Benign non odontogenic neoplasia

- Abnormal mass of tissue persists after cessation of stimulus
- There are other growth disorders that resemble neoplasia as hyperplasia

EPITHELIAL TUMORS

Keratoacanthoma (self-healing carcinoma)

<table>
<thead>
<tr>
<th>Definition</th>
<th>A benign <strong>endophytic</strong> epithelial growth appearing as a well-circumscribed keratin-filled crater</th>
</tr>
</thead>
</table>
| Note       | **Endophytic epithelial growth** → growth in ward connective tissue → Keratoacanthoma  
**Exophytic epithelial growth** → growth out ward epithelium tissue → Squamous cell papilloma  
**Pseudocarcinoma** → Like in clinical features and H/P to S.C.C |

Etiology

- HPV-26 or HPV-22
- Sun damage on exposed area
- Immunosuppressed patients.
- Associated with sebaceous neoplasm and gastrointestinal carcinoma
- Heriditary

Site → Lips.

Clinical features

- Size → 1—5 cm.
- S & S → Tender well demarcated sessile nodule
- Clinical course
  - Begins as small nodule, reaching its full size in 4—8 weeks.
  - Persistance static regression within 8 weeks
  - Spontaneous regression 6-12 months, leaving a depressed scar.
  - Rarely turned malignant

Histopathologic features

- Downward proliferating hyperplastic squamous epithelium covered by thin layer of abnormal keratin(parakeratin) with central depression (Crater).
- Epithelium shows dysplasia individual cell keratinization & keratin pearls as a result of cutting, leading to the misdiagnosis of squamous cell carcinoma
- The detection of Crater full of parakeratin is helpful inconfirming the diagnosis of a keratoacanthoma
**Squamous cell papilloma**

**Keratoacanthoma (Self-healing carcinoma), or (Pseudocarcinoma)**

<table>
<thead>
<tr>
<th>Origin</th>
<th>Surface epithelium</th>
<th>Clinically and histologically keratoacanthoma resembles carcinoma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
<td>% of oral lesions</td>
<td>HPV-7-11 or HPV-22</td>
</tr>
<tr>
<td>Etiology</td>
<td>Human papilloma viruses sex and eleven MCQs</td>
<td>Sun damage</td>
</tr>
</tbody>
</table>

**Clinic picture**

<table>
<thead>
<tr>
<th>S&amp;S</th>
<th>Exophetic growth, finger-like projections (cauliflower-like surface or wart-like appearance). Pedunculated or sessile</th>
<th>Tender well demarcated sessile nodule Dome- shaped with central depression plugged with keratin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical course</td>
<td>Begins as small nodule, reaching its full size in 4 - 8 weeks. Persistor static regression within 8 weeks. Spontaneous regression 6 - 12 months, leaving a depressed scar. Rarely turned malignant</td>
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**Histopathologic features**

<table>
<thead>
<tr>
<th></th>
<th>Finger-like projections composed of outgrowth proliferation of stratified squamous epithelium, which is covered by normally keratinized surface. These projections are extending above the mucosa. Central connective tissue core with supporting blood vessels and chronic inflammatory cells Occasional basilar hyperplasia and mitotic activity are observed.</th>
<th>Downward proliferating hyperplastic squamous epithelium covered by thin layer of abnormal keratin (parakeratin) with central depression (CRATER). Epithelium shows dysplasia, individual cell keratinization and keratin pearls as a result of cutting, leading to the misdiagnosis of squamous cell carcinoma. The connective tissue reveals chronic inflammatory cells</th>
</tr>
</thead>
</table>

**Benign tumors of connective tissue**

**Definition**

A benign neoplasm of fibroblastic cells with production of collagen

**Clinically**

S&S:

- Elevated lesion
- Normal color
- Smooth surface
- Sessile, sometimes pedunculated
- Ulceration due to trauma
- Separation of tooth

**Histopathology**

- Dense collagen bundles with fibroblasts in between with small blood vessels.
- Covered by stratified squamous epithelium which is thin.
- Sometimes, areas of calcification may be found giving rise to ossifying fibroma

**Giant cell fibroma**

Large stellate fibroblast cells (multinucleated) specially noted within superficial connective tissue layers.
### Oral pathology II Lecture (٤)

#### Malignant neoplasm of fibrous tissue

<table>
<thead>
<tr>
<th><strong>Fibrosarcoma</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td><strong>Clinical features</strong></td>
</tr>
<tr>
<td><strong>Histopathologic features</strong></td>
</tr>
</tbody>
</table>

