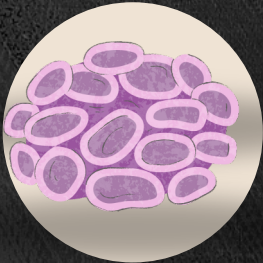
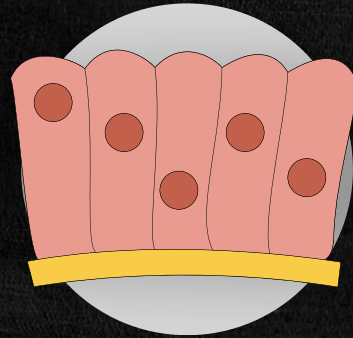


Oral Pathology



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Benign vs. Malignant Neoplasms & Papilloma

	<i>Benign neoplasms</i>	<i>Malignant neoplasms</i>
<i>Growth</i>	<i>Slow months to years</i>	<i>Rapid-weeks to months</i>
<i>Size</i>	<i>Often small</i>	<i>Often large</i>
<i>Margins</i>	<i>Well circumscribed</i>	<i>Poorly circumscribed</i>
<i>Growth pattern</i>	<i>Expansion</i>	<i>Infiltration & invasion</i>
<i>Fixation</i>	<i>Usually not fixed</i>	<i>Fixed</i>
<i>Overlying mucosa</i>	<i>normal unless traumatized</i>	<i>May ulcerated</i>
<i>Symptoms</i>	<i>Asymptomatic</i>	<i>painful</i>
<i>Metastasis</i>	<i>Absent</i>	<i>May occurs</i>
<i>Histology</i>	<i>Resemble the mother cells</i>	<i>Mother cells & dysplasia</i>
<i>Capsule</i>	<i>Encapsulated</i>	<i>Unencapsulated</i>
<i>Treatment</i>	<i>Simple surgical excision</i>	<i>Rapid surgical incision</i>
<i>Prognosis</i>	<i>Good</i>	<i>Less favorable</i>

- **Key Difference:**

Benign tumors mainly grow by expansion, while malignant tumors grow by infiltration and invasion.

Papilloma (Squamous Papilloma)-Definition

- The most common benign oral epithelial tumor.

-Etiology

- HPV types 6 and 11. Mechanical irritation.

-Clinical Features

- Age: Any age, usually adults. Sex: No sex predilection.
- Sites: Palate Tongue. Gingiva. Lips.
- Size: Usually < 1 cm.
- Shape: Exophytic mass with a warty or papillary surface.





- Color: White to pink.
- Number: Usually solitary, but may be multiple.
- Symptoms: Usually painless.

-Histopathology

- Broad papillary projections.
- Hyperplastic and acanthotic stratified squamous epithelium.

-May show:

- Parakeratosis. Hyperkeratinization. Ulceration.
- Inflammation. Superficial Candida infection.
- Scant fibrovascular core.

-Treatment

- Excisional biopsy including the base of the lesion.

-Prognosis

- Good.

Papilloma-like Lesions & Keratoacanthoma

	Verruca Vulgaris	Condyloma Accuminatum	Focal epithelial hyperplasia
Common name	Common wart	Veneral wart	Heck's disease
Etiology	HPV 2, 4, 40	HPV 16, 18	HPV 13, 32
sex trasimision	----	✓	----
typical age	Adults	Adults	Cchildren & Adults
sex predilication	No predilication	No predilication	No predilication
Main site	Skin	Anogenital region	Lower lip & buccal mucosa
Oral involvement	Autoinoculation	Lingual frenulum	Lower lip & buccal mucosa
size	---	---	< 1 cm
Number	Solitary or multiple	Multiple	Multiple
Shape	Exophytic, broad-based	Soft tissue enlargement	Polypoid lesions, plaques
Color	White	Similar to surroundings	Surrounding oral mucosa
Symptoms	Asymptomatic	Asymptomatic	Asymptomatic
Histopathology	Eepithelial hyperplasia	Eepidermal hyperplasia	Hyperparakeratosis
Acanthosis	Present	Present	Present
Pappillomatosis	Present	Undulated papillomatous	----
Kertainization	Compact orthokeratosis	----	Hyperparakeratosis





Keratoacanthoma

-Definition

- A benign tumor of surface epithelium.

Also described as:p

- Molluscum pseudocarcinomatousum Self-healing carcinoma.

-Etiology

Possible associated factors include:

- Trauma. Ultraviolet exposure. Laser resurfacing.
- Radiation therapy. Donor site after skin grafting.

-Clinical Features

- Age: Elderly patients. Sex: Males > females.
- Site: Sun-exposed skin, especially the face.
- Size: About 1-2 cm. Shape: Usually a solitary crateriform ulcer.
- Growth: Rapid.

■ Three Clinical Stage

1. Proliferative Stage

- Sudden appearance of an erythematous to flesh-colored papule.
- Fine telangiectasias may be present.
- Rapid enlargement.

2. Maturation Stage

- Dome-shaped lesion.
- Develops a central keratinous core.
- Usually not fixed to underlying tissue.

3. Involution Stage

- Spontaneous regression may occur.
- May eventually leave a depressed, hypopigmented scar.

Histopathology

- Well-circumscribed, keratin-filled epidermal invagination.
- Hyperkeratosis and acanthosis.
- Atypical squamous cells may extend into the dermis.
- Fully developed lesion has a characteristic volcano-shaped appearance.
- Abundant hyaline, "glassy" keratin.





Nevi (Cellular Nevus)

Definition

- Nevi are benign proliferations of nevus cells.
- Best categorized as hamartomas rather than true neoplasms.

Origin

- Nevus cells arise from the neural crest.
- They may migrate from the basal cell layer into the underlying submucosa.
- Pigmentation may decrease as the cells migrate deeper.

Main Types

1. Intramucosal (Intradermal) Nevus.
2. Junctional Nevus.
3. Compound Nevus.

Clinical Features

- May occur at any age.
- Female predominance is mentioned in the lecture.
- Commonly affects the anterior parts of the mouth and lips.
- Size: Usually small – about 5 mm–1 cm.
 - Appearance: Brown or black pigmented spot.
 - Elevated papule.
- Most oral nevi are asymptomatic.

■ Histopathology

Intramucosal Nevus

- Nevus cells are entirely within the dermis/submucosa.
- An area free of nevus cells is present beneath the epithelium.

Junctional Nevus

- Nevus cells are close to the basal cell layer. Shows junctional activity.

Compound Nevus

- Combines features of:
 - Intramucosal nevus.
 - Junctional nevus.

Blue Nevus

Usually:

- Small.
- Flat or slightly elevated.
- Gray-blue to bluish-black.

