T. PAUL-RAMSEY HOSPITAL and MEDICAL CENTER
ST. PAUL, MINNESOTA 55101

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LESIONS OF THE ORAL CAVITY AND ODONTOGENIC APPARATUS

ROBERT GORLIN, D.D.S.

St. Paul-Ramsey Hospital and Medical Center

Auditorium

February 25, 1976

6:00 p.m.

Buffet Dinner Served

CASE #1

This 87 year old lady presented with a brief history of an ulcerating "sore" of her hard palate. Biopsy of the mucosa was performed, a diagnosis was suggested, and then excision of a 1.0 cm. firm, pink nodule was performed.

Submitted by: Pathology Staff
St. Paul-Ramsey Hospital

CASE #2

This 23 year old female presented with a lesion of the palate at the level of the third left molar tooth. Grossly it consisted of a lobulated mass which is brown to light gray in color measuring 1.8 cm. in greatest diameter.

Submitted by: Department of Oral Pathology
University of Minnesota

CASE #3

This middle aged female presented with a fungating ulcerated 2.0 cm. tumor of buccal mucosa of the lower lip. Excisional biopsy was attempted.

Submitted by: Pathology Staff
St. Paul-Ramsey Hospital

CASE #4

This 4 month old boy presented with a destructive lesion in the midline of the palate and this was resected first in 1973. He returned two years later with a recurrence of the lesion. The specimen consisted of a piece of premaxilla and gingiva with a partially formed and unerupted primary incisor tooth together with the small fragment of tumor present on your slide. The slide in the seminar is from the first resected specimen.

Submitted by: Department of Oral Pathology
University of Minnesota

CASE #5

This 10 year old girl presented with a 10 cm. tumor in the left tonsillar area. It had apparently developed within a few weeks. The first biopsy was called "malignant lymphoma". Four days later a repeat biopsy was performed and the patient was then referred to the Mayo Clinic for treatment. Multiple pathologic consultations were obtained; all of which the patient has somehow survived.

Submitted by: Sam Leung, M.D.
Quain-Ramstad Clinic
Bismarck, N.D.

CASE #6

This 23 year old girl presented at St. Paul-Ramsey Hospital Emergency Room three weeks after a left molar extraction. She complained of edema and pain on the left side of the face. The impression was gingivitis and pericoronitis and she was treated with Cleocin and local heat. Four days later it was noted that the gingiva was grossly enlarged resembling "dilantin hyperplasia". A biopsy was performed.

Submitted by: Pathology Staff
St. Paul-Ramsey Hospital

CASE #7

This 24 year old lady presented with a lesion of the left mandible in the area of the third molar region, duration unknown. The patient states that she had that specific molar tooth removed approximately six months prior. The specimen consisted of a 2 cm. in diameter cyst with an irregular fragment that is indistinguishable from the other part of the wall.

Submitted by: Department of Oral Pathology
University of Minnesota

CASE #8

This 12 year old girl presented with facial asymmetry which had been progressive over a period of approximately 2 years. She had no pain or fever. It was noted, however, that she had cafe-au-lait spots on her body. A biopsy was performed of the mandible and several impacted teeth were removed.

Submitted by: Jerry Baldwin, M.D.
Fargo Clinic

CASE #9

This 33 week fetus was delivered by induction after in-utero hydrocephalus was diagnosed by ultrasound. The cranium was ruptured during delivery and "cranial contents" were submitted for evaluation. At autopsy a 5 x 4 x 4 cm. spongy red protruding mass displaced the left eye inferomedially. This mass appeared to arise in the left retro-orbital space but there was direct extension into the left maxillary antrum and cranial vault. The cranial contents were grossly abnormal with gritty areas involving the distorted hemispheres. Sections are submitted from the surgical material.

Submitted by: Kurt Schellhas, M.D.
St. Paul-Ramsey Hospital

CASE #10

This 38 year old male was born with bilateral hypertrophy of the legs and feet, a hypertrophic right ear and multiple papillomatous growths on the tongue. Later in life scoliosis developed. Family history was negative. He ultimately died of a hypertensive cerebral hemorrhage. The slides are taken from the tongue.

Submitted by: Thomas E. Vorpahl, M.D.
St. Paul-Ramsey Hospital

CASE #11

This 55 year old man first presented with an ulcerated 1 cm. lesion of the undersurface of the left side of the tongue. A biopsy was performed and a diagnosis was made. A hemiglossectomy was performed and an "additional" lesion was noted on the dorsal surface of the tongue near the midline or line of resection. The seminar slide is from this lesion.

