

July 2024

Through the Looking Glass: The Fantastical World of Oral Pathology

Sarah Glass

Virginia Commonwealth University

Follow this and additional works at: <https://commons.ada.org/vadentaljournal>



Part of the [Dentistry Commons](#)

Recommended Citation

Glass, Sarah (2024) "Through the Looking Glass: The Fantastical World of Oral Pathology," *Virginia Dental Journal*: Vol. 101: No. 3, Article 17.

Available at: <https://commons.ada.org/vadentaljournal/vol101/iss3/17>

This Article is brought to you for free and open access by the Virginia Dental Association at ADACCommons. It has been accepted for inclusion in Virginia Dental Journal by an authorized editor of ADACCommons. For more information, please contact commons@ada.org.

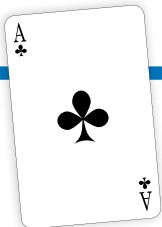


THROUGH THE LOOKING GLASS

WITH DR. SARAH GLASS

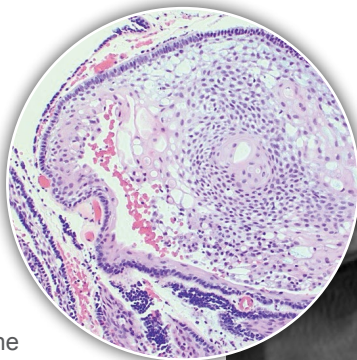
Explore the Fantastical World of Oral Pathology

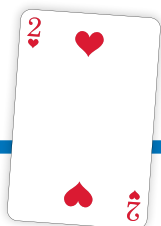
Student: Cases are presented by Yash Patel, a third-year dental student at the Virginia Commonwealth University School of Dentistry.



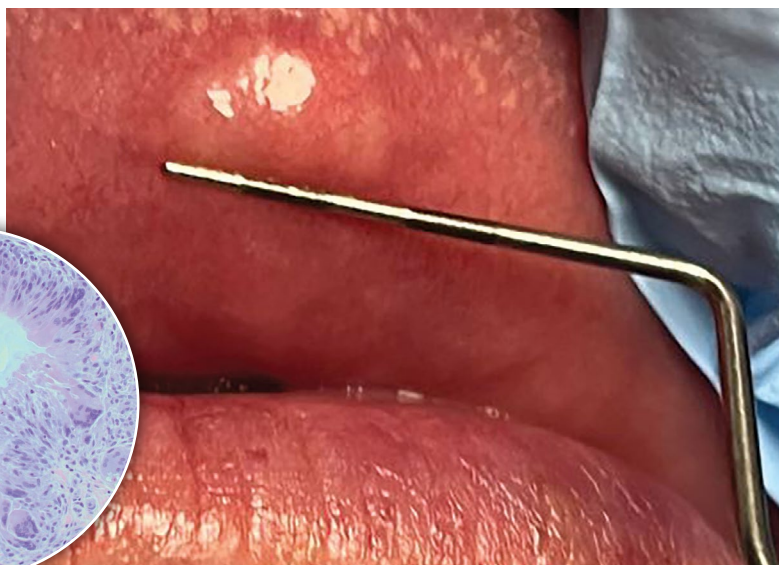
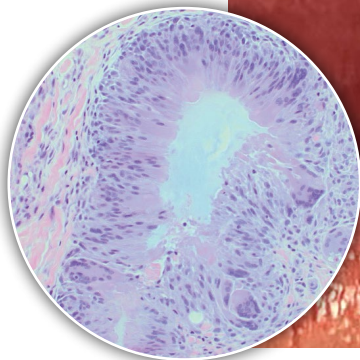
A 27-year-old female patient presents to the clinic

for an initial oral examination. She states that she has never been to a dentist before and has recently noticed some facial swelling on the right posterior mandibular region. She reports no pain or discomfort during her clinical examination. A panoramic radiograph demonstrates a large, honeycomb, multilocular radiolucency causing displacement of tooth #31 and #32 and root resorption of tooth #30 and #29. What is your suspected diagnosis?

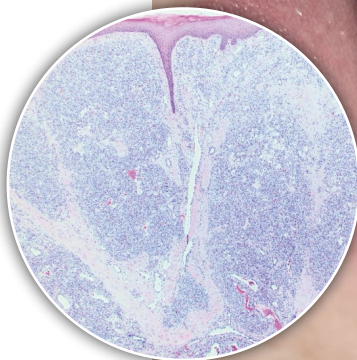




A 67-year-old female presents to the clinic for evaluation of a painful, bulbous swelling on her upper lip. On clinical exam, the lesion is a palpable, well-defined, nodule on the upper lip with a slightly yellow appearance. What is your suspected diagnosis?



A 34-year-old female presents to the clinic for a recall appointment. The patient was seen 6 months ago and had no signs of oral pathology during that appointment. She is concerned about a mass on her left cheek that has been bothering her when eating. Clinical exam shows an exophytic, lobulated, and erythematous nodule on the left buccal mucosa. What is the suspected diagnosis?



>> ANSWERS ON PAGE 20

1. The diagnosis is **Ameloblastoma**.

This is a benign, locally aggressive neoplasm of odontogenic epithelium. Histopathology reveals an odontogenic tumor with islands of ameloblastic epithelium. Clinical manifestation occurs mainly during the 3rd and 5th decade for multilocular lesions. Patients may present with a slow growing expansile mass causing a painless and firm facial or intraoral swelling. Radiographic examination typically reveals an expansile radiolucent lesion with internal septation in a honeycomb or soap bubble presentation. The most common site of occurrence is the posterior mandible along the body and the ramus. Treatment consists of wide surgical excision of the lesion.

2. The diagnosis is **Chronic Granulomatous Inflammation to Foreign Material**.

Histopathology reveals granulomas surrounding basophilic foreign material. A granuloma consists of lymphocytes, epithelioid histiocytes, and multinucleated giant cells. The foreign material appears most consistent with hyaluronic acid. This clinical presentation is a delayed complication of dermal fillers. Treatment is conservative excision with histopathologic examination.

3. The diagnosis is **Pyogenic Granuloma**.

This is a reactive lesion typically in response to local irritation, poor oral hygiene, or hormonal factors. The most common site of occurrence is the gingiva, but pyogenic granulomas can also occur at the other sites in the oral cavity such as lower lips, alveolar mucosa, tongue and buccal mucosa. Histopathology reveals granulation tissue, with numerous blood vessels, fibroblasts, and inflammatory cells. Treatment is conservative excision with histopathologic examination.