#### Myxoma ➔ No remnants of epithelium

### Benign tumors of adipose tissue

<table>
<thead>
<tr>
<th><strong>Lipoma</strong></th>
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<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td><strong>Clinically</strong></td>
</tr>
<tr>
<td><strong>Histopathology</strong></td>
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</table>

### Malignant tumors of adipose tissue

<table>
<thead>
<tr>
<th><strong>Liposarcoma</strong></th>
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<td><strong>Definition</strong></td>
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<tr>
<td><strong>Clinically</strong></td>
</tr>
<tr>
<td><strong>Histologic types</strong></td>
</tr>
</tbody>
</table>
## Benign tumors of vascular tissues

<table>
<thead>
<tr>
<th>Capillary haemangioma (Strawberry haemangioma)</th>
<th>Cavernous haemangioma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>A proliferation of small vascular channels occurring commonly in children</td>
</tr>
</tbody>
</table>
| **Clinical features** | **Age**: at birth  
S&S: - Flat or raised lesion  
- Deep-red or bluish in color.  
- It often shows self-involution in 5 to 10 years |
| **Histopathology** | Proliferation of small blood vessels with indistinct lumen. |

### Malignant neoplasm of vascular tissue

#### Angiosarcoma

**Definition**
A malignant, rare, rapidly growing lesion of endothelial cells that is more common in young patients and has a poor prognosis.

#### Lymphangioma

**Definition**
A benign proliferation of lymphatic vessels that occurs as a focal superficial lesion within the oral cavity and as a massive diffuse lesion of the neck (cystic hygroma).

**Types**
- Lymphangioma Simplex (Capillary Lymphangioma)
- Cavernous Lymphangioma (a more frequent in mouth)
- Cystic Lymphangioma (Cystic Hygroma)

**Site**
\( \varpropto 25\% \) of all cases occur in the head region.  
- anterior two third of tongue **MCQs**  

**S&S**: Translucent, vesicle-like lesion  
- Usually superficial  
- Deeper tumors are soft and ill-defined masses.  
- Macroglossia if involved tongue

**Note**
Small lymphangiomas (less than \( \leq 1 \) cm) may occur in alveolar ridge of neonates, which may show spontaneous resolution.

**Histopathology**
Proliferation of lymphatic cells

### Benign tumors of nerve tissues

#### Granular Cell Tumor

**Definition**
A submucosal mass consisting of diffuse sheets of large cells of either nerve or muscle origin, with a cytoplasm of densely packed eosinophilic granules (lysosomal bodies) and commonly found on the dorsal surface of the tongue.

**Granular tissue tumors (†):**
- Ameloblastoma (granular)  
- Granular cell tumor

**Origin**
Schwann cells

**Clinically**
- **Age**: Adult  
- **Site**: Tongue  
- **S&S**: Asymptomatic – Nodular - Pink or yellow in color

**Histopathology**
- Hyperplastic surface epithelium  
- Pseudoepitheliomatous hyperplasia.  
- Large polygonal cells  
- **Granular eosinophilic cytoplasm (+ve S 111 Brown)**  
- The nuclei are small and vesicular  
- Indistinctive cell borders (syncytial pattern)  
- Not encapsulated & infiltrates surrounding tissue
**Congenital Epulis (Congenital Epulis of the Newborn)**

*(Gingival Granular cell Tumor of the Newborn)*

**Clinically**
- **Age**: Newborn or infancy
- **Site**: Often in the alveolar ridge, [Maxilla : Mandible]
- **S&S**: Pink or red pedunculated
  - Surface smooth
  - Polypoid mass (multi)

**Histopathology**
- Large rounded cells with granular cytoplasm (- ve S)

### Benign tumors of muscle tissues

**Leiomyoma**

A benign neoplasm of smooth muscle within the oral cavity.

- **If malignant**: Leiomyosarcoma

**Rhabdomyoma**

Benign neoplasm of skeletal muscle.

- **If malignant**: Rhabdomyosarcoma

A rare, rapidly growing malignant neoplasm of striated muscle that occurs in three histologic patterns (embryonal, alveolar, and pleomorphic); all have a poor prognosis.

- **PTAH** stain is used to reveal the cross striation.

### Questions

- Virus of squamous cell papilloma is .......... and ............
- How to differentiate between adult and newborn granular cell tumor?

*Sorry for bad edition*