

ORAL SOFT TISSUE LESIONS

The lecture is about some of the common lesions that we might encounter in our clinics.

PAPILLOMA:

a benign epithelial tumor caused by the Human Papilloma Virus .

Remember:

HPV has subtypes some which can cause malignancy like type 16 & 15 , Others can cause benign lesions like SPV (squamous papilloma virus).



cauliflower like appearance of papilloma

REACTIVE LESIONS

On the other hand some common oral soft tissue swellings that occur on the buccal mucosa, gingiva or tongue are caused by chronic irritation (from calculus , overhanging restorations, ill-fitting over-extending denture) or trauma, some examples are Fibrous epulis, denture granuloma (denture fissuratum) , denture hyperplasia, leaf fibroma, & fibroepithelial polyps (fibrous lesions happen in common sites of trauma).

They can appear in any place of irritation, even the palate & the dorsal surface of the tongue. And can be sessile or pedunculated

So, they are benign reactive lesions due to chronic irritation.



Leaf fibroma

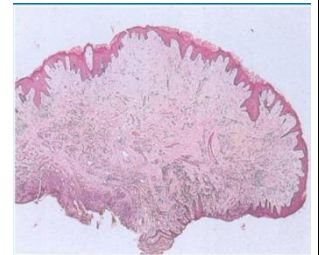
Management

in the early stages they can be reversible if we removed the source of irritation.

in the advanced stages it's more fibrous so it'll need surgical excision.

Pathology

Polyp under the microscope looks like this →
epithelial surface, connective tissue fibers underneath and the fibers of connective have a very minimum cellularity.



EPULIS

Any swelling on the gingiva is called epulis. but can also appear on the lips. Or on the lateral border of the tongue (am not sure if the underlined information is correct, but the doctor mentioned it.)

Types of Epulis :

1. Fibrous epulis.

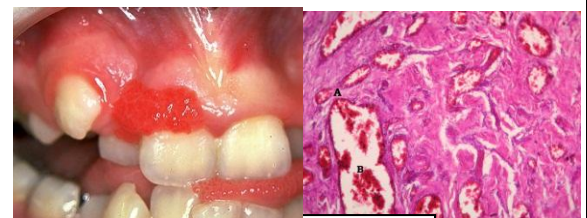
pink in color

2. Vascular epulis:

same as the fibrous epulis but the main component of it is blood vessels. its pathology differs from the fibrous by containing blood vessels + fibrous tissues, and it is more red in color.



Fibrous polyp



Vascular epulis

We have to differentiate between it and a more common lesion which is the sinus tract or Parulis

- *Pregnancy epulis*: is a type of vascular epulis but called so because it appear due to hormonal changes that happen in pregnancy, & usually It disappear postpartum.

3. *Giant cellepulis*:

dark in color (contain blue -congested blood) and characterized by the presence of giant cells (large cells with more than one nucleus)→
Management is surgical excision.



4. *Congenital epulis* : appear in children but very rare.

*Characteristic features of fibrous epulis:

- 1.gingival swelling
- 2.pink in color, if Red then it's vascular,, if Bluish then it's Giant cell epulis.

HEMANGIOMA

It's a hamartoma(which is a benign tumor that act like normal tissues i.e. very slowly growing).

it's easily diagnosed when westretch it (it'll show blanching).

it can appear anywhere , buccal mucosa, tongue or floor of the mouth.

types :

1. Capillary
2. Cavernous

Systemic disorders or Syndromes associated with Hemangioma in the oral cavity or skin :

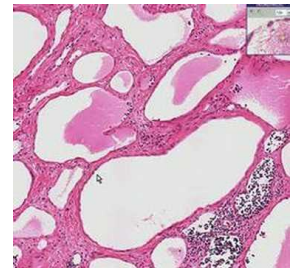
The most famous one is:

Sturge Weber Syndrome

Hemangioma associated with the distribution of the trigeminal nerve, sometimes with epilepsy & convulsions, and the hemangioma can even be intra-bony. So for such patients we have to take radiographic X-rays before extraction, to check if there is intra-bony involvement. It will appear in the X-Ray as radiolucency similar to the aneurismal bone cyst i.e. *“osteolytic lesion with a thin wall, containing blood-filled cystic cavities”* → from Wikipedia.

