) with minor salivary glands demonstrating sclerosis and inflammation; the terms <i>retention type mucocele</i> and <i>salivary duct cyst</i> may be used interchangeably
Sialolith	<ul style="list-style-type: none">Bears some resemblance to a geode; the central part is not decalcified and therefore breaks into small chards when cut on the technologist's microtome
Peripheral giant cell granuloma, ulcerated	<ul style="list-style-type: none">Ulcerated gingival nodule with multinucleated giant cells
Fibroma	<ul style="list-style-type: none">Nodule consisting of fibrous connective tissue, covered in unremarkable squamous epithelium
OKC with multiple satellite cysts	<ul style="list-style-type: none">The characteristics of OKC (basal palisading, 5-8 cell layers, corrugated parakeratin) are accompanied by smaller daughter cysts and epithelial rests; this tends to raise suspicion for greater recurrence potential and perhaps nevoid basal cell carcinoma syndrome
Nasopalatine duct cyst	<ul style="list-style-type: none">Location (midline anterior palate), radiograph (large radiolucency between #8 and #9) and the presence of a cyst lined by squamous or respiratory type epithelium with nerve and vascular elements (contents of the nasopalatine canal) aid in rendering diagnosis
Dentin with bacterial debris (caries)	<ul style="list-style-type: none">Dentinal tubules pervaded by basophilic (purple staining) bacterial debris