

AND

CANCER RESEARCH CENTER

ORAL PATHOLOGY SEMINAR #56

O. P. S. 77-150

APRIL 22, 1977

CASE # 1. (S-8096-76-2)

(Contributed by Joseph T. Fay, DC, Oral Pathology, Eisenhower Medical Center, Hospital Dental Clinic, Fort Gordon, Georgia, August, Georgia)

This 21 year old male caucasian presented with a soft tissue swelling lingual to teeth number 28, 29, and 30. The surgeon, Dr. Allison, felt that there was no osseous involvement. Lesion is still clinically evident and will be reoperated soon.

CASE # 2. (S-8983-76)

(Contributed by Joseph T. Fay, DC, Oral Pathology, Eisenhower Medical Center, Hospital Dental Clinic, Fort Gordon, Georgia, August, Georgia)

This 17 year old male caucasian dependant with an osseous protuberance in the maxillary right 1st and 2nd molar area. The center of this mass contained soft tissue and this was submitted for examination. Radiograph is enclosed.

CASE # 3. (35824/76)

(Contributed by Yvon LeGal, M.D., Institut D'Anatomie, Pathologique, Faculte De Medecine, I Place De L' Hopital, Strasbourg (Bas-Rhin) France.)

This is a 69 year old man, Savona Joseph, with a Tumor of the Nasal septum.

CASE # 4. (1381-73, B1 & B2)

(Contributed by Arup K. Das, M.D., Dept. of Oral Pathology, College of Dentistry, Univ. of Illinois at the Medical Center, 808 South Wood Street, P.O. Box 6998, Chicago, Ill.)

This 12 year old black male on routine examination showed a bony hard swelling in the right mandibular third molar vestibular area. There was no lingual expansion. Radiographs showed a radioopaque lesion reminiscent of complex odontoma. (Unfortunately the radiograph is not available.)

CASE # 5. (358T)

(Contributed by William H. Halliwell, DVM, PhD. Lovelace Biomedical and Environmental Research Institute, Albuquerque, N.M. 87112)

The tissue is left second incisor tooth and mandibular bone surrounding this tooth. The patient was an 8 1/2 year old Beagle dog that was in a longevity experiment evaluating the effect of inhaled 90 SR.

SP2

CASE # 6. (76-736)

(Contributed by Charles L. Dunlap, D.D.S.,
Dept. of Oral Pathology, Univ. of Missouri
Kansas City, School of Dentistry, 650 E.
25th St., Kansas City, Mo. 64106)

This 95-year-old female was edentulous. Four months ago she noticed a swelling in the maxillary tuberosity area. A biopsy was taken and your slide is from that material.

CASE # 7. (76-1033)

(Contributed by Charles L. Dunlap, D.D.S.,
Dept. of Oral Pathology, Univ. of Missouri
Kansas City, School of Dentistry, 650 E.
Street, Kansas City, Mo. 64106)

This 62-year-old female was edentulous. She developed a swelling in the posterior maxilla on the right side. X-ray showed a radiolucent lesion approximately 3 cm across. It had a sharp border and was round in shape. It was removed and proved to be a cyst.

CASE # 8 (S77-4)

(Contributed by Ordie H. King, Jr., D.D.S.,
PhD and J. B. Whitten, D.D.S., M.S., School of
Illinois (University at Edwardsville School
Dental Medicine)

The patient is a 21 year old Caucasian male who first noted "discomfort under the tongue" five days ago. The lesion was submitted as an excision of a "papular ulceration on the floor of the mouth approximately 5 mm in diameter. The color was described as normal and the patient was described as having lymphadenopathy-"not related?". There were approximately seven additional similar lesions in the floor of the mouth and gingiva. (Clinical photographs included.)

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CASE # 1

CALCIFYING EPITHELIAL ODONTOGENIC TUMOR
(PINDBORG TUMOR) Soft Tissue Variant

(Contributed by Joseph T. Fay, LTC, DC,
Chief Oral Pathology, Eisenhower Medical
Center, Hospital Dental Clinic, Fort Gordon,
Georgia, Augusta, Georgia)

This was the prevalent diagnosis. Dr. Shafer from Indiana commented "A gorgeous example of an extra osseous calcifying epithelial odontogenic tumor (Pindborg tumor.)" A few dissenting diagnosis included, pleomorphic adenoma, and ameloblastoma.