LYMPHANGIOMA

Happen to children and it's a collection of the lymphatic cysts, very similar to hemangioma in the appearance so very often they can't be differentiated from each other except by a biopsy.



The most common site is the tongue.

Histology →

dilated lymphatic vessels

LIPOMA

Common in the oral mucosa , and it's a benign tumor originated from adipocytes (fat cells)

Clinical appearance is like any benign tumor or fibroepithelial polyp but histologically it's characterized by the presence of adipocytes.

RARE TUMORS THAT CAN OCCUR IN THE ORAL CAVITY :

1. Neurofibroma

2. Schwannoma

3. Neurofibromatosis :

a well-known disease that can affect the oral cavity and skin , usually the patient has multiple nodules. This is an important disease because it's inherited as an autosomal dominant, so many people who have this disease don't even know that they do, also 10% of them undergo malignant changes to neurofibrosarcoma or any other type of sarcomas. So the treatment is difficult & the disease is progressive with time.

*there is a famous person with Neurofibromatosis..

Histologically it is classified to Antoni type A & Antoni type B

4. Granular cell tumor or Granular cell myoblastoma:

lesions appear as nodules or epulis.

5. Sarcoma :

Malignant tumor of mesenchymal origin, it's uncommon, and usually affect children , like osteosarcoma, it has the characteristics of malignancy (rapidly growing, aggressive, can cause paresthesia, pathological fracture or root resorption).

A picture of a Rapid swelling appeared on the palate , ulcerated & on the X-ray there was a resorption→

Another picture of a Malignant lesion in the ridge →large, rapidly growing, ulcerated & a significant resorption appear on the X-ray.

You have to be able to differentiate malignant tumors from benign **Benign** are small, slowly growing, and have a long history of a year or more.

Malignant are the opposite & have some features like ulceration, paresthesia, bone fracture, teeth resorption.

GRANULOMATOUS DISEASES OF OROFACIAL TISSUES

They're numerous and we have learned about most of them in the systemic diseases.

they can be classified to 4 types :

1. Idiopathic , like Crohn's disease, orofacialgranulomatosis, Sarcoidosis, giant cell arteritis.
2. foreign body reaction, and infections (like Tb & syphilis).
3. traumatic, like traumatic eosinophilic granuloma.
4. malignancies, like t-cell lymphoma.

Crohn's disease:

Affect the GI tract and has a characteristic facial features, like recurrent (not persistent) lip swelling, oral ulcers, mucosal tags, thickening of buccal & labial mucosa, angular cheilitis and gingivitis. These features are important because if you encounter any child with recurrent aphthous ulcer, you have to ask his parents about these features & it's not enough to just ask if it's recurrent & inherent or not .

A picture of Cobblestoning
(thickening of mucosa)



Another picture of Linear ulceration on the buccal mucosa.

OrofacialGranulomatosis

A recurrent facial swelling without any underlying etiology, it's an important disease because it's common. 85% of patients with recurrent facial swelling have Crohn's limited to the oral cavity without GI involvement.

Diagnosis of this disease is by exclusion, no definite diagnostic criteria. If we exclude all the diseases that can cause facial swelling, we say that the patient has orofacial granulomatosis.

There are some reagents like some materials in the food, medicines or toothpastes implicated in the etiology of orofacial granulomatosis, like:

-Cinnamaldehyde القرفة: found in toothpastes & food.

so we should ask the patient if the swelling happens after eating a certain type of food.

-Benzoates: found in soaps, shampoos.

MELKERSSON-ROSENTHAL SYNDROME

characterized by fissured tongue, unilateral facial palsy and recurrent facial swelling. It's a rare disease but we have to know about it because many of our patients have fissured tongue, so we have to ask them if there is a history of facial nerve palsy or labial or facial swelling.

تنكر لي دهري ولم يدر أنني ... أعز وأحداث الزمان تهون
فبات يريني الخطب كيف اعتداؤه ... وبت أريه الصبر كيف يكون

بالتوفيق جميعا .. هانت ٨٨