Submitted by: Pat Ward, M.D.
Mt. Sinai Hospital

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DIAGNOSES AND DISCUSSION

ANATOMIC PATH SEMINAR

ST. PAUL-RAMSEY HOSPITAL

February 25, 1976

DISCUSSANT: Robert Gorlin, D.D.S.

Case #1 Diagnosis: Pleomorphic adenoma (mixed tumor) with focal atypical features, palate. Everyone agreed with Dr. Gorlin that this represented a pleomorphic adenoma and Dr. Gorlin stressed that in his opinion there were atypical features (pattern and pleomorphism) which would require close follow-up. There is no evidence of recurrence at this time although the surgery was performed only a few months ago.

Case #2 Diagnosis: Mucoepidermoid carcinoma, palate. Some of the slides had very little epidermoid component and there were numerous other diagnoses suggested including acinic cell carcinoma, adenocarcinoma and others. The mucin stain was positive.

Case #3 Diagnosis: Malignant melanoma of the lip. There was, of course, no problem with the diagnosis in this case and the discussion concerned itself with pigmented lesions of the oral mucosa. The follow up in this case is brief since the patient was sacrificed after the diagnosis was made. Upon finding out that bit of information Dr. Gorlin launched into a thorough discussion of melanomas in animals. This particular patient was a dog and Dr. Gorlin reminded everyone that melanomas are not uncommon tumors in the canine species. In fact, in his opinion, they are the most common malignant tumors of the oral cavity in dogs, particularly dark haired dogs. Jim Hanson from St. Cloud then attempted to relate his story about a melanoma occurring in some type of fish and Dr. Gorlin promptly pointed out that it was probably a swordtail and he was, of course, correct.

Case #4 Diagnosis: Pigmented neurectodermal tumor of infancy (retinal anlage tumor). We apologize for the scanty amount of tumor present in your slides. This is all of the tissue left from the original surgery and if the slides are examined very closely you should find small islands of small dark staining cells somewhat reminiscent of basal cells. A few of these small dark cells are pigmented. Dr. Gorlin discussed this case at some length since he was familiar with this specific patient. He related that generally these are not lethal tumors but that in this particular case the tumor has undergone a malignant transformation and is behaving in a most unfriendly manner. He also discussed VMA levels etc. in such tumors.

Case #5 Diagnosis: Embryonal rhabdomyosarcoma, oral soft tissue. There was nearly unanimous agreement on this diagnosis. If you need them for the diagnosis, striations are present in a few of the cells. This patient was treated at the Mayo Clinic and is "doing well" (alive) at the present time.

Case #6 Diagnosis: Acute myelomonocytic leukemia. The initial tissue presentation for this patient was this biopsy of the gum. Subsequent hematological work-up confirmed the diagnosis and the patient referred herself to the Mayo Clinic for therapy, etc.

Case #7 Diagnosis: Ameloblastoma, cystic. One easy odontogenic tumor for all of us.

Case #8 Diagnosis: Cherubism. Most of the people at the meeting including Dr. Gorlin felt that this was probably a giant cell repairative granuloma or epulis. However, Jerry Baldwin cooled all of our heels with the x-rays of the jaws which convinced at least Dr. Gorlin that this was cherubism. Also suggested was the diagnosis of Albrights syndrome. One of Dr. Gorlin's residents informed the group that cherubism has been reported with cafe-au-lat spots, a bit of information which elicited a look of wonderment in the face of Dr. Gorlin. It was also related by Jerry Baldwin that this patient may have a brother with a similar disease but this is unverified. Also, there are two separate fathers involved.

Case #9 Diagnosis: Malignant teratoma, probably orbital primary. Some people felt that histologically this lesion was benign but it certainly behaved in a malignant fashion, causing the death of this newborn.

Case #10 Diagnosis: VonRecklinghausen's disease, variant. This case was probably the most astounding case presented. The slides show a peculiar neural proliferation within the tongue and this patient had multiple lumps and bumps on his tongue. In addition, as noted in the history his legs were grossly deformed and could be aptly described as freakish. This boy also had cystic lymphangiomas of the adrenal and spleen and had an angiolipoma on the diaphragm. He expired from a hypertensive cerebral vascular hemorrhage and this case will probably be reported by Dr. Tom Vorpahl.

Case #11 Diagnosis: Hairy black tongue. As we have come to expect, Pat Ward again submitted a fascinating and unusual lesion. Not many of the general pathologists present had ever seen such a lesion histologically. The patient did have a carcinoma of the tongue on the undersurface and had a hairy black tongue on the dorsal surface. There was no history of prior irradiation or drug therapy.