CASE # 2

ADENOMATOID ODONTOGENIC TUMOR
(Adenoameloblastoma)

(Contributed by Joseph T. Fay, LTC, DC, Chief
Oral Pathology, Eisenhower Medical Center,
Hospital Dental Clinic, Fort Gordon, Georgia,
Augusta, Georgia)

It was the diagnosis of Dr. Sciubba, Stony Brook, New York, Dr.'s Dunlap and Barker, Kansas City, Mo., Dr. Hori, Moberly, Mo., Dr. Rowe, Ann Arbor, Michigan, Dr. Abrams, USC, and Dr. Ackerman, Stony Brook, New York, called "odontogenic cyst or odontogenic tumor." Dr. Shafer commented: "The best we could do was possibly the soft tissue component of a developing odontoma." Dr. Spjut, from Houston, called "pigmented odontogenic tumor."

CASE # 3

NASOFIBROMA or ANGIOFIBROMA

(Contributed by Yvon LeGal, M.D., Institute
D'Anatomie, Pathologique, Faculte De Medecine
1 Place De L'Hopital, Strasbourg (Bas-Rhin)
France)

Dr. Batsakis from Michigan, called it "Hemangiopericytoma-like lesion, reactive." Dr. Barker, and Dr. Dunlap, Kansas City, Mo., called it "cellular pyogenic granuloma." Dr. Tarpley, and Dr.'s Corio, Crawford, and Callihan, from Bethesda, Maryland, call it "fibrohistiocytoma." It was also the diagnosis of Dr. Wesley, Detroit, Michigan. The majority of the opinion from Michigan, Department of Oral Pathology was "hemangiopericytoma." "Hemangiopericytoma" was the diagnosis of Dr. Spjut from Houston, Texas. REFERENCE: Hemangiopericytoma-Like Intramassive Tumors. Compagno and Hyams, American Journal, Clinical Pathology, 66:672, 1976.

CASE # 4

AMELOBLASTOFIBRO-ODONTOMA

(Contributed by Arup K. Das, M.D., Dept. of Oral
Pathology, College of Dentistry, University of
Illinois at the Medical Center, 808 S. Wood St.,

cont.

P.O. Box 6998, Chicago, Illinois.)

It was the overwhelming diagnosis.

CASE # 5

HEMANGIOSARCOMA-RADIONUCLEIDES INDUCED

(Contributed by William H. Halliwell, DVM.,
PhD., Lovelace Biomedical and Environmental
Research Institute, Albuquerque, New Mexico)

There was a great deal of **variations** in the diagnosis received. From a cautious, "No diagnosis," to "granulation tissue," "hemangioendothelima," "angiosarcoma," "piogenic granuloma," etc. Dr. Legal, Strasbourg, and Dr. Azar, Tampa, Fla., considered "angiosarcoma." We received this case as part of a study performed in the Inhalation Toxicology Research Institute of the Lovelace Foundation, Albuquerque, N.M. The animal was euthanized and an autopsy, tumor with features of angiosarcoma was found in the liver, lung, but mostly in the bones. "Occurrence of Hemangiosarcomas in Beagles with Internally Deposited Radionucleides." S.A. Benjamin, et al, Cancer Research 35: 1475, 1975

CASE # 6

LYMPHOMA, "LYMPHOBLASTIC TYPE"

(Contributed by Charles Dunlap, D.D.S.,
Dept. of Oral Pathology, University of Missouri,
Kansas City, Mo., School of Dentistry, 650 E.
25th St., Kansas City, Missouri)

With a few exceptions this was the overwhelming diagnosis. The patient received radiation about 2000 **rads** to the affected area: Subsequently, she developed enlargement of cervical nodes for which additional radiotherapy was given. Presently she is free of symptoms.

CASE # 7

"MUCOUS CYST, PROBABLY OF SINUS ORIGIN"

(Contributed by Charles Dunlap, D.D.S., Dept.
of Oral Pathology, University of Missouri,
Kansas City, Mo. School of Dentistry, 650 E.
25th St., Kansas City, Mo. 64106)

Mucous cyst was the unanimous diagnosis. Dr. Pullon, Washington University offered: "Mucin producing cyst of undermined origin." Dr. Shafer, Indiana, Dr. Tarpley, Dr.'s Corio, Crawford, and Callihan, from Bethesda called it: "Surgical ciliated cyst."

CASE # 8

(Contributed by Dr. Ordie H. King, Jr., D.D.S.,
PhD., and J.B. Whitten, D.D.S., M.S., Southern
Illinois University at Edwardsville School, Dentistry
Medicine)

This case will be discussed in our next Oral Pathology Seminar, June 24, 1977.