



Oral Pathology

Oral Pathology

- Developmental Conditions
- Mucosal Lesions—Reactive
- Mucosal Lesions—Infections
- Mucosal Lesions—Immunologic Diseases
- Mucosal Lesions—Premalignant
- Mucosal Lesions—Malignant
- CT Tumors—Benign
- CT Tumors—Malignant
- **Salivary Gland Diseases—Reactive**
- Salivary Gland Diseases—Benign
- Salivary Gland Diseases—Malignant
- Lymphoid Neoplasms
- Odontogenic Cysts
- Odontogenic Tumors
- Bone Lesions—Fibro-Osseous
- Bone Lesions—Giant Cell
- Bone Lesions—Inflammatory
- Bone Lesions—Malignant
- Hereditary Conditions

Mucous Extravasation Phenomenon

- Caused by trauma to salivary duct
- **Mucocele**= common in lower lip
- **Ranula**= when occurs on the floor of the mouth
- Tx: complete excision



Mucous Retention Cyst

- Same as previous but *histologically* a true cyst lined by epithelium
- Caused by blockage of salivary duct by sialolith

Necrotizing Sialometaplasia

- Rapidly expanding ulcerative lesion
- Usually due to ischemic necrosis of minor salivary glands in response to trauma or local anesthesia
- Tx: heals on its own in 6-10 weeks



Sinus Retention Cyst

- Also called *antral pseudocyst*
- Caused by blockage of glands in sinus mucosa
- Tx: none



Sarcoidosis

- **Hyperimmune**—granulomas
- May be triggered by mycobacteria
- Primarily pulmonary disease, but also affects salivary glands and mucosa
- Xerostomia
- **Lofgren's Syndrome**= erythema nodosum + bilateral hilar lymphadenopathy + arthritis
- **Heerfordt Syndrome**= anterior uveitis + parotid gland enlargement + facial nerve palsy + fever; also called uveoparotid fever
- Tx: corticosteroids



Sjogren's Syndrome

- **Autoimmune**—lymphocyte mediated
- Affects salivary and tear glands
- Primary= keratoconjunctivitis sicca (dry eyes) and xerostomia (dry mouth)
- Secondary= above plus another autoimmune disease usually RA
- Tx: symptomatic