Oral Histopathology

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Series 44 (10 cases)

Case	Features
Adenoid cystic carcinoma, solid variant	 Solid nests of 'basaloid' cells with multiple mitoses and <i>comedonecrosis</i> (central necrosis); this variant of adenoid cystic carcinoma lacks the <i>cribriform</i> or 'Swiss cheese' appearance and a much more aggressive variant
Osteoporotic bone marrow defect	 Radiographically, a radiolucency in the mandible Histologically composed of hematopoietic marrow and adipose; megakaryocytes (large pink cells which will develop into platelets) are noted
Ameloblastic fibro-odontoma	 The <i>ameloblastic fibroma</i> component consists of loose/myxoid pulp-like tissue with prominent epithelial odontogenic rests (which have an intermediate ameloblastoma-like appearance) The <i>odontoma</i> component consists of a haphazard arrangement of enamel (more magenta/purple staining) and dentin (more bright pink staining)
Seborrheic keratosis	 Another example of the clinically 'waxy/stuck-on' appearance with histology showing epithelial thickening, formation of large intraepithelial keratin containing cysts, and brown pigmentation
Odontogenic keratocyst	Basal palisading, 5-8 cell layers, corrugated parakeratin
Lymphoma with necrosis, CD20+ CD79a+ CD10+	 Sheets of atypical lymphocytes Areas of necrosis maintain the outline of the cells but lose the nuclei This lymphoma is positive for the cell marker stains for CD20, CD79a and CD10 suggesting a B cell lymphoma
Aspergillosis (PAS)	The pink/orange PAS stain highlights the numerous fungal hyphae branching at an acute angle
Aspergillosis (GMS)	The green/brown GMS stain highlights the numerous fungal hyphae branching at an acute angle
Mucormycosis (PAS)	 The pink PAS stain highlights the large fungal hyphae Mucormycosis is a very aggressive often destructive or fatal fungal infection that often strikes the immunosuppressed (organ transplant, leukemia, HIV/AIDS) or poorly controlled diabetics
Mucormycosis (GMS)	The gray/green GMS stain highlights the large fungal hyphae